

SEND 0-25 – Peer Review Update

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1. Summary

- 1.1.** This report is to update Scrutiny on progress of the SEND 0-25 intervention nine priorities following the Peer Review report to Scrutiny in June 2017. The peer review acknowledged some good practice and initiatives throughout the service but a local area inspection is likely to find ‘significant weaknesses’ in practice. This is based on progress to date in the implementation of SEND reforms and a lack of evidence to display the positive impact made in relation to outcomes for children across Somerset to date.
- 1.2.** A system wide response to the Peer Review has been mobilised with nine priority areas for improvement identified (see 2.1). Objectives have been agreed and actions to demonstrate improvement are in progress. In addition the results of the interim survey from the Education Health and Care Plans experience and impact in Somerset (Personal Outcomes Evaluation Tool- POET) were published in July (Appendix 1). This survey, available for children and young people, parents and practitioners, offered an opportunity to use the experiences of people who receive SEND services to inform the priority group action plans (see 2.2).
- 1.3.** Following questions at the last Scrutiny meeting about the numbers of children with SEND in Somerset, a SEND dataset has been produced (Appendix 2). This dataset will be developed further and will be used to report progress on the SEND 0-25 intervention arrangements and evidence improvement.
- 1.4.** Linking to better Education and prospects for our Children in the County Plan. *We will aim to have better school results for all children across all key stages and in particular at GCSE and A-Level with a particular focus on disadvantaged children.*

2. Issues for consideration / Recommendations

- 2.1.** SEND 0-25 Intervention arrangements have been put in place to address the findings from the Peer Review as reported to scrutiny in June 2017. The Committee are asked to consider and comment on these arrangements. The nine multi-agency priority groups have been mobilised and have identified actions which would evidence improvement and improve outcomes for Children and Young people with SEND in Somerset. These are being closely managed until December 2017 with multi-agency strategic leads reporting monthly on progress.

	Priority Group	Objectives
1	Joint Commissioning.	To ensure effective joint arrangements are in place to commission services.
2	Health engagement and	Review of therapy services Health Professionals to be supported so that they

	Co-ordination	<p>contribute to EHCPs in a co-ordinated and timely way, to deliver a plan with SMART outcomes</p> <p>Address delays in child development through application of Speech and Language Therapy services for children experiencing speech and language problems</p> <p>Ensure there is clear navigation of services for children with specific needs in line with NICE guidance</p> <p>Clarify and communicate health duties in SEND 0-25</p>
3	Transitions	<p>Improve phase transition planning to adult services for children (14+) with long term conditions and disabilities.</p> <p>To improve the integrated arrangements between education, health and adult social care (including children's services for care leavers) for young people aged 19-25 in the assessment, planning and review of their EHCPs.</p>
4	Participation	<p>To strengthen the involvement of children and parents in co-producing plans (inc EHCPs, Pastoral Support Plans, Early Help) to address SEND.</p> <p>Further define and improve the SEND local offer by raising the profile of Somerset's local provision to meet children and young people's holistic needs for the duration of their childhood</p>
5	Early Help for SEND	<p>To ensure children with SEND are identified early and receive support to meet their needs.</p>
6	Statutory assessment & Education Health & care plan (EHCP)	<p>To ensure all children who need one have an up-to-date EHCP</p> <p>To ensure EHCPs are effective in meeting the needs of children who have SEND, establishing an auditing programme with the findings reported to Scrutiny on a Quarterly basis</p>
7	Complex cases	<p>To ensure the most vulnerable children in Somerset have an integrated and co-ordinated care plan enabling more children to remain in Somerset where appropriate.</p>
8	School Improvement	<p>Develop advice and guidance for all schools and settings to ensure that settings are meeting their statutory duties under the Equalities Act, and the Code of Practice. Develop a monitoring process.</p> <p>All schools and settings to consistently use the Core Standards as part of their provision.</p> <p>Schools and settings will feel supported to confidently</p>

		<p>meet the needs of pupils in all areas including those with all four categories of need with a particular focus on social, emotional and mental health needs (SEMH) learning from best practice in Somerset.</p> <p>A continuum of local authority or maintained provision will be available to meet the needs of pupils with complex and behavioural challenges, reducing the need for independent provision and exclusions. Tackle the issues created by children and young people in schools and settings who do not yet have an EHCP</p>
9	Ofsted Preparation	To ensure that the Local Area is prepared for its inspection and that there is a team in place to support the process.

- 2.2.** In July 2017 an interim POET survey reported a significantly larger response rate than last year due to a targeted engagement process. The report recommended key areas for improvement and these have been used to inform the actions for the priority groups see below. Progress will be reported to the SEND 0-25 intervention group as part of on-going arrangements.
- Review EHCP business processes for coproduction, and publish good practice standards for Somerset. (Priority 6)
 - Establish process for tracking EHCP outcomes at key stage end and embed in Somerset systems. (Priority 8)
 - Coordinate the planned engagement programme for parents, children and young people across education, health and care to ensure: (Priority 4)
 - clear programme of events that can be signposted to each other
 - sharing of opportunities for consultation and coproduction across a 12 month period,
 - provide an opportunity for collating, comparing and contrasting feedback
 - a means to evaluate overall reach, and gaps
 - maximise efficiency and use of available resources including IAS services
 - appropriate use of “piggy-backing” on existing events as well as judicious use of dedicated information and engagement activities.
 - Improve coordination, publication, awareness and accessibility of “you said-we did” in response to local feedback, based on engagement and feedback in POET and related SEND consultations and surveys. Include in Local Offer annual report (due August 2017). (Priority 4)
 - Make sure all those involved in inspection can answer the “so what” question

– What did you find out from feedback from parent carers/children and young people and so what have you done differently as a result? (Priority 9)

- Work with schools to develop and share improved practice for involving children and young people in expressing their views, ideas, and supporting children in making choices from the earliest years – good practice examples, peer to peer support, track consistency and quality of evidence of “voice” available in annual reviews. (Priority 8)
- Improve coproduction and participation at SEN Support (link to Core Standards development work). (Priorities 4 and 8).
- Review the Cambridgeshire SEND Ofsted report (June 2017) as the difference between parent carer strategic and frontline participation/feedback has echoes with what feedback is telling us in Somerset (Priority 4)

3. Background

- 3.1.** A peer review in May acknowledged some good practice and initiatives throughout the service but a local area inspection is likely to find ‘significant weaknesses’ in practice, based on progress to date in the implementation of SEND reforms and a lack of evidence to display the positive impact made in relation to outcomes for children across Somerset to date.
- 3.2.** The POET survey conducted by In Control (with support from the Department of Education and Lancaster University) has produced interim results in advance of the survey closure at the end of July 2017 (Appendix 1). Full results are due in the Autumn 2017.

4. Consultations undertaken

- 4.1.** Somerset has taken part in the nationally available Education, Health and Care plan POET survey over two successive academic years. POET is run by In Control with the support of the Department of Education and Lancaster University.

POET surveys are available for children and young people, parents and practitioners. In Control provide data reports for each category which includes local and national comparators. The POET survey outcomes are being used to validate and strengthen the 9 priority area intervention plans.

5. Implications

- 5.1.** Any changes recommended as a result of the priority intervention areas should improve the educational outcomes for people with SEND.

6. Background papers

- 6.** Report to June meeting of Scrutiny for Policies, Children and Families Committee.

PERSONAL OUTCOMES EVALUATION TOOL (POET) SURVEY *INTERIM* SUMMARY RESULTS 2017



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This **interim** report is based on the data set available in April 2017 (Appendices 1, 2, 3) and a comparison with the results from July 2016 (Appendix 4). A further and final set of data reports will be available when the POET closes at the end of July 2017.

Key messages

- There is a good increase this year in the numbers of returns from Somerset in 2017 compared to 2016 (93% increase to date). A targeted engagement programme was put in place between January and July 2017 and the impact of different activities can be seen in the timeline and return data (Appendix 5).
- There is however little improvement in results from 2016:
 - Somerset continues to be below the national picture for full involvement of parents and children in the EHC process and plan writing. There is indicative potential for improvement as figures for partial involvement are higher than last year.
 - The impact of EHCPs on outcomes is mixed, but is somewhat disappointing as some of our results are now below the national picture.

The analysis of Somerset's results suggest:

1. A priority to understand how EHCP outcomes will be tracked and improved for children and young people with complex, long term SEND, and their families. A consistent understanding is required across the EHC workforce in Somerset.
 - Priorities: (1) quality of life, including taking part in community activities, being relaxed and happy, and (2) looking to the future
2. An urgent need for a concentrated, consistent effort to listen to, and involve children, young people and their parents in the process of constructing and reviewing EHC plans by caseworkers and supporting practitioners, particularly the

key information services (SENDIAS, Independent Supporters and Local Offer) ¹

3. A need to embed participation in all stages of assess-plan-do and review so that children and young people acquire the skills of self-advocacy, choice and control, parents are confident that their views count and practitioners become more confident and skilled in supporting and eliciting views and including these in review and planning for individuals.
4. A focus on a shared approach to personalisation, choice and control for personal budgets across education, health and care, supported by workforce development and systems to enable SEND personal budgets and direct payments to be a practical reality.

Key recommendations for action:

1. Review EHCP business processes for coproduction, and publish good practice standards for Somerset.²
2. Establish process for tracking EHCP outcomes at key stage end and embed in Somerset systems.
3. Coordinate the planned engagement programme for parents, children and young people across education, health and care to ensure:
 - clear programme of events that can be signposted to each other
 - sharing of opportunities for consultation and coproduction across a 12 month period, provide
 - an opportunity for collating, comparing and contrasting feedback
 - a means to evaluate overall reach, and gaps
 - maximise efficiency and use of available resources including IAS services
 - appropriate use of “piggy-backing” on existing events as well as judicious use of dedicated information and engagement activities.
4. Improve coordination, publication, awareness and accessibility of “you said-we did” in response to local feedback, based on engagement and feedback in POET and related SEND consultations and surveys. Include in Local Offer annual report (due August 2017).
5. Make sure all those involved in inspection can answer the “so what” question – What did you find out from feedback from parent carers/children and young people and so what have you done differently as a result?
6. Work with schools to develop and share improved practice for involving children and young people in expressing their views, ideas, and supporting children in

¹ Research report (DfE , IFF Research and University of Derby) March 2017, **Experiences of Education, Health and Care Plans**, showed use of these services was related to a better experience of the process.

² A listening card for TAC meetings was coproduced and is available for use routinely as a feedback tool

making choices from the earliest years – good practice examples, peer to peer support, track consistency and quality of evidence of “voice” available in annual reviews.

7. Improve coproduction and participation at SEN Support (link to Core Standards development work).³
8. Review the Cambridgeshire SEND Ofsted report (June 2017) as the difference between parent carer strategic and frontline participation/feedback has echoes with what feedback is telling us in Somerset.

9. Actions for final 2016-17 POET report:

- 9.1 Update interim POET report with final results available end of July.
- 9.2 Look at the comments page for individual questions such as the outcomes one (see Herts Inspection report) – given the critical importance of the quality of relationships between families and professionals, look at the consistent POET feedback, how people feel they have been treated/respected has an important impact on their perception of the outcome.
- 9.3 Consider POET data along with feedback from other sources, eg short breaks survey/ SEND parent road-show feedback.⁴
- 9.4 Establish number of EHCPs in place over period of both 2015-16 and 2016-17 survey to compare increase in returns against increase in potential respondent group.

Results in more detail:

✓ **An increase in numbers of surveys**

- 93% increase in returns in June 2017 compared to full year 2016 (timeline of engagement activity against returns shows impact particularly of face to face events (Appendix 5).
- 286% increase in proportion of online completion versus paper/ telephone.
- 10.7% decrease in CYP returns however no responses from CYP under 11 – 77% over 16 compared to 31% nationally.
- The needs profile represented is in line with national picture.
- In 2016 only 10% of EHCPs were older than 1 year compared to 50% this year which means that more returns represent plans that have been reviewed at least once. The proportion of plans that were transfers from statements of special educational needs (SEN) is marginally higher this year but remains 20% less than nationally.
- 132% increase parent carers and 72% in practitioners. The practitioner returns this year are already sufficient to generate a report (insufficient last year). We are below the national picture for practitioners working in the secondary sector and have more 16+ and health/care responses from practitioners than nationally.

³ A Customer Satisfaction Survey used in 2016 is available for re-use in 2017-18 (Appendix 4)

⁴ See for example the concerns regarding direct payments in both the Short Breaks and POET surveys.

- The increase in returns, whilst positive, is not at the same rate as the increase in the number of EHCPs in Somerset.
- Analysis of returns in June has informed the communication plan for final few weeks of survey and the recommended engagement activity for any successive POET programme.



Somerset continues to be below the national picture for full involvement of parents and children in the EHC process and plan writing

- The Somerset – national gap has **increased** and the results indicate a worsening of results with only 1/3 reporting full involvement for themselves or their children comparing to more than half in 2016.
- CYP reported “I was involved” for 46% of surveys – this compares to 66% nationally and is in the context of 77% returns being from those over 16 in Somerset.
- Partial involvement is higher and is close or above the national figures which indicates some potential for short term improvement.
- Knowing how much is in their personal budget has dropped from 25% to 0% of the 2017 returns (47% and 91% nationally) (the majority of Somerset PBs are health/social care currently). Although financial transparency is not evident there is improvement (50% now 100%) in the proportion reporting full or partial involvement in decision making about use of the budgets.








The impact of EHCPs on outcomes is mixed but remains disappointing

- Last year, Somerset’s results were closer to the national picture for all outcomes, this year only the impact on family relationships and friendships echoed the national picture.
- Looking to the future, quality of life, taking part in school and learning were all reported less well than nationally although the last two had more positive ratings than in 2016. Looking to the future had a poorer rating than nationally (45% versus 74%). Community inclusion remains a concern as it was in 2016 (40% poor/very poor rating (32% nationally)).
- In all 7 areas asked about, Somerset practitioners found the EHCP helped less well than nationally for example 73% said the plan helped partnership working with parents compared to 88% nationally, and 33% said the plan did **not** help with providing individual tailored support compared to 16% nationally.
- In 2016 children reported 4 impacts as being in the poor/very poor category. This year **no** outcomes were in this category. “Being heard” is

no longer good/very good (56% in 2016), and Choice about Support has shown a shift from 28% returns in the poor/very poor to 31% returns in the good/ very good category. At this interim point children's returns are predominantly from older young people (16+), compared to the national.

- The parent reported impact of support provided on relationships with staff has been maintained (69% to 73%) and is above the national figure (54%).
- The impact of support on quality of life both nationally and locally shows a less positive return reduced from 67% to 47% (Somerset), 57% to 47% nationally (2016/17).
- The percentage saying that support had made things worse or a lot worse has increased in Somerset from 10% to 18% (nationally 8%).
- Children and young people reported improved results for enjoying time with friends and taking part in fun activities. Community inclusion remained at a poor level and quality of life had a less positive result than in 2016. Other areas remain in the good category at a similar or a little lower rate than in 2016. The pattern of responses remains similar to the national in both years.

Outcome	2016	2017
I am as healthy as I can be	75% good	69% good
I do the best I can in school/ college or work	76% good	77% good
I enjoy time with friends	33% poor	62% good
I enjoy my home and life	85% good	69% good
I feel safe at home and out and about	84% good	62% good
I take part in activities I like	32% poor	69% good
I can do things in my area	33% poor	38% poor
I can enjoy being relaxed and happy	89% good	54% good

Outcome measure/Performance Indicators	Current performance (as at end of July 2017)	Direction of travel (Previous data for end of June 2017)   
Total number of children with an Education Health and Care plan (all Somerset Children whether they are in a Somerset school or not and children from other Local Authorities who attend a Somerset School).	1052*	977
Total number of children with a statement.	635*	687
Percentage of Education Health and Care Plans (EHCPs) completed in the academic year within 20 weeks.	56%	54% 
Total number of conversions (to EHCPs) required by March 2018 that are completed (including those ceased).	46% (530/1148) **	44% (501/1145) 
Number of SEND cases which are Electively Home Educated (EHE).	190	179
Number of SEND cases educated out of Somerset.	398	392
Children's Social Care Cases which are SEND.	1005	1028
Total number of Children Looked After with SEND.	269	269
Total number of Child Protection cases with SEND.	107	104

Note: For sight of individual background papers please contact the report author