Special Educational Needs and Disabilities 0-25

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1.   Summary

1.1.   The SEND Strategy 2016 and SEND Priority Action Plan (following a Gloucestershire led Peer Review held in May 2017), set out to address a number of key issues, including:

- An historic set of arrangements with schools which mean that the number of pupils' subject to formal SEN assessment and planning is significantly lower than other areas
- Improving the capacity of the partnership to ensure high quality Education, Health & Care Plans (EHCP) are in place where needed
- Supporting the capacity of Somerset Schools to support pupils with SEND to achieve improved outcomes.
- Increasing the capacity of the SEND casework team to meet the numbers of children who are assessed as needing an EHCP

These areas for development are set in the context where Somerset has a number of strengths including:

- The strategic participation of the Parent Carer Forum and the 'Unstoppables' continues to be a strength of the Somerset partnership.
- Many examples of outstanding practice from Schools and specialist services across the partnership
- Well-resourced specialist support and outreach support to schools.
- Somerset Core Standards which provide a framework for a graduated response
- A strong partnership between Schools and the LA leading the improvements outlined below.

Planning for revising the *Somerset's Special Educational Needs and Disability (SEND) Strategy for Children and Young People aged 0-25 2016-19* is to begin in early 2018.

2.   Issues for consideration / Recommendations

2.1.   There is a particular focus on the Choices for Life Strategy (appendix 2) which sits within Priority 3 – Transitions to Adulthood of the SEND 0-25 Intervention Programme.

3.   Background

3.1. 2017/18 Quarter 3 Update

Key aspects of the Plans achieved in Q3 include:

- Health colleagues have stepped up their engagement the health aspects of the SEND strategy and priorities, with support from the Council for Disabled Children (CDC). The CDC is also assisting in improving joint commissioning between the CCG and the Council.

- A series of SEND 0-25 multi-agency practitioner conferences were delivered across Somerset during October 2017 with the aim of improving understanding of Somerset's SEND strategy, identifying barriers and strengthening partnership working in localities across Somerset.

- Improved guidance has been issued, at the request of School SENCO's, in relation to using Early Help arrangements to support children with SEND.

- The capacity of the SEND team continues to increase, with improved timeliness and the team is now on track to complete the transfer of Statements to EHCPs, in line with statutory timescales. Further work across the partnership is taking place to improve the quality of assessments and plans.

- The first phase of a new banding system for pupils with SEN Support, set out in the SEND Strategy, has been implemented across all schools in the autumn term – allowing for better identification and targeted support for those children most in need.

- The new banding system combined with improved data matching with children's social care systems has enabled improved identification of those children to be prioritised for assessment for an Education Health Care Plan (EHCP).

- Plans have been agreed for investing in the sufficiency of Special School & Resource Base places to enable more children's needs to be met within the Somerset state school system.

3.2. Governance and Leadership

- The commitment and active engagement of the Council's lead for Children's Services in drawing together the SEND strategy to ensure every child and young person in Somerset have the best possible opportunities.
- The Director of Children's Services (DCS) regularly attends Headteacher meetings and since May 2017 leads the High Needs group reporting to Schools Forum and the Strategic SEND Board
- Commitment from Somerset Council to deliver the statutory SEND work. This can be demonstrated by the financial and resource commitment to improve the information management systems; increase the number and quality of case work officers; a programme of development and training for SEND.

3.3. Parents

Somerset has a strong and active Parent Carer Forum (PCF). The PCF is well organised and have the skills and knowledge required to fully participate in meaningful co-production of strategies, policies and service development. Membership has increased significantly over the last two years and is becoming representative of the wider community of families who have children and young people with SEND.

3.4. Children and Young People

The Somerset Young People's Forum "The Unstoppables" is a strength and has recently been shortlisted by the British Youth Council for a "Celebrating Diversity Award". The award is part of a national Youth Voice Star Awards. The Unstoppables forum is a group of young people aged 13-25 with special educational needs and/ or disabilities (SEND). They, with the support of Somerset County Council, aim to increase the voice of children and young people with SEND in Somerset. They work with a range of projects to help young people develop their skills and better prepare to fully participate in the SEND agenda. This includes the multi-platform initiative "Access to Community" campaign to help people feel more confident to go out and take part in activities in their local area delivering training and support sessions or taking an active part in making important decisions about funding for groups who support children and young people with SEND.

Representatives of the young people's forum attend and take an active part in formal meetings and events. Examples include the steering group meetings for the Local offer, Somerset EHCP moderation events and regional SEND events.

3.5. SEND Strategy

Key Outcomes include:

- A clear strategy for the development of specialist placements in all four geographical areas of Somerset to ensure equity of access and clarity of pathways for SEND.
- Realignment of resources to create additional capacity to address need.
- Publication and implementation of core standards in all educational settings across all age groups 0-25 on how to support children with SEN at SEN Support.
- Increased clarity for parents on what they can expect from educational settings in relation to support for SEND.
- Review of High Needs top-up allocation to ensure fair and transparent decision making and sustainability of resources ahead of the national funding formula.

3.6. Areas we are working to improve

Over the past two years the LA has led a thematic review to develop and deliver a complete system around SEND. This included a review of the sufficiency of places in special schools and resource bases (completed); a review off provision of SEN support and High needs funding for pupils with the most complex needs

(completed); a review of SEND support services (in progress).

3.7. Emerging good practice

i. Health engagement in the SEND statutory process

- The Designated Medical Officer (DMO) and CCG Commissioner now regularly attend the SEND Panel to provide medical information and expert professional advice on health needs the impact on learning. This is a new initiative and is having an impact on the quality of panel decisions.

- The Strategic Manager SEND and parent carer forum representatives attended a Joint Health Commissioning event with the outcome that further training events were required. These have been organised for December 2017 with a focus on health contributions to EHCPs outcomes and joint commissioning of services.

- The CCG Commissioner is attending and contributing to the SEND improvement strategy and the EHCP moderation meetings.

ii. Data Management

Over the last twelve months the LA has made significant steps towards developing a comprehensive data intelligence system. The data team are working closely with partners to develop system to monitor outcomes, progress, trends and performance management. The data dashboard has been developed to enable education, and care information to be shared more efficiently. The investment in Capita One and the Data Dashboard are providing "real time" tracking information for the Statutory process and are enabling better monitoring performance against statutory timescales.

Work on the development of the Portal is progressing and will be in place early next year. This will enable schools to upload information/ request for assessment/annual reviews directly into Capita One and will facilitate improved efficiency and information sharing. The Portal will also facilitate better communication around the statutory process for parents as they will be able access information directly from the system to inform them of the progress of their case.

iii. Preparing for Adulthood

The LA recognises the need to improve outcomes for young people with SEND particularly in the preparation for adulthood and the world of work. We are co-producing strategies with young people, communities and local business leads to provide a robust offer across Somerset building on the "Choices for Life" strategy. Future developments include:

- A comprehensive referral and eligibility process for transition to Adult Social Care.

- Extended development of Supported traineeship/apprenticeship and Internship programmes with large key employers.

- Collaborative programmes including health and education for post 18 young people with behaviour that challenges to reduce out of county placements.

3.8. Education Health and Care Plans

Significant progress has been made in relation to all statutory functions related to EHCPs (see table below)

In terms of the percentage of Conversions/Transfers from Statements to EHC Plans:

- As at January (21 January) – 1,014 statements maintained. 268 Final EHC Plans or Cease letters issued. 1282 total conversion processes to complete (conversion Tracker report did not exist at this point and there were data issues) 26.2% Conversion processes completed. Source: SEN2 2017

- As at April (18 April) – 696 Statements maintained. 1149 total conversion processes to complete. 39.4% Conversion processes completed. Source: Conversion Tracker report.

- As at September (14 September) – 577 Statements maintained. 1147 total conversion processes to complete. 49.6% Conversion processes completed. Source: Conversion Tracker report.

- As at November (14 November) – 445 Statements maintained. 1134 total conversion processes to complete. 60.8% Conversion processes completed. Source: Conversion Tracker report.

In terms of the percentage of New EHC Plans completed within 20 weeks:

- As at January (Plans issued in the calendar year 2016 from 1 January to 31 December) – 52.6%. Source: SEN2 2017

- As at April (Plans issued in the academic year 2016/17 from 1 September to 30 April) – 54%. Source: SENNI103 Performance Report.

- As at end of academic year (Plans issued in the academic year 2016/17 from 1 September to 31 August) – 55%. Source: SENNI103 Performance Report.

- This academic year (Plans issued in the academic year 2017/18 from 1 September to 31 October) – 70%. Source: SENNI103 Performance Report.

We recognise that there is both a strategic and operational improvement agenda required within Somerset. In addition to the strategic plans outlined and the development of the multi-agency practice in the County there are some specific developments and improvements required within the casework team and their systems and processes.

At a high-level improvement and monitoring efforts are currently focused in the following areas:

- Conversions Action Plan

- 20 week compliance
- EHCPs that are effective in meeting outcomes
- Quality and Performance
- Placements and provision
- Ensuring up to date EHCPs

We recognise that performance although improved is still not good enough to achieve a better experience for children, young people and their families. Attendance, exclusion, attainment and progress for SEND groups needs to be addressed as part of the County's School Improvement arrangements. In addition Joint commissioning needs to be further developed to ensure a better alignment of need and resources across education, health and social care.

3.9. Somerset SEND Strategy

The co-produced Somerset SEND Strategy for Children and Young People aged 0-25: 2016-19 has a shared vision in place.

We want every child and young person to have the greatest possible opportunity to be the best they can be, to be happy, and have choice and control over their life.

In partnership with parent/carers, young people and partners across education, care and health we have identified five key outcomes for the three-year period.

Outcome 1 - Our families, children and young people report a positive experience of our SEND systems and support, feel empowered and confident to engage and make decisions.

Outcome 2 - Timely and accurate assessment and identification of SEND across education, health and care services.
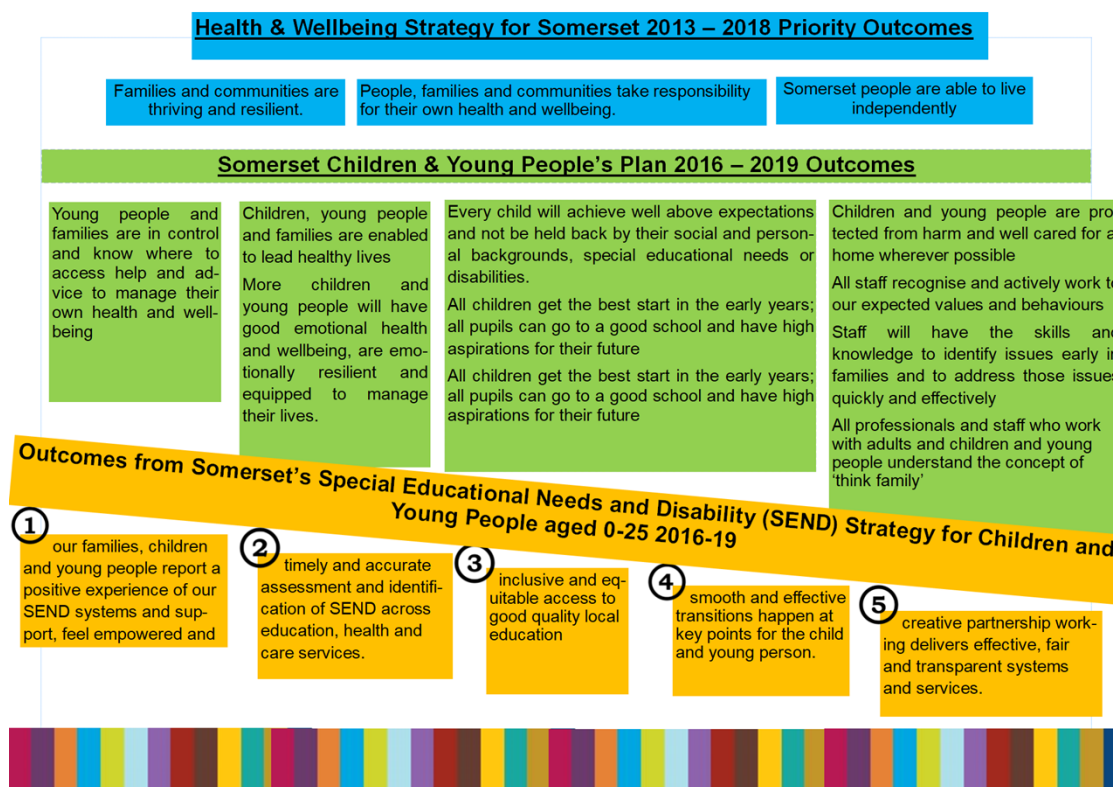
Outcome 3 - Inclusive and equitable access to good quality local education.

Outcome 4 - Smooth and effective transitions happen at key points for the child and young person.

Outcome 5 - Creative partnership working delivers effective, fair and transparent systems and services.

3.10 Alignment of Strategic Outcomes

The Health and Wellbeing Strategy priorities aligned with the Children and Young People's Plan (CYPP) outcomes and SEND Strategy outcomes are shown below and provide us with an assurance that SEND is firmly embedded into a wider strategic agenda.

Health & Wellbeing Strategy for Somerset 2013 – 2018 Priority Outcomes

Families and communities are thriving and resilient.

People, families and communities take responsibility for their own health and wellbeing.

Somerset people are able to live independently

Somerset Children & Young People's Plan 2016 – 2019 Outcomes

Young people and families are in control and know where to access help and advice to manage their own health and wellbeing

Children, young people and families are enabled to lead healthy lives

More children and young people will have good emotional health and wellbeing, are emotionally resilient and equipped to manage their lives.

Every child will achieve well above expectations and not be held back by their social and personal backgrounds, special educational needs or disabilities.

All children get the best start in the early years; all pupils can go to a good school and have high aspirations for their future

All children get the best start in the early years; all pupils can go to a good school and have high aspirations for their future

Children and young people are protected from harm and well cared for at home wherever possible

All staff recognise and actively work to our expected values and behaviours

Staff will have the skills and knowledge to identify issues early in families and to address those issues quickly and effectively

All professionals and staff who work with adults and children and young people understand the concept of 'think family'

Outcomes from Somerset's Special Educational Needs and Disability (SEND) Strategy for Children and Young People aged 0-25 2016-19

1. our families, children and young people report a positive experience of our SEND systems and support, feel empowered and

2. timely and accurate assessment and identification of SEND across education, health and care services.

3. inclusive and equitable access to good quality local education

4. smooth and effective transitions happen at key points for the child and young person.

5. creative partnership working delivers effective, fair and transparent systems and services.

3.11 Priority Action Plan

We recognise the importance of being self-aware and invited a Peer Review team to Somerset to help scrutinise and reflect on our performance. Gloucestershire County Council (GCC) held a Peer Review in May 2017 as part of the preparation for a Local Area Inspection of SEND. GCC's report acknowledged some good practice and initiatives but established that a Local Area Inspection is likely to find 'significant weaknesses' in practice. This is based on the implementation of SEND reforms and a lack of evidence displaying the positive impact made in relation to outcomes for children across Somerset. The full report from GCC can be seen at Appendix 1.

3.12 Our Response to Challenges Identified – 9 Priorities

Following the peer review, an intervention arrangement was agreed by Somerset County Council, the Somerset Parent Carer Forum, the Clinical Commissioning Group and Somerset Partnership. Nine priority areas and leads were agreed to address the improvements required and meet the SEND Strategy objectives. The nine priority areas and leads are as follows:

1) **Joint Commissioning -** To ensure effective joint arrangements are in place to commission SEND services.

2) **Health -** To ensure health(s) duties are clear, well communicated and that Health Professionals contribute to EHC Plans in a co-ordinated and timely way.

3) **Transitions (preparing for adulthood) -** To promote independence and ensure that young people are actively supported into adult life.

4) **Participation -** To strengthen the involvement of children and parents in the production of strategy, the design of services and the delivery of plans.

5) **Early Help -** To ensure that children with SEND are identified early and receive the right support to meet their needs.

6) **Statutory Assessment -** To ensure that all children who need one have an up-to-date EHCP, that **ALL** EHCPs are effective in meeting the needs of children who have SEND and that KPI's for Quality, Performance and Provision are embedded, monitored and audited in a timely and effective manner.

7) **Complex Cases -** To ensure the most vulnerable children in Somerset have an integrated and co-ordinated care plan enabling more children to remain in Somerset where possible.

8) **School Improvement -** To ensure that schools and settings are clear about their responsibilities in relation to supporting children and young people with SEND. Schools have access to advice and support which enables them to deliver improved outcomes for children with SEND.

9) **Inspection Readiness -** To support the Local Area in being prepared for its SEND inspection.

The nine priority groups report into a multi-agency SEND Intervention Board, chaired by the Director of Children Services . This group reports to the Somerset Children's Trust which reports into the Health and Wellbeing Board.

3.13 Current Performance

Some comparative national and regional data is significantly affected by the proportionately lower % of pupils with statements/EHCPs in Somerset, which means that some comparisons are not statistically valid.

3.14 Need

- 15.6% of all children in schools, including free and independent schools have identified SEND, which equates to 12,000 children and young people (this is in line with regional average).

- There is a growing population of children and young people and a significant increase in the secondary school population.

- There is a lower proportion of children with EHCP/Statements than comparator authorities which historically have been caused by a different approach to the allocation of additional resources (element 3 High Needs funding) which meant that even children with complex needs did not required to go through the statutory process to have significant support.

- There are some notable difference in the SEND Need types in Somerset compared to National averages including:

  − a lower proportion of children with Moderate Learning Disability

  − a higher proportion of children with Social, Emotional and Mental Health needs

  − a lower proportion with Autism Spectrum Disorder.

- SEND is more prevalent in boys.

- Pupils with SEND are almost three times more likely to be eligible for free school meals.

- Approximately 20% of children who are educated at home (EHE) have SEND (as at 23 November 2017 11 have a Statement or EHCP and 148 were in receipt of SEN Support at the time they became EHE).

- There are a higher number of Children Looked After with SEN Support in Somerset than Nationally, and also for Children in Need (but to lesser extent).

- There are more males than females across all age ranges (0-24) claiming Disability Living Allowance (DLA) and claimant levels are below the south west average.

- High number of children and young people attend independent schools and colleges.

NB: some national and regional data is significantly affected by proportionately lower % of pupils with statements or EHCPs.

3.15 Health Outcomes

- Somerset children with SEND were:
  - significantly more likely to report feeling unhappy, having a lower self-esteem and being the victim of bullying
  - significantly more likely to have negative health related behaviours (in relation to healthy eating, smoking, alcohol and drugs) and lower aspirations
  - less likely to have the resilience and self determination to look after their emotional and physical health and wellbeing.

3.16 Education Outcomes

- Absence rates for Somerset's SEN pupils are higher on average than their National peers, and levels of absence are increasing.

- The proportion of Somerset children with SEN Support achieving a good level of development (GLD) at the end of the Early Years Foundation Stage has been increasing, and broadly consistent with the National average.

- Key Stage 1 2016 performance for SEND pupils was in line with the National average.

- Key Stage 2 2016 performance for SEND pupils was below the National average.

- Key Stage 1 and 2 provisional data 2017 indicates that overall performance of SEN Support pupils has improved, while performance of those with an EHCP/ Statement has lowered.

- GCSE results in 2016 for SEN pupils attaining GCSE English and Mathematics at grades A*-C remained below the National average.

- Based on latest National data fixed term exclusion rates for Somerset's SEN pupils are higher than the National average, and permanent exclusions rates are broadly in line.

- There has been a significant increase in exclusions (both fixed term and permanent) in 2016/17. The largest increase is in secondary schools. SEND children with a need type of Social, Emotional and Mental Health account for the majority of exclusions.
- NEET figures for young people with SEND in Somerset are in line with latest National data, but levels have increased.

3.17 Developing the Workforce across the Partnership

A series of SEND 0-25 multi-agency practitioner conferences were delivered across Somerset during October 2017 with the aim of:

- Sharing learning around Education, Health and Care Plans (EHCPs) and the Early Help Assessment (EHA).
- Networking and getting to know other colleagues in localities.
- Sharing case studies and best practice.
- Discussing barriers to joined up/partnership working and the solutions to overcoming these challenges.
- Developing a SEND Charter to establish and embed the principles of **good** partnership working across Somerset. A total of **248** delegates attended:
  - **40%** of attendance came from Education including Early Years, SENCO, Headteachers, PFSA's (Parent and Family Support Advisors)
  - **35%** of attendance came from Care which included Childrens Social Care and getset
  - **13%** of attendance came from Health and included SOMPAR, ITS, OT, Ed Psych, Health Visitors and Nurses
  - **10%** of attendance was classed as Other and included some SCC staff, a Governor and Councillor Frances Nicholson.

3.18 A Charter

Following the conferences, a charter is in development based on the feedback from the events about how partnership working could work more effectively. The delegates reflected on the values, behaviours and outcomes they wanted to see within their multi-agency practice. This will be cascaded and will be a tool for holding one another to account mutually and allows shared expectations of practice.

3.19 Future Learning

Feedback from the conferences identified practitioners wanted more opportunities to network and learn together at a local level. In response to this, plans are being put in place to support learning around assessment and referral processes, and around developing joint outcomes. These will be multi-agency, locality based, shared- learning opportunities.

4. Consultations undertaken

4.1. None

5. Implications

5.1. [Click **here** and insert relevant implications paragraphs]

6. Background papers

6.1. [Click **here** and list background papers used when preparing the report}

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

Appendix 1 - SOMERSET PEER REVIEW MAY 2017

Gloucestershire County Council (GCC) was asked to undertake a peer review of Somerset County Council (SCC), and partners, as part of their preparation for a Local Area Inspection of Special Educational Needs and Disability.

The review team consisted of Gloucestershire staff across education, social care and health services and the independent consultant who had supported GCC on preparing for the SEND reforms and for their own Local Area SEND inspection. This report details their findings.

Additional support was provided to SCC in relation to the systems and logistics surrounding an inspection process and feedback from this work will be provided separately.

1. Structure

In line with the Ofsted/CQC framework, three primary questions were identified for review:

a. How effectively does the Local Area **identify** children and young people (CYP) who have special educational needs and/or disability (SEND)?

b. How effectively does the Local Area **assess and meet the needs** of children and young people (CYP) who have SEND?

c. How effectively does the Local Area **improve outcomes** for children and young people (CYP) who have SEND?

It was agreed that these questions would be investigated via ten key lines of enquiry (KLOEs) proposed by Somerset County Council:

1. How effectively do CYP with SEND achieve in Somerset?
2. Do parents and cares of CYP with SEND have confidence in the local area's leaders and services?
3. Is there timely and accurate assessment of, and planning for, their children's needs? How engaged are parents in the process?
4. How effective is the local offer?
5. How effective are the local area's information management systems? How do they enable more effective and efficient provision?
6. How effective is the provision at post 16 and post 19?
7. Have the absence and exclusion rates for CYP with SEND been recognised by the local area as a priority for action?
8. What is the provision in terms of DMO plus and how effective is it?
9. How effective is CAMHS in supporting the SEND agenda?
10. What is the experience for CYP across the county in terms of health and therapeutic provision?

2.   Methodology

There were two phases to the review.

2.1   Preparatory phase (January to May 2017)

Each KLOE was allocated to the most relevant officer who was tasked with gathering information and evidence to form an initial hypothesis and identify areas for further investigation during the on-site review. The Chair of Gloucestershire's parent carer forum contacted their Somerset counterpart to undertake preparatory work on the parents experience of the local area.

Specific focused work was carried out with SCC on KLOEs 4 and 5 in this phase, so these were not specifically considered in any more depth during the on-site visit. Whilst the key findings are summarised within this report, more detailed feedback on these KLOEs were provided separately at the time.

There were substantial difficulties in gaining requested information from Somerset colleagues during this phase which significantly constrained the level of preparatory work that was possible. As such preparatory work to inform the on-site activity could only be completed on KLOEs 1, 2 and 7. The remaining KLOEs relied solely upon information presented during the on-site review.

2.2   On-site review (10 & 11 May 2017)

Two days of meetings at SCC were held for the review team to meet relevant staff and gather evidence to make a judgement against the primary questions. These sessions were arranged by SCC to mirror, as far as possible, the expected timetable associated with local area inspections.

Documentation shared during the two days of review was appreciated, and helpful, but unfortunately there was not sufficient time to take full account of

these alongside the other information which had been gathered during the on-site review.

It must be emphasised that the content of this report is solely based upon evidence presented directly to the review team. There has been no verification or triangulation as would be the case during an inspection.

3.   **Summary of Statement**

It is likely that a local area inspection would find significant weaknesses in the local area's practice based upon progress to date and the lack of evidence forthcoming to display the impact made on children across Somerset to date.

Senior leaders acknowledge that there was a delay in responding to the SEND reform agenda – which is reflected by the reactive nature of the SEND work since 2015. This means that the local area has not made the level of progress that would be expected by the reforms in terms of showing improved outcomes for children and young people.
There has been a slow pace of change and it is unclear why certain areas have been prioritised over others when looking purely at the measurable impact these have made for CYP with SEND.

Partnership working seems to be in its infancy, especially with health, and there was little evidence of a collective understanding of the local areas response to the SEND agenda. However, it is recognised that key posts have now been filled and there are some positive ideas for moving forward; especially around joint commissioning. The DMO role has recently been filled for 2 days a week and this may benefit from being increased, alongside identification of SEND champions/leads in the other health trusts, to more fully embed integrated working.

Good progress is evident in establishing the 'hearts and minds' agenda with schools, parents and young people – underpinning successful co-production and joint ownership in recent developments. This is impressive within the applicable timescale and will be a significant achievement if embedded across the whole local area.

There are many good initiatives and innovations in progress which were presented by committed and enthusiastic people understanding the need to work closely together to improve services to children and young people with SEND. However, the connection was not evident between these initiatives and the strategic priorities of the local area. There are a number of strategies in place but these do not seem to be easily aligned or provide a clear direction for all partners. This is not helped by lack of a specific action plan for SEND upon which the partnership agenda could be based. The overall strategic leadership for SEND in the local area was unclear.

Whilst the joint strategic needs analysis informs strategic plans there was no evidence of routinely monitoring impact and therefore progress made by the local area in improving outcomes for children and young people with SEND could not be established.

4.   **Feedback against Primary Questions**

4.1   A: How effectively does the Local Area **identify** children and young people who have special educational needs and/or disability (SEND)?

- The LA has undertaken a thorough self-evaluation across services with key data gathered and presented. The self-evaluation framework demonstrates good understanding of the issues at management level but some progress may be overstated considering the level of evidence presented. It is however an 'education heavy' document which would benefit from more obvious input from partners.

- There was limited reference to the graduated pathway so it is unclear how well this is known and implemented by schools, health and social care. Early identification and the implementation of the graduated pathway does not appear to be embedded across community health services.

- Processes in Early Years appear to be well established with effective multi agency partnerships and panels to identify and map provision. The DMO is working on producing a health referral form for this panel.

- The development and implementation of co-produced Core Standards is reported to be making a significant difference to schools and parents with regard to identification of SEND. However, these are education core standards with no obvious multi-agency input.

- There is developing involvement of health and social care professionals in statutory assessment. Support services report that they are taking a more significant role in statutory assessment processes and where CYP are placed in independent provision.

- There is a greater focus on statutory EHC assessment for CYP with complex SEND and parents report increased confidence in processes.

- Parent forum representatives are positive about progress with the assessment process and provision of support.

- The Team around the School (TAS) approach provides multi-agency input into identification of CYP who may have SEND and be unknown to services.

- It is unclear how many CYP with SEND have health needs in the local area. The DMO is starting to address this and has implemented an improved pathway for obtaining the analysis of assessment information from the Hospital Trusts.

- The role of the Health Visitor has been re-assessed and there is more of a focus on early identification & joined up working for children with SEND.

- There is an ASD assessment monthly panel that is well attended by professionals from health, education and social care to identify these CYP and see how their needs can be better met.

- Health partners are working on setting up a single point of access for CAMHS and Paediatric services.

4.2   B: How effectively does the Local Area **assess and meet the needs** of children and young people who have SEND?

- The shift from the historic position of making a large proportion of SEND provision without statements has presented some major challenges in relation to the SEND reforms. Coupled with the delay in responding to this agenda, basic processes are still not meeting the expected standards,

although they are improving, e.g. statutory timescales in issuing or transforming EHCPs.

- Currently there appears to be very limited strategic use of data to underpin ongoing improvement and review. Data gathering is adhoc and analysis is very limited. Links between education, health and social care to collect, share and use information and data do not yet appear to be in place.

- Somerset's Local Offer has all required fields and has an effective search function. However, some of the information provided, especially by external partners, lacks detail of what children and young people with SEND and their families can reasonably expect from services. An action plan has been drafted to develop the LO.

- The parent carer forum, with support from SCC, has worked closely with schools to improve their school information reports and accessibility. The current audit is half-way through progress but suggests that 84% of schools are now compliant (compared to 7% 18 months ago).

- Despite a high level of maintained special school provision, a higher than average proportion of children are placed in independent provision in and out of county (25% travel out of area). This has been highlighted as an area for action by SCC.

- A joint commissioning strategy is being developed to incorporate children with additional needs as well as those children with the most complex SEND. The historic practice of providing educational funding to support CYP with SEND without a statement (or EHCP) has meant that a multi-agency approach has not been taken in these cases.

- There are multi agency panels in place for those CYP at risk of care, complex care, permanence and legal gateway. These consider the CYP's needs and legal status and plans resources to best respond to this.

- There are well established processes and provision in place to assess and meet the needs of early years children and to support their transition to school. This is enhanced through the use of a designated teacher role to set outcomes and support transition for children in care (CIC).

- There is an increased focus on outreach services from special schools and PRUs to support schools in building capacity but some schools have a relatively limited capacity to assess and meet the needs of CYP with SEND.

- There appears to be a significant gap for pupils with behavioural needs. PRUs provide outreach support but this has not impacted on the high levels of exclusion which continue to rise. Some perverse incentives, e.g. SCC funding provision for students at risk of exclusion, are apparently still in place for schools despite funding reforms.

- CAMHS do not support CYP with SEMH needs. The emotional wellbeing and positive behaviour strategy group have provided toolkits for use however there are no measurable outcomes yet available from this work. There is work planned to recruit clinical psychologists to further develop this work and link with CAMHS, developing improved use of SDQs and supporting placement stability.

- Health partners (Paediatricians, Therapists & CAMHS) contribute to EHCPs. However, there is currently no health representative on the

EHCP panel nor formal agreement for signing off plans and health are not consistently involved in plans for all relevant CYP.

- The request for information forms are currently very education focused and are in the process of being updated to capture CYPs health needs in school.

- The DMO has responsibility for mediation but it is not clear how this is aligned to the local authority mediation service and processes to ease access for CYP and their families.

- There has been no planning with health partners about how they can meet the needs of CYP whose statements are being transformed to EHCP's and how the future demand capacity will be managed when the large number of CYP with extra funding will be assessed for an EHCP instead of their current funding plan.

- There is positive work evident with the Virtual School. The number of CIC with PEPs has been increased (currently 96%) to improve their educational outcomes and weekly tracking meetings are in place to monitor progress.

- There are improved outcomes for CIC having their health needs met through work undertaken with YP regarding their health assessments which has now reached 98%.

- Parent carers and officers report increased short break provision to YP with early health assessments and an increased range of community provision. Data was available on the volume of activity but not on the outcomes achieved as a result of the support provided.

- There appear to be initiatives in place which are showing initial signs of supporting young people to make an effective transition into adulthood. There are no evidenced outcomes yet for many of these initiatives but data does show the improved retention of YP in college following the TAS meetings (currently at 94%).

- There was clear multi agency recognition of the need to prepare for adulthood early on and plans included this. It was reported that the level of all YP who are NEET was reducing and that destination data showed improved outcomes for YP with SEND using Project Search (Supported Internships) with 75 % of YP achieving employment.

- Development of the transition service has been co-produced. This includes multi-agency transition panels, Life Choice events and a clear strategic drive towards independence. There are a number of initiatives underway with multi-agency engagement, particularly with adult social care and supported employment services but outcomes are not yet evident for this work.

- The short break offer has been extended with more scope for families to choose options which help to develop independence skills for CYP.

- Outcomes are being assessed using numbers of CYP accessing short breaks, broken down into disability groups, and by using case studies. However, there was no evidence provided on the long term measures of impact on preparing for adulthood outcomes for YP with SEND.

- Health partners are currently working on a transition pathway to adult services for YP but this needs to be joined up across all health organisations.

- The LA recognises there is limited planning and an insufficiency of local provision to meet needs post 19 (and for some CYP post 16) and is seeking to address this.

4.3 C: How effectively does the Local Area **improve outcomes** for children and young people (CYP) who have SEND?

- No clear evidence of improving outcomes for CYP with SEND was available and as such all relevant outcome indicators are of concern.

- Information on the levels of progress made and outcomes achieved by CYP with statements or EHCPs is not yet consistently gathered or used.

- There is an over reliance on recent actions and initiatives since most of the key leaders across services are relatively recent appointments. This has impacted upon progress in implementing the 2014 reforms and ongoing SEND development, including on outcomes for CYP, which would have been expected to be more advanced.

- Professionals across the local area appear to be committed and knowledgeable at strategic and operational levels respectively, but linkage is as yet unclear.

- There is a range of interesting initiatives in early stages of development but their strategic coherence in terms of impact is not clear and it is difficult to identify within the documentation a 'golden thread' of joint strategic priorities across education, health and social care that would underline the focus on improved outcomes.

- Systems to check quality and impact of work are not yet well developed and embedded.

- There is an overall sense that partnership working to improve outcomes for CYP with SEND is still at a relatively early stage of development and not yet well established or embedded in all aspects.

- Health partners reported a need to improve their skills in writing outcome focused plans. No initial training was given to facilitate this change under the SEND reforms.

- No improved outcomes for CYP with a personal health budget were evidenced as outcomes measures have not been identified and implemented.

- The need for improved partnership working for CYP with complex needs has been recognised but processes are not yet developed or embedded - although a complex needs multi-agency panel has now been established.

- There is a mismatch between the good and improving performance of individual schools, the overall attainments of learners in Somerset which generally at least meets statistical expectations, and the relatively poor attainment of learners with SEND which is not improving.

- Attendance and exclusions of CYP with SEND is relatively poor and deteriorating with recent initiatives not yet having a positive impact.

- There is a strong parent carer forum. Membership has increased significantly over the last two years and is increasingly becoming representative of the wider community of families who have CYP with SEND. The forum is well organised and fully supports representatives to have the skills and knowledge required to fully participate in meaningful

co-production and service development. This is a real strength in the area.

- Preparing for adulthood outcomes are now being included in EHCP processes to enable planning to be considered by families and all partners from an early age. Data indicated that 80 YP previously supported with LDAs are now supported with EHCPs.

- A focused multi-agency transitions team now supports pupils from mainstream schools moving into post 16 education. Plans are in place to extend this to special schools in the near future. A positive impact was reported on a general reduction in NEETS and improved retention in FE colleges but there was no specific data for YP with SEND within these measures.

- There was evidence of strong engagement and participation with YP to shape careers guidance and opportunities through 'Choices for Life'.

5.   Points to Consider

5.1   Develop clear key messages which demonstrate the local areas response to the SEND reforms and the outcomes expected to be achieved. Priorities were explained as diminishing the difference (the meaning of which is unclear), reducing travel times and partnership working but there was no clarity on the outcomes this would achieve for CYP with SEND across partners.

5.2   Create multi-agency forums to build on the local SEND strategy and ensure consistent and cohesive messages are embedded across the local area, and at all levels.

5.3   Create a communication strategy to present and embed key messages across and within services across the whole local area.

5.4   Develop a more comprehensive scene setting approach to provide clarity on the local areas response to the reform and rationale for priorities made and actions taken.

5.5   Develop an overarching SEND action plan to enable strategic priorities to be taken forward consistently across partners and at all levels within services.

5.6   Partnership working across health agencies needs to be further developed in order to gain buy in from all areas of health provision.

5.7   Expand Core Standards across agencies.

5.8   Address information management systems to underpin development, inform strategy and track outcomes achieved.

Choices for Life Strategy

2017 – 2018

Imagine the possibilities if you had the opportunities

Developing a positive and consistent approach for young people who require support into adulthood

CONTENTS

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Welcome to the Choices for Life Strategy!

Harry and I became involved with this strategy from the beginning. We were asked to think about what transitions meant to us and the young people we represented. We believe it is **important** to for young people to **make their own decisions** and **think about the future** and be at the forefront of the decision making process.

> The more opportunities we have to make decisions in our lives, the more **confident** we will become. By making our own decisions we can **accept challenges, understand risk** and **learn from mistakes**. **This is okay!**

As we become older the decisions become bigger and potentially life-changing. If the families and praticioners support us, we will become more resilient, if you have a knock-back in life, it is important for us to keep motivating ourselves to achieve and succeed. These skills will allow us to achieve a postive outlook on achievement and success. We met with young people and talked about what "transition" meant to them; this was through The Unstoppables and other groups. We used the 4 areas of Preparing for Adulthood for our discussions:

- Employment
- Independent Living
- Community Inclusion
- Health and Wellbeing

Transitions is a complex word for many young people to understand and relate to. So Harry and I designed a concept called "Choices for Life." The concept is all about putting all young people at the forefront of the decision making process in regards to their future. Young people told us that they wanted to explore opportunities and it was important that this happened near where they lived.

We felt that transition should challenge the people that work with us and support us so that we can understand our opportunities. This should be a partnership between us all.

To help us progress to adulthood and reach our goals, we want to challenge you to think about our future lives around these five questions:

- How can I choose my next school or college?
- How can I find a job and keep a job?
- How can I live more independently?
- How can I find things to do in my spare time?
- How can I stay safe and healthy?

K. Durham

Harry Tavaré

Becoming an adult can be a positive, exciting and challenging time. Effective support and planning will enable our young people to reach their full potential as an adult. This can only be achieved by talking about ambitions and plans for adulthood from an early age including introducing ideas about work, education and being part of a community including where they will live.

We view transition as a shared opportunity that should be driven by the needs, views and wishes of the young person and the people that care for them in partnership with the agencies surrounding them. Young people have expressed this as having "Choices for Life" and these plans should be evident throughout all reviews and provision in place for the young people supported through this strategy.

Local authorities **must** ensure that the Educational Health and Care plan review at Year 9, and every review thereafter, includes a focus on preparing for adulthood.

Planning **must** be centred around the individual and explore the child or young person's aspirations and abilities, what they want to be able to do when they leave post-16 education or training and the support they need to achieve their ambition.

Transition planning **must** be built into the revised EHC plan and should result in clear outcomes being agreed that are ambitious and stretching and which will prepare young people for adulthood (SEN Code of Practice page 125).

The need for effective transitions feature as key elements of both the Children and Families Act (2014), and the Care Act (2014), as well as NICE guidelines (2016), and Somerset County Council acknowledges its responsibility and legal duty to prepare and support children and young people who are likely to continue to prepare for their adult-life and potentially beyond. This strategy sets out how the council intends to meet its statutory obligations and ambitions for young people.

The way that statutory services are configured and operate has meant that some young people and their families have had a negative experience of change in the types and levels of support as they grow older.

A key part of transition is about how young people and their families are included and prepared, and how services are coordinated. Provision from statutory authorities is subject to different legislation across child and adult provision, and it is not always the case that services provided for young people have an equivalent adult alternative that a person is eligible to receive.

This strategy is for those young people requiring support and guidance both **into** adult-life and **in** adult-life. Not all young people who are identified as requiring support in preparing for adult-life will require formal services from agencies in adult-life.

Where they do, they will be subject to transfer of care management and funding as appropriate. Where they do not, they will have clear decisions communicated with any appropriate guidance and signposting.

Effective preparation for adulthood will help manage change and promote independence, and all partners including young people and their parent/carers need to be committed to developing personalised and innovative approaches.

Our aim is to design and provide for a person's needs, aspirations and desired outcomes and to ensure that they receive timely information, advice and guidance to help them achieve this. We need to fulfil our statutory responsibilities in such a way that it makes sense to the young person and successfully enables his/her journey from childhood to adulthood, ensuring that they are able to effectively participate in their community and grow to live the life they want.

An effective transition from one service to another may hardly be noticed when it goes well and where the young person and family have been included, but where services fail or end, or where expectation is not met the person may be left increasingly vulnerable and distressed.

Preparation for Adulthood should be seamless and not create additional processes, but utilise existing plans, support, advice and information through effective intra-organisation coordination, and wider multi-agency partnership working.

Definitions – Who is included?

Within Somerset we have identified that there a number of young people who will benefit from robust planning and accountability into adult-life including those who are likely to gain significant benefit from a transition assessment as described through The Care Act (2014), we define these as the following:

Support in Adulthood:

- Children and young people identified as requiring support through statutory health and social care assessments whose needs will require continuing support from statutory adult services

Support into Adulthood:

- Young people with Special Educational Needs and/or Disabilities (SEND), who may be likely to require support into adult life to fulfil their ambitions

Young people who may be vulnerable as adults e.g.:

- Children and young people in care, and Care Leavers.

- Young Carers

- Those requiring ongoing support from health including those known to Child and Adolescent mental health teams

Activities undertaken over the past 12 months:
- Co-production of re-framing of transitions work resulting in renaming of Choices for Life and identification of the '5 Hows'

- Initial Choices for Life Fair developed by young people bringing together education, housing, employment, short-breaks, parent carers and other relevant support agencies in one place to support guidance and planning

- Activities with Special Schools and Further Education colleges to reinforce their relationships in order to meet the ambitions of young people and respond to the shifting approaches to education and personalisation

- Development of joint working practices across SEND/Adult Social Care and Children's Social Care including those that are Looked After and Leaving Care

- Development of Pathways to Employment group across agencies to create coherent strategy into work for our most vulnerable young people

- Focussed development of Supported Employment opportunities including liaison with employers/education providers and job coaches culminating in event for employers to hear the voice of young people both those with SEND and those Looked After and Leaving Care

Our Commitment

Somerset County Council acknowledges its responsibility to young people in transition, and recognises that positive outcomes will only be achieved through a partnership approach to the opportunities and challenges that this time presents.

Children and young people involved in transition should be able to say:

- I am receiving the support I need, when I need them and I understand the changes that might occur as I prepare for adulthood

- Any plan written about my future will prioritise my views and all efforts will be made to make sure I can contribute to these plans.

- I understand what is planned and when things will happen, I am not surprised or worried about what is happening as I have the information I need.

- I am able to voice my views, wishes and opinions and they are listened to.

- I know who to ask for help if I am not sure of something and they respond to me quickly.

- My family/carers and I understand what will happen to my money as I prepare for adulthood.

- I understand the choices available in planning for my future, including the 5 Hows:

    How can I choose my next school or college?
    How can I find a job and keep a job?
    How can I live more independently?
    How can I find things to do in my spare time?
    How can I stay safe and healthy?

- I can access an advocate to support me and to make sure my views are heard and responded to.

Possibilities and Opportunities

High aspirations are crucial to success – discussions about longer term goals should start early and ideally well before year 9 (age 13-14) at school. They should focus on the child or young person's strengths and capabilities and the outcomes they want to achieve (Code of Practice, page 120).

Work here sets out to develop a clear, integrated and effective pathway into adulthood that begins in year 9 and that offers the children, young people and their families who require it direction, information and support appropriate to their needs.

It will also provide a clear framework for multi-agency working, describing tasks and processes that best support families and fulfils the duties and responsibilities of the council.

This strategy is for those young people requiring support and guidance both **into** adult-life and **in** adult-life. Not all young people who are identified as requiring support in preparing for adult-life will require formal services from agencies in adult-life.

Where they do, they will be subject to transfer of care management and funding as appropriate. Where they do not, they will have clear decisions communicated with any appropriate guidance and signposting.

Next steps:

- Ensuring effective and accurate recording, safe sharing of data and information in support of an effective transition process.

- Updating and providing operational protocols to guide practice and ensure an effective approach in preparing for adult-life through a multi-agency approach

- Ensuring that Choices for Life area panels are attended by all appropriate services and create a culture of accountability through monitoring the performance and decision making throughout the process. They should also be used to inform services of the future needs of young people by collecting data and identifying gaps in provision

- Ensuring all reviewing processes maximise opportunities to discuss, plan for and commit provision to outcomes relating to preparing for adult-life including:

    - Employment
    - Independent Living
    - Community Inclusion
    - Health

Commissioning for Better Outcomes

Given that not all of the children and young people who fall in scope of this work will require support from Adult Services and that some will enter or leave the pathway at different stages, exact numbers are difficult to predict.

However, the current data indicates that we might expect 30% of young people who have Education, Health and Care plans or are funded through high needs funding to require support from Adult Social Care in their future.

As planning and monitoring improves, this should allow for improved data from which to build more accurate identification of numbers of reviews required each year, as well as identifying future levels of demand for services.

Systems and practice in commissioning and care management will need to reflect a commitment to person-centred approaches across our communities.

Next Steps:

- Work with the community and provider organisations to embed an approach which promotes independence at each stage leading to innovative and creative responses to the challenges presented through planning for adult life.

- Strengthen joint working arrangements across commissioning, contracting and procurement teams to ensure that continued post-transition placements or services are a positive choice of quality and value.

- Provide a needs and gaps analysis to ensure that Somerset is able to secure sufficient, affordable accommodation and services for the medium and long term future.

- Support the plans to provide accommodation and community services for people who display behaviour that challenges through 'transforming care' partnership working.

- Development of community approaches and personalisation within children's and adults services to reduce dependency on traditional services and provide truly individualised plans.

"Local authorities will need to consider the needs of the person, what needs they are likely to have when they (or the child they care for) turn 18, and the outcomes they want to achieve in life. They should consider what types of adult care and support might be of benefit at that point, and also consider whether other options beyond formal services might help the individual achieve their desired outcomes." (Care Act, 2014)

Central to all developments is the maximizing of opportunities for the inclusion and participation of children, young people and their families throughout the conversations, assessment and planning. This should ensure that children and young people with even the most complex needs are included in their individual plans, wider service design and delivery. This includes ensuring that all young people and the people that care for them are able to access activities that are universally available within their local areas.

Next steps:

- Ensuring that full opportunity for inclusion in preparing for adulthood is offered to all and that there is careful coordination of planning to fully explore the promotion of independence from the earliest age across relevant agencies

- Providing support to enable children and young people to have a voice, including access to advocacy services as required

- Facilitate opportunities for eligible families to use personalised budgets and direct payments in a way which supports preparation for an adult-life which is as independent as possible

- The creation of more robust Supported Employment models across both education and adult social care to increase the number of people with SEND in work

- Reinforcing current area panels by increasing membership to include special schools to account for and discuss plans for young people as they prepare for adult-life

The Way Forward – Priorities for the next 12 months

Somerset knows that consistent communication, guidance and early planning are key areas that require action over the next 12 months.

Our activity across the next 12 months:
- Continue to work with our partners including Young People and Parent/carers to test out this strategy, clarify the aims and recognise the achievements
- Create consistent and measurable data regarding those young people who may require support and guidance in preparing for a good adult life
- Implement Choices for Life area panels across county
- Work with our partners to ensure that different systems and processes do not inhibit creative person-centred approaches which promote independence
- Provide a supporting infrastructure by nominating both a senior executive accountable for developing and publishing this strategy, and senior managers from education, children, and adult services, to be accountable for its implementation.
- Use this strategy with our partners in health and education to continue to build on our joint approaches to identifying those requiring support in preparing for adult-hood and to work collaboratively to meet the identified outcomes
- Develop provision within post-16 education and services within Adult Social Care to expand access to a meaningful adult-life with the right support for young people including a significant development of support into work
- Deliver two "Choices for Life" events within established careers fairs
- Parent/carer forum to develop approaches with parents
- Working with employers to break down perceptions of work

Measures:
1. Number of recorded outcomes achieved using Preparing for Adulthood review framework through pilot group
2. Number of young people at year 9 identified as requiring support through transition
3. Number of young people with a positive destination through the September guarantee
4. Number of young people allocated to Adult Social Care from 16
5. Percentage of young people successfully transitioning to adult services at the appropriate time
6. Number of young people defined through this strategy accessing Supported Employment programmes inc. Traineeships, Apprenticeships and Supported Internships
7. Young people/families and carers express confidence and understanding of the transition process via participation groups