



**Children and Young People with  
Special Educational Needs and  
Disability**

**Self-Evaluation**

**March 2019**

## **SEND Self Assessment**

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#### **1. SEND and plans for improvement**

Our self assessment focuses on the implementation of the special educational needs and disability (SEND) code of practice in Haringey to fulfil the duties of the Children and Families Act 2014 and improve outcomes for children and young people.

Through the self assessment we can be clear about the strengths in delivering services for SEND in Haringey whilst also having a good understanding of areas for development and the work to do. We are under no illusions about the challenges we face for the future but are confident that our partnerships between agencies and with parents provide a strong foundation for making good progress.

We want to continually improve services and outcomes for children and young people who have special educational needs and/or are living with a disability in Haringey. As a local area we continue to be keen to learn from others. We commissioned an external consultant to carry out a supportive review in March 2018. We participated in the London Council's Sector Led Improvement Activity of peer review for a self assessment , including SEND , in April 2018. We continue the constructive engagement with the Department for Education and reviewed progress towards fully implementing our duties under the reforms for SEND in July 2018. We also met with the education funding agency to outline our progress in delivering high quality education support for children with SEND in October 2018.

Of great importance is our work with parents and with children and young people to ensure that their voice is heard and that this shapes and influences our services and our practice. We are keen to develop services which are shaped and influenced through feedback from children, parents and carers.

In carrying out our self assessment we have opportunity to further our understanding of the needs in the Borough for children in their early years, school aged children and young people who are making the transition to adulthood. We have opportunities to strengthen our relationships with partners , how we progress work on co production with parents , the

commissioning of services and put in place the SEND strategy and plans for action for the next three year period from 2019-2022.

**The 'One year on' Ofsted review of inspections has shown common areas of significant concern nationally. These include:**

- **Leaders and elected members not fully understanding the reforms and therefore not challenging progress**
- **Parents not feeling included in decision making and lack of engagement with families at a leadership level**
- **Lack of focus on impact of actions to improve outcomes**
- **Challenges in implementing joint commissioning, particularly around specialist therapies**

**Locally we feel that leaders and elected members now have a strong understanding of the reforms, are developing in their understanding of what and how to challenge in collaboration with families.**

**As with many areas, parents are vocal about services they feel need to improve, but as an area we are not confident that we are able to hear the views of all families and are working on this. The LA and CCG are collaborating on all those areas that need improve, with some more of a priority e.g. our 20 week timescales for EHCP's.**

**Like many local authorities Joint commissioning remains a challenge, but is on an upward trajectory. There is a good range of specialist services available, with emerging joint commissioning across the LA and Health services around addressing mental health needs. Joint commissioning of services across adults and children's services are emerging.**

## **2. Governance and leadership**

In the 2018-19 period we have been working to strengthen arrangements for governance and leadership in delivering services for SEND in Haringey. Leaders and officers have a good understanding of what is working well and what needs attention in their areas of responsibility.

There is a SEND Leadership Board in place which has representatives from the key partner agencies to oversee governance and strategy. A multi-agency SEND Reform Group is well established provides operational leadership in progressing plans for service delivery to meet needs. Activity including minutes of meetings and outcomes are published on our Local Offer website.

Partners are working to an agreed vision and objectives through the SEND strategy and Joint Commissioning Strategy. The Joint Commissioning Strategy for SEND 2017-2019 identifies a suitable set of aspirations to develop a more joined up approach to

commissioning between health and education. Work is underway to review and refresh the Strategies for the next period from April 2019.

SEND is included as a work stream in the programme of service plans and improvement work which is overseen by the Children's Improvement Board and which is chaired by the Director of Children's Services. Services for children, young people and their families , including SEND , benefit from continuity of the involvement from the lead member for children in the Borough. The newly launched Haringey Education Partnership has outcomes for SEND which have been specifically commissioned, however this is a new relationship and it has not yet been established long enough to test effectiveness.

A Transitions project is in place and we have Adult Social Care representation on the SEND Leadership Group. We also report this work into the meeting with joint lead members and is also reported to P1 Board which is attended by the lead member for children's services.

There are Health Service Clinical Commissioning Groups overseeing various aspects of the SEND work agenda and service provision to meet the needs of children and families in the Borough.

The CAMHS Transformation Board provides a good example of joint accountability and working mechanisms. SEND provision is regularly discussed considered at the multi-agency High Needs Block sub-group and actions reported to Schools Forum.

The borough has a thorough self-assessment for Autism but no overarching Autism strategy, this is an area for development in collaboration with parents and children.

The arrangements across the partnership also continue to develop and a Designated Medical Officer is in place for 1.5 days per week whilst there has been investment in a Designated Clinical Officer post for 2.5 days per week to support SEND work. There is strong multi-agency representation at all decision-making panels for SEND from health, education, and social care.

Overall there are stronger links at an operational leadership level across health education and social care than at a strategic level and this is an area for our focus.

### **3. Co production : voice, influence and participation**

We have four parent's groups that we consult with regularly and who are integral to the development of strategy and policy, including the SEND commissioning strategy and the accessibility strategy. The groups included 'Haringey Involve' which was the parents group sponsored by Contact, SENDpact, a Charedi Community Group and the 'Moving On' reference group, supported by Health Watch. Haringey Involve is now no longer sponsored by Contact and we are reviewing the models of co-production that will work for Haringey.

All the groups are represented at the SEND reforms operational group. The 'Moving On' reference group is specifically focussed on transitions. Minutes of meetings and actions are published on our Local Offer website. There has been a scrutiny committee review implemented focussing on SEMH and Autism, which seeks to identify what parents feel will support home and schools best to manage their children's needs.

Parents have given their views about the therapy services with a view to revising the service delivery. They were clear that they wanted more continuity, more advice for families in how to intervene at home and use of groups for children where appropriate. They liked the secondary summer groups. They thought GP's and primary care professionals needed more information about language delay, and also that advice liens should be more widely used.

We have a clear commitment to co-production. There are well established relationships with individual smaller parental groups and regular consultation and engagement on a range of issues, although we are aware we do not get active feedback from parents of children at school action, and are working with HEP to address this. A regular newsletter for parents is distributed and made available on the Local Offer website.

Typically, local areas leaders make sure they engage and consult parents about provision of services and there some examples of effective co-production e.g. EHCP threshold document, therapies review, respite and support offer (direct payments), the impact of transport changes, transitions, the use of the SEN capital grant, and the reception transfer and secondary transfer yearly events.

Parents are invited to topic specific workshops in addition to ongoing projects e.g. providing feedback about a range of services and issues regarding the Local Offer on 13 and 14 November 2018. This included positive views about what is working well and also areas of practice and service delivery which could be improved. The feedback is to be used to inform service planning for improvement and future strategy.

Children influence their individual services and education plans, and examples can be seen in the work of the well-established advisory teaching services (Autism, language, hearing and vision), these services are an area of strength for the borough in terms of supporting children to influence their own services. Our Autism Team are featured in the national autistic society video for the ELKLAN project. We consult our Youth Council around new projects and topics of interest for young people e.g. respite and support, staying safe. Our local Autism Youth group are active in helping families understanding about transitions for children with Autism through school phases, and have provided advice and support sessions to parents so that they know what to expect for their children as they move to secondary school and college. We are planning a children's Local Offer event with HEP.

Our SENDIASS service is well established and used by families, and their quarterly report shows a high level of activity. Their views are used in changing the delivery of services e.g. they attend the SEND reforms group, are involved in the review of the EHC assessment and annual review process, and have helped shape the secondary transfer project where we have worked to ensure that families feel confident in requesting a range of secondary schools rather than a few single schools in the borough. SENDIASS provides valuable feedback about inclusive practice in the borough and where there are areas of strength and challenge. SENDIASS is developing in it's scope and has been successful in extending it's commissioning to meet the needs of children in specific circumstances e.g. LAC and those young people known to Youth Justice.

Overall whilst there are good examples of co-production at operational level they are not always strategic or systematically used across the system. There was limited capacity in our local parent's group, Haringey Involve, to support co-production and as a result a range of parent groups have emerged

#### **4. Joint Commissioning of Services Across Health Education and Social Care**

The joint commissioning strategy recognises the need to further develop the Joint Strategic Needs Assessment (JSNA) to inform joint commissioning for SEND.

The local area's JSNA does not identify SEND commissioning needs comprehensively and clearly enough to inform effective joint commissioning. The JSNA only references SEND needs in relation to volumes and prevalence of children and young people who have SEND and projected demand for CAMHS services. Consequently, it is not a comprehensively useful tool for informing commissioning that improves outcomes for children and young people who have SEND.

Haringey's 2017 Autism Needs Assessment does contain some useful information about the needs of children and young people who have autism and reflects local intelligence reported by families and parent groups.

We know that as a borough we have high numbers of children starting school with low language levels, higher than average numbers of children with autism and gaps in our provision of services for children with mental health needs and challenging behaviour, including those with Autism and ADHD. More of our young people with EHCP's and severe LD stay on in education than the national average.

The predominant needs are autism and language in primary school age and behaviour in secondary school age. Locally the rate of diagnosis of Autism is higher than the national average, with 1.3% of our population with a diagnosis of autism compared to national data of 1%.

We have emerging cohorts of children with complex medical needs not seen in high numbers in the community before, e.g. those children who are oxygen dependant, or have a tracheostomy in place in order to breathe.

In terms of supporting joint commissioning for these children we have a Vulnerable Children's Commissioner who is funded by health and social care. Education, health and social care are represented at all strategic groups. The health service engagement includes public health, primary care colleagues and the local CCG as well as local health providers.

We have jointly commissioned services and pathways including speech and language therapy, occupational therapy and provision of specialist equipment e.g. specialist seating and postural management systems for home and school. We have a tripartite funded pathway for provision of alternative and augmentative communications aids not already supplied by NHS England, whereby the local specialist therapy services assess for devices, which are then funded by health, education or a charity, in a shared arrangement. This means that we can now provide communication devices swiftly to children who would otherwise not have a voice for their communications or school work.

Joint commissioning of mental health services are just developing with health commissioning services from SEND such as Educational Psychology to support tier 2 mental health services in schools, and mental health professionals working to support children in the local tuition centre. We have recently been successful in winning a bid to address children's mental health needs in mainstream schools funded by NHS England this will develop our tier 1 and 2 services in collaboration with local schools.

We have good examples of regularly jointly commission packages across health education and social care for children with complex needs, utilising personal budgets in order to allow families to pool their resources to meet their children's needs. We are aware that we proactively problem solve in these areas but are not always clear on SMART outcomes specified for the children, so the impact tends to be measured in softer outcomes than in ways that are easily measurable.

We are aware that the local offer of leisure and community-based activities that children and young people who have SEND can access has not been clear and has been under review for some time. Residential provision and home care are currently being jointly re-commissioned and we have started a comprehensive respite support and direct payments review to look at our short breaks offer to children and families and how this is implemented.

We have recently started a review of alternative provisions as part of our work on meeting the needs of children with challenging behaviour and SEND. This review and workplan will have implications for how our services to children with these needs are jointly commissioned.

## **5. Identifying children and young people who have special educational needs and/or disabilities**

The introduction of the Health Visiting two year check has increased the rate of referral to speech and language therapy at a younger age. Our local therapy service also has an information and advice line for families who call with queries about their children's language development to see if a referral is needed.

Whilst the introduction of the Health Visiting two year check has increased the rate of referral to speech and language therapy at a younger age, this is also creating a pressure on the Speech and Language Therapy service, and parents tell us waiting times are too long. We started a review of our therapies and local area need as a result, which is not yet complete. The review will address both a local area communication strategy and also capacity in the specialist therapies. Parents tell us they are happy with speech and language therapy service in the Early Years, but there is not enough occupational therapy service for this age group.

Referrals to our Child Development Centre are at the rate of 40 per month with the majority of referrals being around delayed language and challenging behaviour potentially leading to a diagnosis of autism. The CDC send section 23 notifications at a rate of approximately 6 per month to the local authority where they are considered at the Integrated Additional Services Panel to notify if a child may have additional needs.

We have put in place arrangements for multi decision making through a number of multi-agency panels which can identify children and young people with special educational needs and/or living with disability, consider their assessed needs and the resources which are best to meet the needs :

- The integrated additional services panel : Portage, Early support places, joint funded packages, early years top up, respite and support packages and referral to LA services and other agencies
- The Education, Health and Care agreement panel: for agreement whether to initiate an EHC needs assessment
- The special educational needs panel : for agreement about resourcing, change of school place and ratification of new EHC plans
- The transition panel : for joint funding agreements, destination planning and agreements for referral on

The complex care panel: for discussion on complex cases, three-way funding and oversight of the transforming care 'at risk of admission' register.

Pre-school education settings are supported to identify children by the Early Years improvement team and our Area Senco's. Training has been provided for new nursery Senco's in identifying and meeting needs. The Area Senco's are working with settings who have not previously referred children to work with them to identify children who have additional needs in their settings. The local health services have established a number that early years settings can call to discuss issues around children's health needs to address any queries around identified needs or where further advice is needed.

We know that the use of our Inclusion Top up has helped identify children who will need an EHCP in school earlier, and we have a number of children whereby the EHCP has been issued before the child is three years old. This has been a difficult process for families where the child has a tracheostomy due to the complexities of service provision for support, and we are working on making this a better experience.

We have a well established Senco forum which is attended by the majority of schools and supports schools to identify and meet needs.

We know that the numbers of children at SEN support in our local schools is 5070. We see significant discrepancies in the number of children being identified as SEN support across different schools and so are currently working alongside HEP to develop school expertise in identifying additional needs

At college level we have less intelligence available about the number of students whose needs are met at SEND support and we are aware that colleges are less skilled in providing graduated support for those with SEND. The local colleges are starting to access services such as Educational Psychology for assessments, and have asked for training on language and literacy development and support. We have put in place an Autism Advisor to support the transition and identification of students with social communication difficulties at college level to develop their skills in this area.

We have done multi-agency work on our EHCP thresholds and this is producing results with numbers of request agreed to progress as an EHC assessment increasing. Agreement rates have risen to 78%. In 2018-2019 we had 295 EHCP referrals with 230 progressing to an EHCP assessment.

The SEND inclusion team and school improvement services make intelligent use of published, end of key stage performance data, to inform the way its challenges and supports schools to secure effective provision for SEND. A considerable amount of work is undertaken to this end. For example, schools have benefited from support to help them review and improve provision for SEND through an audit of their SEND information reports and one day supportive review in 2016-2017, and this is a future focus for the SEND service working with HEP as part of their work for 2019-2020

We have a CYPS offer for children with SEND which covers the offer of support from social care to children who do not meet the DCT criteria. We know from our social care practice week that children with SEND are appropriately manage for care and support in our Early Help and Targeted Response teams.

For those children who meet criteria for support from the Disabled Children Team, children are identified by MASH, Early Help, their school senco's or the multi-agency meetings held in the local special schools. Signs of safety scaling is used to identify the level of intervention required if a child and family assessment should be initiated or a resource allocation tool used to identify what support is needed.



We know from our Ofsted report that we should be reviewing children's care packages from the Disabled Children's Social Work Team more frequently to identify if needs have changed, and ensuring that we have the child's view at the forefront of our decision making. Ensuring we have the right tools to do this and are robust in our decision making is an area of focus for us.

For young people who are over 16 years, we have a multi-agency reference group, and this helps us identify and track those who may need support in adults and be care act eligible. We know that adult services have capacity issues in following up on referrals for assessment so that the care needs of young people in adult services are not always assessed quickly enough. This is a focus for our transitions project.

Currently we have no 'one front door' for SEND which can mean that families and professionals are not responded to quickly by staff who can guide them through the services. This was identified as part of feedback at our Local offer events. This is an area we are looking at around SEND information advice and support sessions

## **6. Assessing and meeting the needs of children and young people who have special educational needs and/or disabilities**

The **Local Offer** and parent newsletters are increasing children and families awareness of the SEND reforms and for information, advice and support with increasing website hits

We know that we have strong services for children with complex needs and disabilities in our Early Years sector. We have early identification and support for children with complex physical needs, highly trained children's centres and multiagency interventions from health education and social care, including jointly funded support packages. We meet children with disabilities physical needs early, and have approximately 10 children who are continuing health care eligible at any one time.

Our post diagnostic support for our Autism pathway in this age group is established with Early Bird courses well embedded in the post diagnostic follow service, and more recently clinical psychology support and family seminars. More work needs to be done to support families and children and pre and post diagnosis. One of the challenges parents report is around parenting children with challenging behaviour, and we are carrying out a scoping exercise to ensure we can share the different parenting interventions available for children with additional needs. We need to develop our respite services and specific interventions to support families further with managing their children's behaviour at home, however we have gone some way to meeting these needs with the introduction of the Autism family support worker and by training our Early Help service in SEND approaches such as the 'SPELL' framework.

We are able to offer a home intervention Portage service and also 54 specialist (15 hours) Early Support places for pre-school children in our children's centres. The support offer in the Early Years is wide, ranging from managed services such as Portage, Area Senco's Early Support places in children's centres, inclusion top up and personal budgets or Family Link services for respite (day fostering).

We know from our review of the inclusion top up that this is a successful way of supporting settings to work effectively with children with SEND, and so we now need to increase

family's ability to access child care for children with SEND in Private and Voluntary Independent child care settings. We want to introduce the top up support for childminders. We have recently established a multi-agency drop in a local Children's centre to advise families on how to support children's learning and communication through play, accessing support from health services and their most appropriate and local child care offer when their child has SEND.

The majority of children with physical disabilities attend mainstream schools and are fully included, with engagement from support services such as school nursing in mainstream school and co-located teams in special schools to ensure that that the children's needs are met through appropriately established care plans. We have a children's group who are working with the school nursing teams in Whittington health to help ensure that children's health needs are managed in mainstream school. Palliative care services such as Life Force commissioned through Whittington health are well established.

We support schools to include as many children as possible in mainstream through training and support through our advisory teachers for autism, language, hearing and vision, and through multiagency agreements on thresholds for EHC's and special school admissions. These were established through working parties with parents and key stakeholders. Parents and schools tell us that the work of the advisory teachers is highly valued and effective in ensuring inclusion. We have trained key partners such as Camh's, therapies, consultant paediatricians, schools and early years setting, the police and school governors on the SEND reforms and implications for practice. We are about to start working with social care and primary care more broadly on awareness of SEND, the services and reforms and implications for practice.

As at January 2019 we have 1963 young people with an Education, Health and Care Plan (EHCP) EHC's in Haringey which is 3 % of our local population and similar when compared to statistical neighbours.

The majority of our children with an EHCP attend mainstream schools, with 36% in special schools across the age ranges. There are 485 pupils in Haringey's Special schools and other attending schools in neighbouring boroughs or in independent settings.

We have 40 children with an EHCP initiated pre-school each year.

We believe that the quality of **education, health and care (EHC) plans** has improved in the education delivery and we have arrangements in place to audit these and provide feedback about quality. We have done work to improve the description of health and social care in the plans and ensure they cover the preparing for adulthood outcomes fully.

A more person-centred approach has been developed. New plans typically capture the voice of the child and family, contain a helpful assessment of the child's needs and usefully define the specific provision required. However, plans still vary considerably in quality. EHC plans that are converted from statements are typically of poorer quality than new plans.

The proportion of EHC plans issued within the required 20-week period was low, however it is steadily improving to 68%. We now have more robust data to support us in tracking our performance. Parents tend not to complain about our timescales and our feedback is that they are generally happy with the education section of their plans, however parents have expressed increasing dissatisfaction with the social care and health sections.

The move to fully electronic record keeping means it is now easier for officers to quickly retrieve EHC plans and annual review information. The SEND team's current work reviewing

the quality of annual reviews is a well-considered first step in utilising the information collated to aid self-evaluation and inform improvements.

Historically we had approximately 17 SENDist challenges progress to tribunals on average each year, with 40%-50% ruled in the favour of the local authority. Key themes have been level of therapies, refusal to assess (which resulted in the threshold working party) and requests for residential school places post 16 years. In 2018, however tribunal requests were at an unprecedented high, with 31 requested of which 6 were part of the national trail the single route of re-dress. Our first experience of these types of tribunals were positive with a balanced outcome for a child with a tracheostomy, however it did highlight the challenges of providing effective respite and education pre school for our most complex children. We have learnt from this experience and as a result have invested in our local special school who specialises in meeting the needs of children with physical disabilities to provide outreach education support for children who are palliative, and manual handling advice and training for settings working to include children with complex needs. We are working on an agreed pathway with the CCG around managing the needs of a child with a tracheostomy in education.

We have risen to the challenge of the rising demand for school places in specific secondary schools by working with an academy partner to develop the family's confidence in local secondary schools. Haringey education partnership and Haringey local authority are working with local school to establish a communication agreement about how we manage the needs of children with language difficulties in mainstream schools, and also to looking to develop the schools skills in assessment and tracking for children with complex SEND in mainstream and special schools.

We have an established provision map for children requiring alternative provisions with both and in borough offer and a wide provision map which is published on our local offer.

We use tuition and also bespoke commissioned services for children who may be out of education. For some children establishing a bespoke curriculum using a managed budget or personal budget has been a successful way of meeting their needs and ensuring their educational progress.

We know that our exclusion rates for children are high however.

Rates increase in secondary schools with 33.9 FTEs per 100 pupils for EHC pupils and 25.6 FTE's for Statemented pupils, higher than the national of 23.8 and 22.5 respectively. We are working with the school's AP commissioner, Early Help and the vulnerable children's commissioner and Health Services on pathways around managing children's behaviour and mental health needs to reduce these high rates of exclusion. Actions to address this include mental health champions in school, use of the 'outcome star' to assist parents in managing their children's behaviour and show progress in parenting for better outcomes at home and at school.

Parents tell us that the pathways for supporting children with autism and no learning disabilities or ADHD is not as systematic as it could be across education, health and social care, with the result that children's needs are met late at times and a residential school is required. The young people report that the residential schools can be an effective way of meeting their needs, but some report they would prefer to be at home. We hold a watch list of children who may need residential provision and regularly review this at our multi agency complex care panel to see what other services can meet children's needs. We do not know

about the view's of our young people in this cohort and what they feel will support their positive attendance at school.

We have a wide range of special schools, including Blanche Nevile School for the Deaf, one of the only signed bilingual special schools in England. Like other boroughs, we have a rising demand for special school places for those with ASD or SEMH, and as a result have increased our local special school places, and also opened a new free school special school called 'The Grove'. This is a stand-alone special school meeting the needs of children across the age ranges and ability levels with ASD. This has had good and outstanding ratings in it's Dfe and EFA monitoring visits.

We know that transport and our local transport offer is important to families, and we have tried to respond to feedback from families about how are staff are trained and how are services are offered. We are reviewing this area to see how we can improve the experience for families following significant changes in our transport offer.

For our specific duties around Youth justice, we converted 23 young people's statements to EHC plans. We have a defined pathway for identification and referral for YP who may be in youth justice and have an EHCP. We know from the young people that they would prefer to have mentoring and additional tuition rather than direct support in the classroom.

With regards to **transition to adulthood**, we know from families that they do not feel that they get enough information on transition in a timely fashion, so we are working with our 'Moving On' parent's group to produce information for families and young people, arranging events, and training our providers to support young people in education.

Working collaboratively across service areas and with families we have produced a **pathway guide** which focusses on young people aged 14-25 years old, preparing for adulthood, also known as transitions. It sets out how services should work together to support young people with special educational needs, disabilities, learning difficulties and mental health to prepare for adult life. This guide includes a pathway map , a pathway guide age 14-25, a check list for moving on and useful information and contacts A-Z. Using our SEN capital grant, we have worked to expand our college offer in borough for children with SEND and have extended the places commissioned for our local mainstream and specialist centre Haringey 6<sup>th</sup> form College. We have also recently opened Riverside Learning Centre for 16-19 years olds with complex learning disabilities to ensure that those who need a bespoke curriculum building on independence skills can do so in safe and secure environment which offers appropriate challenge. We work hard to ensure that children develop as many independent skills as possible, and regularly offer travel training and travel buddying as we know that getting about on their own safely is important to children. We understand parents anxiety in this area but have had good feedback about this aspect of our transport offer.

We know that we need to ensure that young people with SEND get high quality careers advice and guidance and to stay on in education to achieve their aspirations. We have a yearly careers event at Alexandra Palace which is very well attended and local transitions events in children's schools and the local leisure centre. We have recently established an internship forum and commissioned a charity called 'My AFK' to working with us and local colleges on job coaching and establishing supported internships locally, although this is in it's early stages. Many of our young people receive job coaching but currently a low number go onto gain employment.

## **7. Improve outcomes for children and young people who have special educational needs and/or disabilities**

Educational progress is generally a strength from national data. In 2015/16 the new attainment 8 measure of key stage 4 achievement was introduced . Under this measure pupils with a SEN statement /EHC plans achieved an average score of 18.6 just below the London average of 18.7 but above the England average of 17.0. The figures continue to show a strong trend around good educational outcomes for children at SEN support and with EHCP's,.

The introduction of the early year top up has supported settings to meet children's needs early, however they tend to apply for the most high need children and those with moderate needs, whose needs may resolve, tend not to be supported to apply. We have 99 children receiving the Early Years top up at any one time. We are planning to extend the usage of the pre EHC top up to school aged children as we believe that this will contribute to a reduction in fixed term exclusions.

99% of Haringey primary and secondary schools are Good or Outstanding, compared to 93% in London and 89% nationally. 100% of our Post 16 schools and colleges are good or outstanding.

We have a good range of local special schools who are also all good or outstanding. The special schools have multidisciplinary teams onsite, including nursing services and fortnightly multidisciplinary meetings to discuss vulnerable children. These groups use the signs of safety approach to establish levels of risk and track progress on how the children's needs are met.

86 of our looked after children have an EHC or statement. Approximately 179 children are known to the disabled children's team who have an allocated to a social worker, and are Child in Need. 27 are Looked After Children. There are now 12 children subject to a CP plan known to the DCT. We know that the recent Ofsted inspection raised concerns about the outcomes achieved by children with an intervention from the DCT so we are reviewing the service we provide through our team, and are auditing the outcomes achieved to ensure the service is child focussed and responsive to the child's needs. This review is not yet complete.

There are also 126 children with EHCP who are CIN or CP known to CYPS social care, not known to the Disabled children's social work team. Approximately 123 children with EHC's or statements are working with Early Help practitioners. We know we need to review their outcomes after intervention to find if their involvement has had impact.

We have 334 children and young people with a short breaks budget in the 6-16 age groups. We know from our surveys of young people with a short break that they think that there short breaks help them be more adventurous, but they would like more choice of activities after school.

We know from our audits of annual reviews received that the EHCP's make a difference to how children experience education, and feedback is generally that the children make

progress and the EHCP make a difference. These audits need to be done more systematically.

There are 288 young people with EHC's over 16 years. The trend for high levels of young people with autism in the borough is apparent in our post 16 population, with 57 young people transitioning to adult services in 16/17 of which 49 young people had autism. In 2018 72 young people were expected to be assessed and of these 57 have autism.

In 2018, 10 young people went to university. Our levels of young people with SEN who remain in education are slightly higher than the national average in this age group, but slightly lower than those who sustain employment than the national average. This year we have 6 young people attending supported internships.

We know that over the last year our levels of YP who are in employment and training are increasing slightly at 76%, with the levels of those unknown decreasing at 12.8% . Our NEET and SEND population remains stable however at 11.2%, close to statistical neighbours.

Overall however the numbers of people with disabilities who go onto paid employment is low however, and this is an area of focus for the borough.

**Vmm 25<sup>th</sup> April 2019**