

Identifying, Meeting Needs and Improving Outcomes in a Local Area for Children with SEND

Health and Wellbeing Board Update

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2014 - Delivering the SEND Reforms

- ▶ A new Code of Practice, the *Special educational needs and disability code of practice: 0 to 25 years*. Key Principles:
- ▶ Personalisation, involvement and collaboration and choice with families - outcome focus
- ▶ The Local Offer at school and Local Authority level - paper, website and links to schools SEN offer
- ▶ 0- 25 Education, Health and Care Plans replace statements and Learning Difficulty Assessments
- ▶ Duties in Youth Offending to identify and meet needs
- ▶ Production of EHC in 20 week timescale
- ▶ Personal budgets for health, education and social care services
- ▶ Independent support and mediation - IASS Service (Markfield)
- ▶ Above reforms enabled by joint commissioning and integration Health/Education/Social Care
- ▶ SEND Ofsted/CQC framework - joint area review

Inspection Framework

CQC/Ofsted Key Themes

Identification

- How effectively the local area **identifies** disabled children and young people and those who have special educational needs

Meeting Needs

- How effectively the local area **meets the needs of** disabled children and young people and those who have special educational needs

Improving Outcomes

- Evidencing how **all partners contribute** to improving outcomes
- What is the impact on a Local Area?
- Evidence how the **area is improving outcomes as a whole - beyond attainment**
- Evidence is data, including softer measures

Inspection format - what to expect

- ▶ Call to Director of CYPS
- ▶ Nominated lead in SEND informs relevant leads in health services, education settings and parent groups
- ▶ Individual and focus group meeting - key lines of enquiry
- ▶ Visits to 12 providers from pre school to college age
- ▶ Webinar for parents
- ▶ Visit to Parent groups and forums
- ▶ Parent representatives will need to be at all meetings
- ▶ Ofsted would like to see variety of groups and people
- ▶ Feedback in the form of a letter to CCG and Director Lead
- ▶ Ofsted will look at information pre inspection including:
 - ▶ Outcomes for children and young people with special educational needs and/or disabilities in national assessments
 - ▶ Inspection reports for the local area, its services and providers
 - ▶ The published local offer and The local authority short break statement
 - ▶ schools' and nurseries' published special educational needs information reports
 - ▶ the joint strategic needs assessment (JSNA) and the joint health and well-being strategy
 - ▶ complaints to Ofsted and CQC
 - ▶ any relevant serious case reviews and their outcomes
 - ▶ performance information published by the DfE and DoH

Data Requested as Evidence Pre Inspection

▶ **Education**

- ▶ Data relating to the identification of special educational needs at special educational needs support and education, health and care (EHC) plan levels (timescales)
- ▶ Destinations after leaving school, including about young people not in education, employment or training (NEET)
- ▶ attendance and exclusion information

▶ **Health**

- ▶ Healthy child programme (previous 12 months)
- ▶ School nursing service (previous 12 months)
- ▶ Neonatal screening programme, child and adolescent mental health services (CAMHS), speech and language therapy, occupational therapy, physiotherapy (to include commissioned care pathways and specialist arrangements for children with SEND).
- ▶ The lead HMI and CQC inspector should also **review additional information** such as:
 - ▶ Evaluation from service users and how these have influenced commissioning and changes to service delivery
 - ▶ Involvement from Elected Members
 - ▶ data about initial and health review assessments for children looked after who have or who may have special educational needs and/or disabilities
 - ▶ pathways for referrals to health services for assessment, including CAMHS, therapies, child development centres and associated performance data
 - ▶ statistics on health attendance and input into EHC assessment and review meetings
 - ▶ specifications for local area services, including those for young people aged between 16 to 25
- ▶ **Social Care**
- ▶ CIN/child Protection plan Numbers and LAC and also known to Youth Justice for those with an EHCP

Excerpts from the Ofsted annual report 2017-2018 - is this true of Haringey?

- ▶ “In the second year of our local area SEND inspectionscritically, the gap in performance and outcomes for children with SEND is widening between the best and the worst local areas.”
- ▶ “Frontline workers are clearly dedicated and professional, but improvement in many local areas is often slow and inconsistent. In particular, in the areas we visited, we are seeing:
- ▶ a continuing trend of rising exclusions among children and young people who have SEND
- ▶ mental health needs not being supported
- ▶ children and young people who have autism waiting up to two years to be diagnosed; some were not being educated at all during this time
- ▶ a continuing lack of coordinated 0-25 strategies and poor post-19 provision, which means some young people just doing the same things for six years more after age 19 and not moving into employment”
- ▶ “Education, health and care (EHC) plans are now in place. However, the quality of these plans is far too variable..... and contributions from care services to EHC plans are weak. The areas that have successfully implemented the government’s reforms are jointly commissioning services that support parents and lead to good outcomes for young people. “
- ▶ “But many EHC plans have not been successfully implemented..... Identification of SEND is weak and those who do not quite meet the threshold for an EHC plan have poor outcomes. Understandably, this leads to many parents feeling that to do the best for their children, they need to go to extreme lengths to secure an EHC plan, which of course not every child will need. “
- ▶ There is a statement that Ofsted inspections will have an increasing focus on mainstream schools delivery of outcomes for those with SEND
- ▶ **Overall, although many of the above could apply, we know that children with SEND do well in their educational outcomes in Haringey and transition planning is significantly improving**

SEND Haringey Local Offer
Support & Services

HEALTH

SUPPORT

EDUCATION

MONEY

PREPARING FOR ADULTHOOD

For all the information and guidance on the support and services available for children and young people with special educational needs and disabilities (SEND), visit Haringey's Local Offer.

www.haringey.gov.uk/localoffer

Haringey
LONDON

The graphic features a vertical rainbow-colored bar on the left. Five circular icons are arranged vertically, each with a corresponding label in a colored pill-shaped box to its right. The icons are: a white cross on a green circle (Health), a white hand on a teal circle (Support), a white graduation cap on a red circle (Education), a white pound sign on a purple circle (Money), and a white person icon on a yellow circle (Preparing for Adulthood). The background of the graphic is white with a subtle rainbow gradient.

The Strengths in Haringey's offer

- ▶ Our children with SEND do better than national average at school
- ▶ 99% of mainstream and special schools are good and outstanding, and new schools are opening
- ▶ The advisory teacher services are well respected and also provide services to other boroughs
- ▶ The educational psychology services are knowledgeable and schools want to buy them, they also feature on the national autistic society training videos
- ▶ The early years services are well established and get good outcomes
- ▶ Haringey has a good local offer website
- ▶ Parents are engaged through Haringey Involve and a range of parent groups
- ▶ Children are engaged through the Youth Council and direct work in schools and Youth Centres
- ▶ There is an effective SEND Information, Advice and Support Service for families and Children
- ▶ We have strong education providers in borough to support families

Local Offer Event Feedback Positives - what parents have said

- ▶ EHC assessment process- thorough, high quality plans, content is good and it makes a difference
- ▶ Therapies - progress seen, good advice to school and home, the summer scheme is excellent
- ▶ Transport - transport buddies, like the escorts and the drivers
- ▶ Transition from children's to adults - education transition goes well, choice of colleges good
- ▶ Respite and support - having Direct payments gives you more control and you can trust the workers.



Parent Feedback - Areas for development

- ▶ EHC assessment process - timescales, understanding of the process, information pre EHCP, understanding how to choose special vs mainstream
- ▶ Schools exclude children too often temporarily
- ▶ Therapies - consistency, amount of OT, therapies in college, liaison with home
- ▶ Transport - communication, pick up points - what chosen and how, delays in setting up, timing of pick ups
- ▶ Transition from children's to adults - social care assessment process, internships, making sure colleges deliver outcomes, EHC services to be more joined up post 16.
- ▶ Respite and support - process of direct payments, choice of respite, communication about reviews and appeals, use of cash payments
- ▶ Autism Pathway - what about children with less learning difficulties
- ▶ Borough accessibility plan - getting out and about for leisure



- ▶ Review of exclusions and alternative provisions - Corporate Development Unit
- ▶ Transforming CAMH Services to reduce waiting times and increasing access. Haringey is a National Trailblazer for Mental Health in Schools and is piloting the national 4 week CAMHS access target. Clinical Commissioning Group, BEHMHT, Tavistock and Portman, voluntary organisations and Local Authority.
- ▶ Therapies Review for Speech and Language Services and Occupational Therapy - Local Authority SEND and Clinical Commissioning Group
- ▶ Re-commissioning of respite and support for children with Disabilities - Local Authority SEND and Commissioning
- ▶ Review of the Autism Pathway - new Therapies led assessment service for under 5s. Clinical Commissioning Group, Whittington Health and the Tavistock
- ▶ Transforming Care (preventing hospital admissions and residential care for children with autism and challenging behaviour) - Local Authority SEND, CAMHS and Clinical Commissioning Group
- ▶ Improving EHCP quality and timeliness - Local Authority SEND, schools and Haringey Involve
- ▶ Improving transitions for people with disabilities - 'Moving On' co-production transitions group, Local Authority SEND and Adult Services

Projects to
develop local
services, and
meet children
and families
needs

Identification of Children with SEND Pre School

Children with complex needs are identified from birth - referrals are made to the health visitors from hospital and the Child Development Centre at St Ann's. These children may have significant genetic, physical or developmental disorders

The Child Development Centre at St Ann's has consultant paediatricians, therapists and specialist health visitors. The CDC will refer children to the local authority services via the Integrated Additional Services Panel (IASP) if needed

For children with developmental delays not apparent from birth, their needs may be identified through the healthy child programme checks and referrals made to speech and language, occupational therapy, physiotherapy or the CDC at this point.

The commonest expression of a child's developmental difficulties is late sitting, walking and delayed speech and language development. Of these delayed speech and language development is the most common.

What happens after pre school children are identified to assess their needs?

- ▶ Referrals are made to local therapies:
- ▶ There are 95 children referred to SLT per month
- ▶ There are 49 children referred to Physiotherapy
- ▶ There are 22 children referred to Occupational Therapy
- ▶ There are 40 referrals to the child development centre per month for children requiring a developmental check to identify more long terms difficulties
- ▶ Children who are Deaf or visually impaired are referred to advisory teachers directly following assessment by health services
- ▶ Children may be referred to the Integrated Additional Services panel (IAS). This is a multiagency panel of health, education and social care. The types of services allocated are:
- ▶ Portage Home intervention Service, Short breaks (respite), educational psychology assessment, specialist nursery places, Support from the Area Inclusion Officers in nursery or nursery inclusion top up (additional money for nurseries to meet children's needs)
- ▶ There are approximately 10 notifications per month to the IAS panel of child who may have developmental needs requiring long term intervention
- ▶ These 121 referrals to IAS panel resulted in the following services: 31 children had Portage, 31 children had educational psychology, 59 children had additional payments for support in nursery

Meeting SEND needs in Nursery and at Home Pre School

- ▶ Therapies and educational psychologists see children at nursery and at home.
- ▶ Nurseries are trained and supported to identify needs by the Area Sencos (EY Inclusion officers) and therapies, there are also early years improvement officers. There is an Early Years Senco Forum and training package to meet needs
- ▶ Some nurseries have specialist places called Early Support places - 54 (15 hour) places across 8 nurseries, others can apply for inclusion top up. There are currently 99 children supported through the top up and all the Early Support Places are full at this point.
- ▶ If not in nursery, complex children are seen at home and community clinics by Portage Services, and therapies. There is an home visiting service run by the Speech and Language Therapy service for the most complex children and a range of specialist interventions for children with severe language needs e.g. chatterpillars language group.
- ▶ The above helps us identify children who need and Education health and care plan to be ready for transfer to school in reception

What have parents and professionals told us about how needs are identified and met?

- ▶ We know that the health visitors have increased their referrals to SLT for children who are 2 years old with language delay - this is positive, but has increased the waiting time which is approx. 16 weeks to first appointment. A Speech and Language Therapy Review is underway, led by the CCG. Parents have contributed their views about what they would like from this.
- ▶ Parents tell us that there is not enough Occupational Therapy so the LA have commissioned an additional post. Waiting times are also approx. 18 weeks for this service, and is still longer than ideal.
- ▶ There are some nurseries who do not refer children for support, Early Years Inclusion Team are carrying out targeted visits to review their arrangements for identification and support of children with SEND
- ▶ We know that the take up of two years places for children in the borough is lower than it could be, so we are setting up a joint clinic based at the CDC so that parents can explore the child care arrangements most appropriate for their needs when they come for a developmental check
- ▶ There are 41 children with an EHCP initiated each year pre school. Pre school referrals are not refused if the children meet early support criteria (complex needs) and those referred are often known to need an EHCP as they have high top up from the inclusion budget. Those with Inclusion top up to a moderate level may not need an EHCP at this stage - their needs are usually language and behaviour

Identification of Needs of School Aged Children



There is an active school SENCo forum and training offer run by the advisory teachers to support schools to identify and meet the needs of children with SEND. 65 of the 72 sencos attend the forum and we have set up a targeted secondary senco forum this year.



Schools may screen children for difficulties and then refer children to therapies, particularly SLT, child development centre and have drop in advice from educational psychology. Advisory teachers and clinical psychology service provide a service following a diagnosis. Educational Psychology services are traded interventions so schools need to buy this in. Assessment for an EHCP is not traded.



58 of the 72 schools buy in their Ed Psych services from Haringey and some from other boroughs



On average 50 young people are accepted by CAMHS for a service per month due to emotional disorders expressed as anxiety or depression or in their behavior.



Referrals to services may be due to language delay affecting curriculum access, behaviour, anxiety, difficulties with socialisation, poor progress in accessing the curriculum or physical access difficulties not otherwise covered.



All services seek to meet needs at school, although CAMHS offers appointments at St Ann's. In the East of Haringey, some schools will have the first National Mental Health Teams in Schools.

Meeting Needs School Aged

- ▶ Schools have to publish on their website an “SEND information Offer” which outlines how they meet needs for children with SEND. These have been audited once by SEN Inclusions lead and school improvement but should be re-audited again.
- ▶ Schools use their devolved budget to meet SEND needs. Included in the devolved budget is money to meet the needs of children with additional needs as a result of a deprivation index. Of this, up to £6,000 should be spent on children who are at SEN support and forms the first £6,000 per child of an EHCP. This money comes from the high needs block.
- ▶ In Haringey we also provide schools with additional money to meet the needs at SEND support if the schools have high numbers of children with EHCP’s. (SEN contingency) This is 1.3 million across the 72 schools.
- ▶ There are 5,135 children at SEND support in Haringey Schools which is in line with national average. The majority of needs are language and behaviour
- ▶ There are approximately 40 referrals for EHCP assessments per month to the local authority, of these approximately 78% are agreed to progress as an assessment. If not agreed, the children are supported at SEND support in school
- ▶ Threshold’s for the EHCP were set as a multi agency working party in 2014, including parents, and then reviewed and lowered in 2018 following reconvening the above panel as thresholds were considered too high. EHCP assessment is dependent on educational impact of difficulties not diagnosis
- ▶ Parents are informed if there is agreement to progress to an EHCP assessment in 6 weeks in 96% of cases
- ▶ The numbers of children in Haringey with an EHCP is 1928 which is 3.0% of the local population. National average is 3.0-3.1%
- ▶ EHCP finalised within 20 weeks has improved from 30% last year to 63% this year
- ▶ There is a broad range of training for parents and schools on a termly basis from OT, SLT, advisory teachers. These are national courses to develop communication skills e.g. ‘Elklan’ which are run locally.

Education Health and Care Plans - How we are progressing to 20 weeks 100% of the time

- ▶ We know that the standard for issuing an EHCP is 20 weeks, which is a statutory duty. The national average is 65% of plans are issued at 20 weeks. Haringey has only recently reached this target and continues to improve
- ▶ The reasons for delays are:
 - ▶ The increased volumes of assessments requested, and the challenges this has presented to schools and partners in submitting reports
 - ▶ LA staff writing the plans with families, within the timescales needed to complete the plan in 20 weeks
- ▶ To address this we have:
 - ▶ changed our processes to increase the involvement of schools in writing some aspects of the plans with families
 - ▶ Increased capacity in therapies such as Occupational therapy to support the assessment process
 - ▶ Reviewed the structure of our service so that we have fewer handovers between staff and the process is smoother
 - ▶ Increased the size of the staff team to support the improved processes
 - ▶ The CCG has commissioned additional time from a senior clinician as a designated clinical officer to quality assure and sign off the plans

What happens if children are excluded? What are we doing about it?

Sometimes children are excluded for a fixed period of time for actions that contravene the schools behaviour code

In this case the school has to show how they will ensure a child's education needs are met, if a child has SEN the school will contact the SEN team for support from the advisory teachers or discussions around additional support if the child has an EHCP.

A team around the child meeting should be called or an emergency annual review.

This may lead to the child attending an alternative provision for a short time.

Sometimes this leads to a change in a school for the child.

If a child is permanently excluded this must be agreed by the school governing body aswell as the school. The family can ask for an SEN expert to be present at a meeting with the school, this ensures that a child is not being excluded for issues related to their disability.

If a permanent exclusion occurs the local authority is responsible for finding the child another school.

For a child with SEND, we try to change a child's school before the child is permanently excluded. This can happen for 5-7 children a year.

There is a review of provisions and approaches to managing children needs who are at risk of exclusion, which is a multi agency group seeking to reduce exclusions and develop services

Progress toward meeting the areas identified in the Autism Needs Assessment

- ▶ **Waiting times for ASD diagnosis** - Waiting times for diagnosis has improved from 24 months to approximately 15 months at the child development centre
- ▶ CCG and Whittington health are looking at the waiting times to see how the Multi Disciplinary Team required for the diagnosis can work differently and see children more quickly
- ▶ Health services are looking at how families can be given more information about what to expect following a referral which will support a more effective intervention or reduce needs through effective self help
- ▶ **Improving transitions** - there is a 'Moving On' parents group looking at transitions. They have worked on:
 - ▶ Improving information in the Local Offer on transitions
 - ▶ Designing a 'preparing for adulthood pathway guide' to be given to parents
- ▶ **Improving employment opportunities** - the LA have commissioned a service to help people with learning disabilities develop the skills to get a job (run by an organisation called "MyAFK")
- ▶ **Improving the education offer for people with high functioning autism** - The LA and Heartlands Community School have opened a Free Special School called The Grove for people with high functioning autism.
- ▶ **Improving the education offer post 16** - the LA have opened a new post 16 setting called Riverside learning centre, and increased the places at Haringey 6th form Centre.

What do we need to do together across Health Education and Social Care?

- ▶ Ensure our governance structures are robust to oversee progress
- ▶ Share our data across the services to inform on our local areas service development
- ▶ Share our feedback about what families think is working well, and where they have concerns e.g. the friends and family test
- ▶ Identify if there are services who need more training, advice and support about SEND and their duties under the reforms
- ▶ Jointly plan services strategically, for both population needs and individual children with complex needs. We will put in place stronger processes and procedures across health, education and social care to avoid duplication and ensure services work more effectively together. Some of this work has started for the most medically complex children.
- ▶ Contribute to the duties in a timely way
- ▶ Use and share the local Offer website and let us know it is helpful, and if there are other sites it can be linked to
- ▶ Ensure the LSCB is overseeing the safeguarding of vulnerable young people in all settings