

## **SEND 0-25 - Peer Review Outcome**

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### **1. Summary**

- 1.1.** In May 2017 Gloucestershire Council carried out a peer review of Somerset County Council, and partners, as part of the preparation for a Local Area Inspection of Special Educational Needs and Disability 0-25 (SEND 0-25) by OFSTED and the Care Quality Commission (CQC). The resulting report (appendix one) 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.
  
- 1.2.** 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.*
  
- 1.3** Priority areas for improvement are strongly linked to the Children and Young People Plan 2016-19 (CYPP):
  - Supporting children, families and communities to become more resilient
  - Promoting healthy outcomes and giving children the best start in life
  - Improving emotional health and wellbeing
  - Building skills for life
  - Providing help early and effectively
  - Achieving effective multi-agency support for more vulnerable children and young people
  - Embedding a Think Family approach across the workforce

### **2. Issues for consideration / Recommendations**

- 2.1.** A system wide response to the peer review findings is required and this will need to include input from partners from Clinical Commissioning Group, Health, Education, Adults & Health, Social Care and the voluntary sector as SEND 0-25 is everyone's business.
  
- 2.2.** The logistical arrangements for an inspection require a response from corporate support services within Somerset County Council, including Business Intelligence, Communications and Business Support.

- 2.3. The framework for holding this intervention will need to be supported by Business Change resource as a rapid response needs to be mobilised.

Priority areas and strategic leads have been identified:

1. **Joint Commissioning** - Philippa Granthier, Assistant Director – Commissioning and Performance
2. **Health Engagement** - Lydia Woodward, Service development and Clinical Engagement Manager (Clinical Commissioning Group)
3. **Transitions** - Mel Lock, Operations Director Adults and Health
4. **Participation** - Ruth Hobbs, Chair Somerset Parent Carer Forum
5. **Early Help for SEND 0-25** - Philippa Granthier, Assistant Director – Commissioning and Performance
6. **Statutory Assessment** - Len Brazier, Interim Head of SEND
7. **Complex cases** - Julian Wooster, Director of Children’s Services and Sandra Corry, Director of Quality and Patient Safety (Clinical Commissioning Group)
8. **School Improvement** - Neal Chislett, Strategic Manager Educational Effectiveness
9. **Intervention arrangements and Inspection readiness** – Rowina Clift-Shanley, Senior Programme Manager

Priority area groups will meet fortnightly focussing on addressing the findings of the Gloucestershire peer review and will report to a newly established multi-agency SEND 0-25 Intervention group.

### **Governance**

Strategic leads from the Clinical Commissioning Group, Education, Adult Social Care, Public Health and Children’s Social Care will form the SEND 0-25 Intervention delivery group. This group will meet monthly to:

- Ensure alignment with the Children and Young People Plan 2016-19.
- Act as leads and champions for SEND 0-25 demonstrating co-operation in Somerset.
- Monitor priority delivery; escalate issues and risks where appropriate for collective unblocking of system wide problems.
- Assign resource to priorities as part of the intervention such as task and finish groups or other existing multi-agency mechanisms (sub-groups, operational groups).

Outcomes and progress will be reported to the Somerset Children’s Trust and Health and Wellbeing Board.

### **3. Background**

- 3.1.** The biggest education reform for children and young people with Special Educational Needs and Disabilities (SEND) became law on 1st September 2014. The act offered simpler, improved and more consistent help for children and young people with SEND and extended provision from birth to 25 years of age. The act extends rights and protection to young people by introducing Education, Health and Care Plans (EHCPs) which identify educational, health and social needs and set out the additional support to meet those needs.
- 3.2.** Subsequently the Minister of State for Children and Families tasked Ofsted and the Care Quality Commission with jointly inspecting all local areas (by 2020) to see how well they fulfil their responsibilities for children and young people with special educational needs and/or disabilities.
- 3.3** An Interim Head of SEND is now in post to bring capacity and subject matter expertise in the response to the Gloucestershire peer review findings.

### **4. Consultations undertaken**

- 4.1.** None required in relation to this report.

### **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**

- 6.1.** Somerset Peer Review report (appendix one)
- 6.2.** [Local area SEND inspection framework](#)  
[Children and Young People Plan](#)  
[SEND Strategy](#)

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

## SOMERSET PEER REVIEW LOCAL AREA SEND

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 carers 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 made contact with 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<sup>th</sup> & 11<sup>th</sup> 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 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.