

Scrutiny for Policies, Children and Families Committee (virtual meetings from May 2020 due to Coronavirus)

Thursday 9 July 2020

1.00 pm Virtual meeting



SUPPLEMENT TO THE AGENDA

To: The Members of the Scrutiny for Policies, Children and Families Committee (virtual meetings from May 2020 due to Coronavirus)

We are now able to enclose the following information which was unavailable when the agenda was published:

Item 6	Special Educational Needs and Disabilities (SEND) Area Inspection Update Presentation to support item 6
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Published on 08 July 2020

Democratic Service Team, County Hall, Taunton

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Somerset Local Area SEND Inspection 9 - 13 March 2020



Presentation

Section 1 – Context

Section 2 – Partnership Working & Joint
Commissioning

Section 3 – Preparing the WSOA and activity since the
Inspection

Section 4 - Possible focus for Scrutiny

Section 1 - Context

Inspection – Publication on 27 May 2020

Between 9 March and 13 March 2020, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Somerset to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014 as detailed in the SEND Code of Practice (2015).

These inspections evaluate how effectively the local area meets its responsibilities.

The local area includes the Local Authority (Education, Public Health Children's and Adult Social Care) Clinical Commissioning Groups (CCGs), NHS England for specialist services, Early Year's settings, Schools and Further Education Providers.

A Written Statement of Action (WSOA) is required (from both the LA and the CCG) as inspectors identified significant concerns in relation to statutory duties - 70 working days from publication - 60% of local areas inspected to date have been required to produce WSOA.

This is not a judgement on SCC Children's Services – as a number of Ofsted judged 'Outstanding' LAs also have WSOA.

The slides include a summary of the main findings – they comment on non-delivery of statutory duties plus areas where the local area is strong in comparison to other areas.

National Context - Major National Review into Support for Children with Special Educational Needs – Sept. 2019

The review aims to improve the services available to families who need support, equip staff in schools and colleges to respond effectively to their needs as well as ending the 'postcode lottery' they often face.

Recognising the importance of joined-up support, it will also explore the role of health care in SEND in collaboration with the Department of Health and Social Care. The review of support for children with SEND will look at and put forward new actions on:

the evidence on how the system can provide the highest quality support that enables children and young people with SEND to thrive and prepare for adulthood, including employment;

better helping parents to make decisions about what kind of support will be best for their child;

making sure support in different local areas is consistent, joined up across health, care and education services, and that high-quality health and education support is available across the country;

how we strike the right balance of state-funded provision across inclusive mainstream and specialist places;

aligning incentives and accountability for schools, colleges and local authorities to make sure they provide the best possible support for children and young people with SEND;

understanding what is behind the rise in education, health and care (EHC) plans and the role of specific health conditions in driving demand; and

ensuring that public money is spent in an efficient, effective and sustainable manner, placing a premium on securing high quality outcomes for those children and young people who need additional support the most.

Somerset Context

SPECIAL EDUCATIONAL NEEDS

Exploring funding pressures in county areas

CCN
COUNTY COUNCILS NETWORK



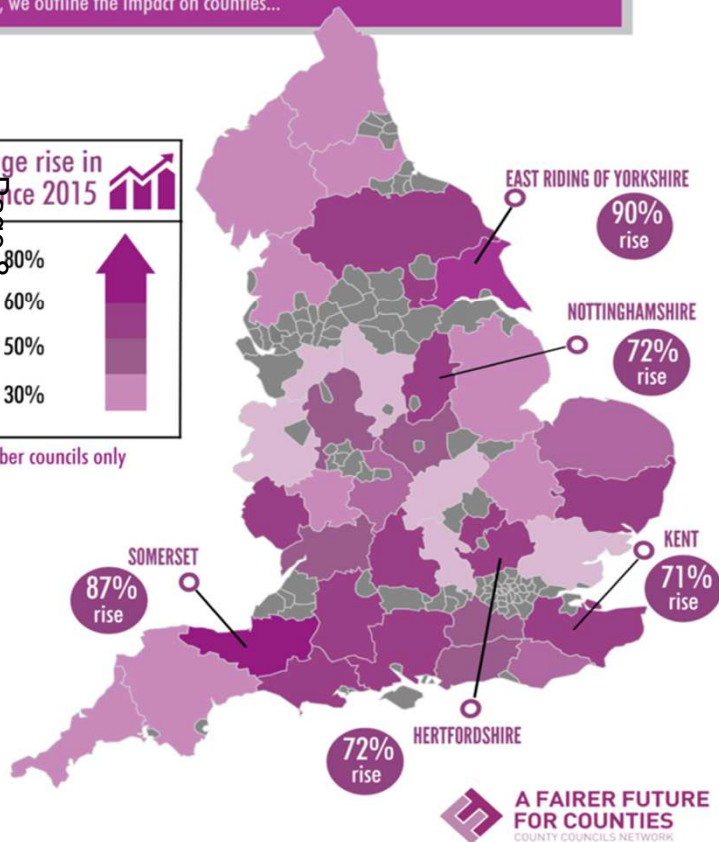
In 2014 the government raised the age limit of Education, Health, and Care Plans from the limit from 19 to 25. This extended the statutory duty for councils to provide support for young people with special educational needs - but without any extra funding to account for this. Below, we outline the impact on counties...

Percentage rise in EHCPs since 2015

Over 80%
Over 60%
Over 50%
Over 30%



CCN member councils only



A FAIRER FUTURE
FOR COUNTIES
COUNTY COUNCILS NETWORK

- Along with other LAs there has been a rapid increase in demand for assessment of -Education, Health and Care Plans (EHCP).
- More children are identified with Special Educational Needs in Somerset than the regional and national average
- More children are identified with a Social Emotional Mental Health (SEMH) need (related to behaviour in schools) and less are identified with Autism than national average
- High rates of Exclusions for pupils with SEND
- Educational outcomes for pupils with SEND - are overall below the national average for pupils with SEND
- Previously Somerset operated a unique high needs funding model which meant that a Statement of Educational need was necessary only in the most complex of cases – leading to specialist provision
- SCC SEND services similarly operated in a unique structure and were only brought together in 2018.

Somerset's Vision for Children – Needs of children with SEND central to the 2019 Plan

Our vision is that Somerset children and young people are safe, healthy, happy, are ambitious for their future and develop skills for life.

We want them to:

- be treated fairly and have a voice in what matters to them
- achieve economic independence and contribute to their community
- learn well and develop skills for life
- make healthy choices and develop resilience
- be confident, ambitious and achieve success

We set out in our Plan what we aim to do, how we aim to do it and how we will know whether or not we have succeeded.

[Somerset Children's Trust Children and Young People's Plan 2019 – 2022](#)

Section 2 – Partnership Working & Joint Commissioning

Area Leadership Findings

Leaders have an accurate picture [in our joint improvement plan] of the challenges they are facing. There are some examples of improved strategic thinking, such as the recent investment in special school places. However

Leaders from education, health and care services have been distracted by their individual challenges.

The lateness in starting to implement the reforms, combined with large challenges such as the variability in the school system and Autistic Spectrum Condition (ASC) assessment pathway, means there is a significant amount for leaders to

There is limited capacity to bring about the improvements that are needed

There is still a culture of blame between services that has not yet been fully resolved.

Joint commissioning (between the CCG and the NHS) is limited and in its infancy.

Too much depends on which professionals are involved in children's and young people's lives or where families live.

The quality of Education, Health and Care (EHC) plans reflects the lack of joint working between Education, Health and Care services.

EHC assessment and planning systems are not working well enough. The timeliness of the assessment process for placements is slow.

The effectiveness of these [SEND] strategies is patchy because of the variability in the commitment of frontline services to the ownership of families' needs. Consequently, despite the effort to start working more collaboratively, there is little evidence to show anything is leading to a better experience for children and young people with SEND and their families.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Joint working in the early years leads to effective early identification of children with complex needs.

Speech and language therapy provision for young people in the Youth Offending Team is well established.

There are widespread challenges to early identification across the area. A period of diminishing access to services, including therapy services, and poor partnership working mean that frontline staff are often attempting to identify children's and young people's needs without the skills, support or access to specialist knowledge that is required.

Area leaders do not have a comprehensive knowledge of the needs of children and young people who receive support for their special education needs (SEN support) in schools.

Area leaders do not monitor the school nursing service robustly. School nurses are not identifying and analysing the health needs of the school-age population.

Referrals from therapy services to the community paediatrician must go through General Practitioners (GPs) in parts of the area. It is the same for parents who want a referral to the Children and Adolescents Mental Health Service (CAMHS).

Systems across the area to ensure that health visitors are notified of families and pregnant women transferring into the area are not robust.

The effectiveness of early identification in schools is too varied. In some schools, leaders are a barrier to children's and young people's needs being identified. For example, children and young people with Attention Deficit Hyperactivity Disorder (ADHD) and ASC are not identified quickly enough, because their presentation is assumed to be behavioural issues rather than an indication of need.

The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities - 1

DIAS staff advocate exceptionally well for children, young people and their parents. The service is very well led. The parents and carers forum has established effective relationships with area leaders.

The local offer, known as 'Somerset choices', has a range of comprehensive and useful information for parents and professionals.

The schools in the area are highly committed to the reforms and make excellent provision for children and young people with SEND

Special schools, including pupil referral units and schools with enhanced provision, provide a strong service for the children and young people and their families who access them.

The seven-day-a-week 'Enhanced Outreach Team', with an on-call children and adolescents mental health service (MHS) operational manager, is effective.

Partners have worked effectively to improve the area's approach to preparing children and young people with SEND for adulthood.

Strategic leaders responsible for Children who are Looked After (CLA) are benefitting from greater joined-up working. Local Care provision [for SEND] across the area is well received.

The frontline staff make a real difference for children and young people with SEND and their families.

The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities -2

- ▶ The ASC assessment pathway is very poor.
- ▶ The quality of EHC plans is typically poor.
- ▶ The contribution of Health and Social Care professionals to EHC plans is scarce
- ▶ There is a significant lack of consistency in meeting children's and young people's needs across the system in Somerset.
- ▶ The 'Core Standards', which exemplify what schools should do to meet the expectations of the SENI Code of Practice. These have been co-produced with parents and schools. However, in attempting to develop these collaboratively, the standards have become burdensome and overcomplicated.
- ▶ Area leaders have no overview of young people above the age of 14 years with a learning disability who are eligible or receiving an annual health review from their GP.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

- ✓ The effectiveness of joint working in the early years supports timely and accurate identification of young children's needs
- ✓ Outcomes for children and young people with SEND in the 'West Somerset Opportunities Area' are improving because of better joined-up working between services.
- ✓ Opportunities for co-production are improving. Leaders are increasingly responding to the views of parents through the strengthening relationship with the parents and carers forum.
- ✗ Evidence that outcomes for children and young people with SEND have improved because of the implementation of the SEND reforms in the area is limited.
- ✗ A legacy of mistrust and poor identification and meeting of need means that appeals to the SEND tribunal are on the rise.
- ✗ Children and young people with SEND achieve poorly [educationally] in Somerset
- ✗ The area's work to improve the life chances of young people with SEND as they move into adulthood has had limited impact.
- ✗ The proportions of children and young people excluded or absent from school in the area is too high.

Section 3 – Preparing the WSOA and activity since the Inspection

The local area is required to produce a Written Statement of Action to Ofsted/CQC – the following are the nine statements to address the areas of significant weakness :

all need to work more closely with children and young people with SEND and their families to understand more from their experiences as we develop strategies to improve the area. Inspectors recognised that there are many strengths in this area, but we are not consistent in our practice.

need to improve leadership capacity across services in Somerset to provide effective support to children with SEND.

need to continue to strengthen and embed partnership working across Education, the NHS, Public Health and Social Care.

our pathway for children with autistic spectrum disorder needs substantial development to address the poor service too many families are receiving.

need to improve the outcomes for all children with SEND, through ensuring effective identification of needs and the right support to make the difference for children.

the quality of professional input for Education, Health and Care Plans needs to be at a consistently high level.

the multi-professional assessments and planning required for Education, Health and Care Plans needs to be carried out more swiftly.

improving joint commissioning arrangements between Somerset County Council and the NHS, we can improve providers' abilities to ensure they meet area needs, as well as improving outcomes and achieving cost efficiencies.

need to extend inclusive practice in schools across the local area and in turn reduce exclusion rates which currently mean too many children and young people are not accessing education.

Action since the Inspection

Progressing activities to address the weaknesses identified

Being mindful of the Leadership Findings in developing the timetable, governance and the approach to completing the WSOA

Progressing the arrangements for the SEND Improvement Board with the

CCG
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Meeting with stakeholders and services to develop the WSOA

Increasing capacity to support the WSOA work

Grouping the priority activities into three theme areas:

Joint arrangements between the NHS & LA

Inclusive Schools

Capacity and Performance of SCC's Inclusion Services

Section 4 - Possible focus for Scrutiny

Enquiring into how Somerset as a community can become more inclusive for children with SEND – understanding the experience of parents.

Hearing from the frontline in terms of the multi-agency culture needed to support their direct work with children with SEND

Quarterly Reviews into the effectiveness of the WSOA

Enquiring further into one on the specific areas of weakness and the effectiveness of the WSOA actions.

Hearing directly from parents and children in all of the above.

Appendix

SEND Code of Practice

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>