

**Report for:** Health and Wellbeing Board – 12<sup>th</sup> June 2019

**Title:** Identifying, Meeting Needs and Improving Outcomes in a Local Area for Children with Special Educational Needs and or a Disability

**Report**

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## **1. Describe the issue under consideration**

1.1 The Children and Families Act 2014 fundamentally reformed the approach by statutory partners to meeting the needs of children and young people with special educational needs and or a disability (SEND). The wide-ranging reforms set out in the Act, supported by statutory guidance, sought to address the consistently poor outcomes achieved for children and for young people growing into adulthood and the lack of a uniform approach nationally. The Care Act, which came into being at about the same time, offered a similarly fundamental reform of the approach to adults with social care needs and together these Acts represent a step change in how society considers and responds to disability and need.

1.2 The reforms created a strong presumption of closer joint working and commissioning between education, health and care agencies on the basis that these areas represent core outcomes to be achieved by and with children and young people with SEND. Key principles of the reforms included:

- A 0-25 approach which included a focus on preparation for adulthood for people with SEND
- Personalisation, involvement, collaboration and choice with families and children and young people themselves
- The Local Offer developed and promoted at both school and Local Authority level
- The replacement for children aged 0- 25 years of statements and learning difficulty assessments with a co-ordinated Education, Health and Care Plan
- Focus on timely production of the Education Health and Care plans with a 20 week statutory timescale
- Enhanced duties in Youth Offending services to identify and meet need
- Personal budgets to facilitate a more joined up approach to meeting health, education and social care outcomes
- Independent support and mediation

- Joint commissioning and integration across health, education and social care to enable the above reforms to be enacted

1.3 This paper sets out the scope of these reforms, the response by partners in Haringey and the key next steps to continuing to improve outcomes for children and young people with special educational needs and or a disability. In addition, this paper notes that all local authority areas are inspected by Ofsted and the Care Quality Commission and identifies the likely themes for such an inspection.

## **2. Recommendations**

The Health and Wellbeing Board is asked to:

- 2.1 Endorse the emphasis on partnership working needed to underpin the effective implementation of the SEND reforms
- 2.2 Support the new governance arrangements recently put in place through the SEND Board to ensure improved outcomes for children and young people
- 2.3 Agree to receiving an updated Self Evaluation Framework on an annual basis

## **3. Background Information and Context**

3.1 As noted above, the SEND reforms within the Children and Families Act 2014 focus on how well a Local Area prepares children and young people with special educational needs and disabilities for adulthood by identifying, meeting needs and improving outcomes. Whilst the local authority is a key partner in the Local Area, the Act and the supporting guidance, emphasise that effective partnership working across education, health and care are critical to implementing the reforms and effectively transforming previous outcomes and that no one agency alone can deliver the transformation required.

3.2 Key to identifying and meeting the needs of children with special educational needs is therefore effective joint planning, commissioning and working across health, education and social care partners. This requires a range of interventions and approaches to be available which can be called upon to meet need and address identified outcomes. Examples include good access to public health initiatives such as the Healthy Child Programme, to ensure children are referred to relevant services at the earliest opportunity, the availability and effectiveness of local therapy services, support for parents and carers where needed, timely access to emotional and mental health and wellbeing support, personalised support in education settings to support learning for all children and young people, local services to meet the needs of children with continuing health care needs and GP health checks for adolescents with learning disabilities.

3.3 In terms of Haringey's response to the SEND reforms, partners believe that whilst progress has been made, there are a number of areas where more work is required. Partners know from feedback from parents and carers for example, that

timely access to therapies, particularly speech and language therapy and to services to address emotional and mental health and wellbeing, as well as transition into adulthood including support for young people with mental health needs, housing and access to support into paid employment, remain key areas for improvement. There are established programmes of work to address these, including a Therapies Review which will be making recommendations for change over the coming months, informed by parental views and feedback, the CAMHS Trailblazer which is piloting a new approach to support for emotional and mental health and wellbeing in schools and a Transitions Steering Group which equally engages with parent carers to ensure a focus on all outcomes for young people entering adulthood, not just their social care needs. In addition, there is more work to do to ensure that locally delivered services and interventions are available for children and young people including education in a socially, emotionally and mentally healthy environment where there are gaps in local provision. This can mean that children and young people may need to travel to access the services and joined up responses they need. A recently concluded SEN School Place Planning review has identified gaps and key commissioning next steps. The model for parental engagement is itself the subject of a dedicated programme of work, which is just now getting underway guided by a small task and finish group of officers and parents.

- 3.4 There are strengths in Haringey's landscape for children and families affected by SEND. Although relatively new, Haringey now has a universal healthy child programme, rather than the targeted programme previously in place. From this programme 65-73% of families take up their 12 month review and 61% take up their 30 month review. The increasing uptake of these reviews has led to a higher volume of early referrals to Speech and Language Therapy – whilst this is positive and to be welcomed as early intervention is likely to be more effective and reduce demand for more expensive and interventionist services further down the line, it has to be noted that this has initially increased waiting times. There has been focused and joined up work to reduce these to 16 weeks for the under 5's where there has been the biggest pressure.
- 3.5 There are well established support services in early years and in schools to meet needs across health education and social care. There are multi-disciplinary teams to meet children's needs based onsite at the local special schools and therapy and support services for children with complex needs are jointly commissioned. Haringey special schools offer a range of interventions to support learning for the most disabled and complex children and young people and are operating at capacity.
- 3.6 Waiting times for diagnostic and therapy services are high but reducing – partners acknowledge the impact this has on children and families and that whilst it is comforting to know that wait times in Haringey are below the London average, and reducing, they are still long particularly in the life of a child with additional needs.
- 3.7 Haringey has recently commissioned a detailed drill down into the needs of children with SEND in the borough as part of the overall Joint Strategic Needs Assessment (JSNA). Initial – and still draft – findings are that Haringey has very

slightly higher than average levels of children diagnosed with autism although levels of children with an Education, Health and Care Plan are higher than local averages. There are also more young people with educational health and care plans in education over the age of 16 years than in neighbouring boroughs. Children tend to start school in Haringey with lower than average levels of language skills, however they make better progress than statistical neighbours once in school.

- 3.8 It is of concern that there are fewer young disabled people employed as they move into adulthood than in other boroughs as this can be a key route to greater independence and to improved outcomes for many young disabled people. The Transitions Steering Group is picking up this issue and there is a pilot underway, jointly developed with the Department for Work and Pensions, to address the support needed to make the transition into employment.
- 3.9 There is strong evidence of the links between exclusions and poor outcomes later in life and this is particularly acute for child with a special educational need or disability, which may not have been successfully identified and supported. Whilst locally, the recent Exclusions Review and the Alternative Provision Review, currently underway, have demonstrated that there are not disproportionate numbers of SEND children affected by exclusion, it remains critical that all partners focus on addressing need in the first instance – rather than addressing behaviour alone, for example.
- 3.10 A successful bid to NHS England for funding to become one of the country's trailblazers for a different approach to supporting the emotional and mental health and wellbeing needs of children and young people has led to an exciting programme of work across Haringey schools, focusing in Tottenham where needs are higher. This work is being jointly led across education, health and care with a real focus on earlier intervention and the importance of all those working with children and young people to work together effectively to address need.
- 3.11 The effectiveness of the wide range of interventions required to implement the reforms is judged in a number of ways, including by improved clinical outcomes and parental and child satisfaction with services, for example accessibility and the impact of advice and interventions. In addition, all local authority areas are subject to inspection, jointly by Ofsted and the Care Quality Commission, to understand how well the reforms have been implemented and embedded. An inspection in Haringey is likely in the next three to six months given the inspection cycle.
- 3.12 There is a strong alignment between the different ways of assessing effectiveness as any inspection will be guided by areas raised by children and families and evidence of outcomes poorer than would be anticipated. This means, for example, that waiting times for diagnosis and post diagnostic support are often themes in inspections of local areas, because they are raised directly by parents and also figure in the data. Particular examples include lengths of waits for speech and language therapy and autism diagnosis which are challenging for children and families – even where local waits are significantly shorter than comparator boroughs, as is the case in Haringey.

- 3.13 The inspection – which is anticipated in Haringey in the next 3 – 6 months – will draw on both health data and jointly held information on meeting the needs of young people with complex health needs e.g. those diagnosed with autism, physical and learning disabilities or those with continuing care needs, and how those needs are met both at home and in education. This may include equipment provision as well as support packages in the pre-school, school aged, and post 16 cohort.
- 3.14 The way that services are commissioned is likely to be explored, as well as how decisions are made across senior leaders and key quality assurance roles including the designated clinical or medical officer.
- 3.15 The impact of multiagency delivery will be key, and areas with high levels of integrated delivery have tended to be judged stronger than those where services work in parallel.
- 3.16 The Local Authority and the Clinical Commissioning Group have recently established a SEND Board to oversee the progress of successful implementation of the reforms. The board is working closely with other authorities and with a London wide Director's group, to draw on good practice and to provide leadership, support and challenge in order to drive improvement.
- 3.17 The Board recognises that the areas of strength and challenge need to be clearly expressed as part of the self-assessment, with a focus on co-production with parents and hearing the child's voice, both for those with complex needs and those with more short-term additional needs.
- 3.18 The SEND Joint Executive Board is holding a workshop, planned for July 2019. The workshop will enable partners to develop a shared understanding of our work and its impact. This information will be used to inform our self-evaluation that must be an accurate reflection of the impact and outcomes of our work and support with our SEND population and their parents. It will also be used to set priorities and a work plan for the next 2 years.

#### **4. Contribution to strategic outcomes**

- 4.1 The Borough Plan is Haringey's approach to improving outcomes for all residents, including children and families affected by SEND. As a partnership document, it reflects and endorses the joined up and targeted work needed to implement the SEND reforms and to ensure that the inequalities faced by many disabled children and young people are addressed and eradicated. In this respect, there are many parts of the Borough Plan which can be mobilised to support children and families with SEND to improve their quality of life and maximise their potential for the future.

#### **5. Statutory Officer Comments (Legal and Finance)**

##### **5.1 Legal**

The Health and Wellbeing Board's function include to encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together. The Board is also required to collaborate with and involve local stakeholders to secure better health outcomes, quality of services, a more focussed use of resources and value for money for the local population.

Section 20 Children Act 2004 and The Children Act 2004 (Joint Area Reviews) Regulations 2015 enables Ofsted and Care Quality Commission to undertake joint inspection of responsibilities for children and young people with special educational needs and/or disabilities in each local area.

The Ofsted and CQC Framework for the Inspection of Local Areas provides that *“Inspectors will consider how effectively the local area identifies, meets the needs of and improves the outcomes of the wide range of different groups of children and young people who have special educational needs and/or disabilities..”* *“The inspection will focus on the contribution of education, social care and health services..”* (Paragraphs 24 and 25).

## 5.2 Finance

The change and reforms in the Children's Act 2004 promote working integration, joint commissioning and collaboration between agencies and service. Any approach should include looking at ensuring value for money and striving to address needs within budget, despite the increased duties, and based on the financial resources available.

The report advocates greater multi partnership working which lead to better outcomes, and may lead to efficiency savings long term through collaboration and integration.

At this stage the report does not cover integration and joint commissioning and therefore there are no financial implications at this stage for consideration.

## **6. Environmental Implications**

6.1 Not applicable

## **7. Resident and Equalities Implications**

7.1 Not applicable

## **8. Use of Appendices**

8.1 Self Evaluation presentation

## **9. Background Papers**

9.1 Self evaluation narrative

