

# Scrutiny Review: Special Educational Needs and Disability (SEND)

A Review by the Children and Young People's Scrutiny Panel

2019/20

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## CHAIR'S FOREWORD

This review was set up in response to increasing levels of concern amongst parents and carers regarding support for children and young people with SEND. It is a large and complex area of policy though and we therefore focussed our attention primarily on Social, Emotional and Mental Health (SEMH) needs and autism in order to ensure a manageable scope.

We were concerned at the long delays for diagnosis and treatment. Action has been taken to address and mitigate these those, which is very welcome. However, the delays are likely to continue despite the progress made due to ongoing pressures within the NHS. There are also long delays in obtaining Education, Health and Care (EHC) plans and, whilst encouraging progress has also been made in reducing these, there is still a way to go and improvement needs to be maintained.

Our biggest area of concern was the increasing level of exclusions of children at SEN support stage, which can be exacerbated by delays in obtaining EHC Plans. Schools are finding it increasingly difficult to continue to accommodate pupils with SEN who have behavioural issues. This is due to the budgetary pressures that schools have been facing which have led to reductions in the support available for pupils with SEN. Our schools are in danger of becoming less inclusive because of this. It is therefore imperative that action is taken swiftly to address these issues, particularly in view of the long term negative implications of being excluded from school. Good and local alternative provision is needed that meets the needs of schools. In addition, more early intervention has the potential to produce better outcomes and reduce long term costs. It is also very important that there is good and effective partnership working between the Council, schools and NHS services.

Much is demanded of parents and carers. There is a considerable burden of paperwork that is placed on them and they are increasingly having to battle to obtain the support that their children need. There is a welcome aspiration to engage and involve them in planning and developing services. However, the demands of looking after children with SEND are considerable which can make it very difficult for many to be actively involved. Flexible and imaginative ways of engaging parents and carers therefore need to be found.

Co-production with parents and carers and a collaborative approach should now be being followed in the design, planning and development and of services. There needs to be a shared understanding of what this means in practice and for it to be fully embedded. We would expect that the response to our recommendations to be based on such principles.

The Panel would like to thank all of the people who came along and shared their views and experiences with them. We hope that our recommendations assist with making improvements.

Cllr Erdal Dogan  
Chair

## RECOMMENDATIONS:

### *EHC Plans*

1. That the reduction of waiting times for EHC Plans continues to be prioritised and that progress is closely monitored with regular reports provided in performance information provided to the Cabinet Member for Children and Families and to the Panel. *(Para 3.15)*
2. That an appropriate tracking system for EHC plans be developed to ensure that the families and carers can be kept up-to-date with progress. *(3.16)*
3. That a process be developed for a follow up audit of children who are turned down for an EHC Plan in order to confirm that support needs are being met and no additional interventions are required. *(3.17)*
4. That, in the event of an assessment by an educational psychologist not being undertaken within the time limit for an EHC Plan, any independent assessments by a duly qualified educational psychologist that are commissioned directly by schools be accepted by the Council and schools reimbursed for the cost. *(3.21)*

### *Parental Involvement*

5. That further work be undertaken by the SEND Service with parent and carer representatives and NHS partners to develop a shared understanding and vision of co-production and ensure that it is embedded fully in all relevant processes. *(4.7)*
6. That, as part of the development of a new parent carer forum for the borough, new and innovative ways of involvement and engagement with parents and carers of children with SEND be developed in consultation with organisations with specific experience and expertise in engagement of service users. *(4.16)*

### *SEND Transport*

7. That the Children and Young People's Service be requested to submit regular updates on progress with the implementation of improvements in SEND transport to the Panel. *(4.17)*

### *Therapies*

8. That a suitable "Invest to Save" proposal be developed to improve access to therapies for children and young people with send and, in particular, provide them in mainstream settings. *(5.12)*

### *Inclusion*

9. That the Council seeks to establish how it can best work with schools to address the current pressures facing them in supporting pupils with SEN in mainstream settings and, in addition, continues to hold them to account for effective inclusive practice. *(6.20)*

### *Alternative Provision*

10. That the current review of AP be expedited without delay, with firm recommendations and a clear action plan that address the lack of suitable in-borough provision for children with SEMH, the future model for the PRU and the re-location of the Tuition Centre. (6.23)

### *Transition*

11. That proposals be developed for expanding the enhanced transition arrangements for vulnerable children moving from primary to secondary school that have been piloted within the borough. (6.28)

### *Special Schools*

12. That the Council undertakes specific work with special and mainstream schools within the borough to develop close and structured co-operation and, in particular, special schools that provide places for pupils with a diagnosis of autism. (6.36)

### *Partnership Working*

13. That, as good partnership practice and to ensure that all relevant issues are considered, the views of all SEND partners be routinely sought when significant changes are proposed to support and provision for children and young people with SEND. (6.38)

### *Work Placements*

14. That a strategy be developed between the Council and schools to improve opportunities for work experience placements for young people with SEND. (6.40)

# 1. Background

## *Introduction*

- 1.1 As part of its work plan for 2018/9, the Overview and Scrutiny Committee agreed to set up a review that focussed on the how the needs of children and young people with special educational needs and disability (SEND) were being met. The issue had become a matter of concern for a number of reasons:
- SEND children can often find difficulty in accessing services due to stretched Council budgets or lack of clarity on how parents can access services;
  - Families can find it a struggle to obtain a formal diagnosis for their children, which is often a prerequisite in getting extra support at school and/or at home;
  - Some groups of SEND children have an increased risk of exclusion from school and there can also be poor outcomes in the classroom, which can have a detrimental impact on families struggling to cope;
  - Early intervention, including diagnosis, is key in order to put relevant support measures in place so that children with SEND can have fulfilling lives with good educational outcomes.
- 1.2 The Committee was mindful that SEND is a complex and wide ranging policy area. It was felt that the review was most likely to be effective if it focussed on a specific aspect of SEND. It therefore decided to look at the role and effectiveness of the current service children and young people with Social, Emotional and Mental Health (SEMH) issues and autism receive.
- 1.3 The review aimed to establish:
- What were the experiences of parents with SEMH and autistic children in trying to access support for their children?
  - What were the waiting times for parents requesting an assessment, obtaining a diagnosis and receiving the extra support required?
  - What were the outcomes of children with SEMH and autism in relation to their diagnoses?
  - What were the challenges parents faced in obtaining Education, Health and Care (EHC) plans?
  - How many children currently had a statement or EHC plan and how many applied for it? What were the rejection rates of children trying to obtain an EHC plan and what were the reasons?

## *Scope/Terms of Reference*

- 1.4 The terms of reference that were approved for the review were as follows:

“To consider and make recommendations to the Council’s Cabinet on the effectiveness of the care pathway for SEMH and autistic children, where blockages occur and how outcomes might be improved.”

## *Sources of Evidence:*

1.5 Sources of evidence were:

- Interviews with officers from the Council, partner organisations, schools and parent and carer groups;
- Research and policy documentation; and
- Performance information.

1.6 A full list of all those who provided evidence is attached as Appendix A.

#### *Membership*

1.7 Although the review was commissioned in 2018/19, it completed its work on 2019/20. As a result of this, there were some small changes in the membership of the Panel.

1.8 The membership of the Panel was as follows:

2018/19:

Councillors: Mehir Demir (Chair), Josh Dixon, Tammy Palmer, Dana Carlin, James Chiriyankandath, Julie Davies and Khaled Moyeed  
Co-opted Members: Mark Chapman and Luci Davin (Parent Governor representatives), Yvonne Denny (Church representative)

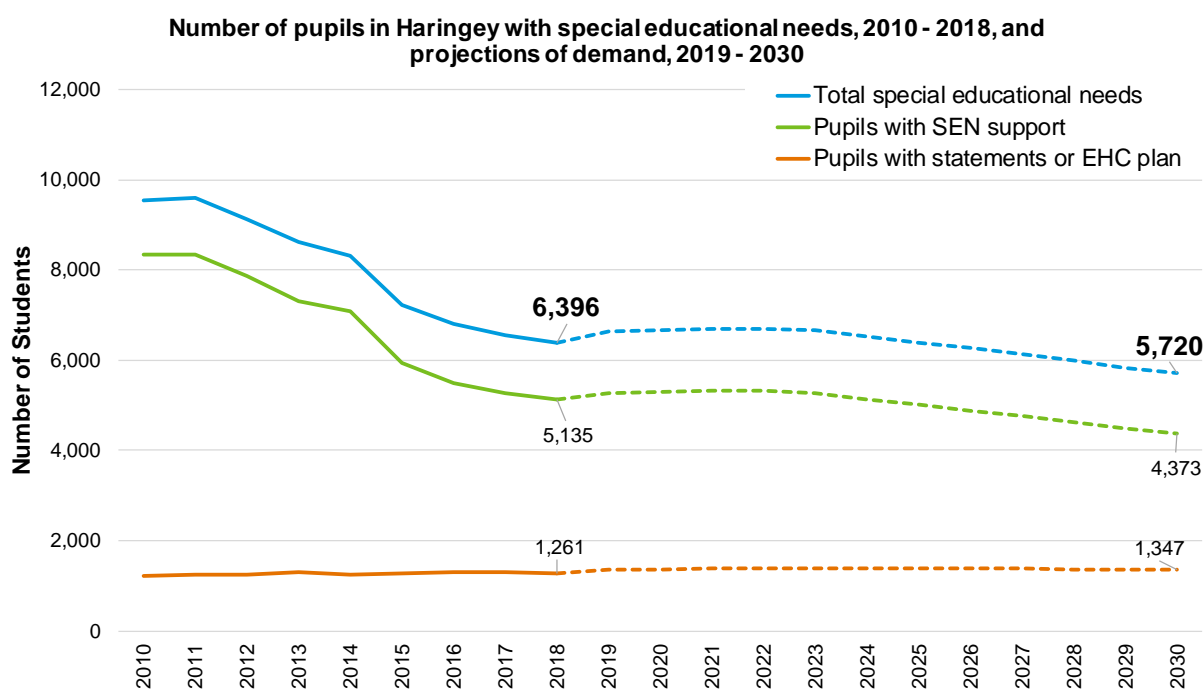
2019/20:

Councillors: Erdal Dogan (Chair), Josh Dixon, Tammy Palmer, Dana Carlin, James Chiriyankandath, Julie Davies and Khaled Moyeed  
Co-opted Members: Mark Chapman and Luci Davin (Parent Governor representatives), Yvonne Denny and Lourdes Keever (Church representatives)

## 2. Introduction

### Statistics

- 2.1 In 2017, the Council's Public Health Service had undertaken a needs assessment of children and adults which contained a range of relevant information regarding Special Educational Needs (SEN) and autism:
- The percentage of school age pupils with SEN in Haringey showed a downward trend but was higher than the London and England averages (16% compared to 14%);
  - Haringey had the fifth largest proportion of secondary school pupils in London with SEN and the third largest that had an EHC Plan. This compared with 19th for primary; and
  - The rate of those with autism was higher at 17 children per 1,000 pupils compared to a London average of 14 per 1,000.
- 2.2 There were 6,396 children with SEN in Haringey schools or 15% of students in January 2018. The rate across London ranges between 15% and 20%. There has been a decrease in the percentage of those with SEN in Haringey from 22% to 12% since 2010. There had previously an over identification, which was due to student mobility and English as a second language needs. If current trends continue, the projected total number of students with SEN in Haringey in 2030 will be 5,720.



**Note:** These projections rely on the following assumptions: Students with statements of EHC plans is modelled as a linear trend. SEN support is modelled as a logarithmic trend, except where that trend would suggest an increase in prevalence of SEN Support. Total pupils estimated at Haringey residents aged 5-17.

**Source:** Department for Education SEN figures (2018), GLA 2016 Housing led mid year population estimates

- 2.3 Schools are expected to provide support to pupils with SEN. If the level of support necessary is more than the school can provide, an EHC Plan can be applied for. There are 5,135 children at SEN support in Haringey schools (i.e. supported just



by schools), which is in line with national average. The majority of needs are language and behaviour. This number has also gone down in recent years and is projected to go down to 4,373 by 2030 should current trends continue.

- 2.4 The percentage of pupils with statements or EHC plans has remained steady over a number of years at just over 3% of Haringey students. The position in Haringey is contrary to the national trend where data published by the DfE shows that the number of children and young people with an EHC Plan rose from 240,000 to 320,000 between 2014-15 and 2017-18, an increase of 33%. In London, the trajectory has been almost identical, with an increase from 41,000 children and young people to 54,000, representing an increase of 31%.
- 2.5 There are approximately 40 referrals for EHC Plan assessments per month to the Council. Of these, approximately 78% are agreed to progress as an assessment. If not agreed, children are supported at SEN support in school. Some of these may come back for an assessment at a later stage.
- 2.6 56% of children with SEN in Haringey attend primary schools and 35% attend secondary schools. 8% attend special schools with the remaining students attending mainstream schools in the borough, which is significantly lower than the national percentage but not significantly different to the London average.

### *Autism*

- 2.7 It is estimated that around 2,100 Haringey residents aged 14 and over have autism, including adults. Of these, 680 are estimated to be between 14-25. 204 children and young people with autism are attending primary and secondary local mainstream schools at SEN Support. In addition, 324 young people aged 14-25 have EHC Plans.

### *Current Projects*

- 2.8 The Panel noted current that there were a range of projects being undertaken that aimed to develop local services and meet the needs of children and young people with SEN:
- A review of school exclusions and alternative provision (AP) by the Council's Corporate Development Unit;
  - The Clinical Commissioning Group (CCG) was undertaking a project to transform CAMHS (Child and Adolescent Mental Health Services) to reduce waiting times and increase access;
  - The Council's SEND service and the CCG were reviewing therapies for Speech and Language Services and Occupational Therapy;
  - The autism pathway was being jointly reviewed by the CCG, Whittington Health and the Tavistock;
  - Work was being done to improve EHC Plan quality and timeliness; and
  - Improving transitions was being looked at by the 'Moving On' co-production transitions group, Local Authority SEND team and Adult Services.
- 2.9 The Panel noted the areas relating to SEND in which Haringey appeared to be performing well:

- Children did better than the national average at school and 99% of mainstream and special schools were rated good or outstanding;
- The early years services were well established and achieved good outcomes;
- There was an effective SEND Information, Advice and Support Service for families and children. There was also a good local offer website;
- Advisory teacher services were well respected and also provided services to other boroughs;
- The educational psychology services were knowledgeable and schools wanted to buy in their services;
- Parents were engaged through a range of groups; and
- There were strong providers in the borough to support families.

2.10 Haringey children perform at least as well as SEND children in neighbouring boroughs at school. Better measures of improvement have been developed and it was hoped that these will provide more accurate data in the due course.

#### *Autism Needs Assessment*

2.11 The Panel noted the following progress that had been made in addressing issues raised in the autism needs assessment that was undertaken by the Council's Public Health service in 2017:

- Waiting times for diagnosis: Waiting times for diagnosis by consultant paediatricians are approximately 15 months at the Child Development Centre (CDC). The CCG and Whittington health were looking at waiting times to see how the Multi-Disciplinary Team required for the diagnosis could see children more quickly;
- Improving the education offer for people with high functioning autism: The Council and Heartlands Community School have opened a Free Special School called The Grove for children with high functioning autism;
- Waiting times for CAMHS services: The Council has been successful in a mental health Trailblazer bid to increase schools skills in identifying and managing children's mental health needs;
- Managing behaviour at home and at school for children with Autism: The CCG and education are working to develop a specialist service called 'positive behaviour services' to support children at home and school;
- Improving the post 16 education offer for all children, including those with Autism: The Council has opened a new post 16 setting called Riverside learning centre. There are also an increased number of places at Haringey 6th form Centre.

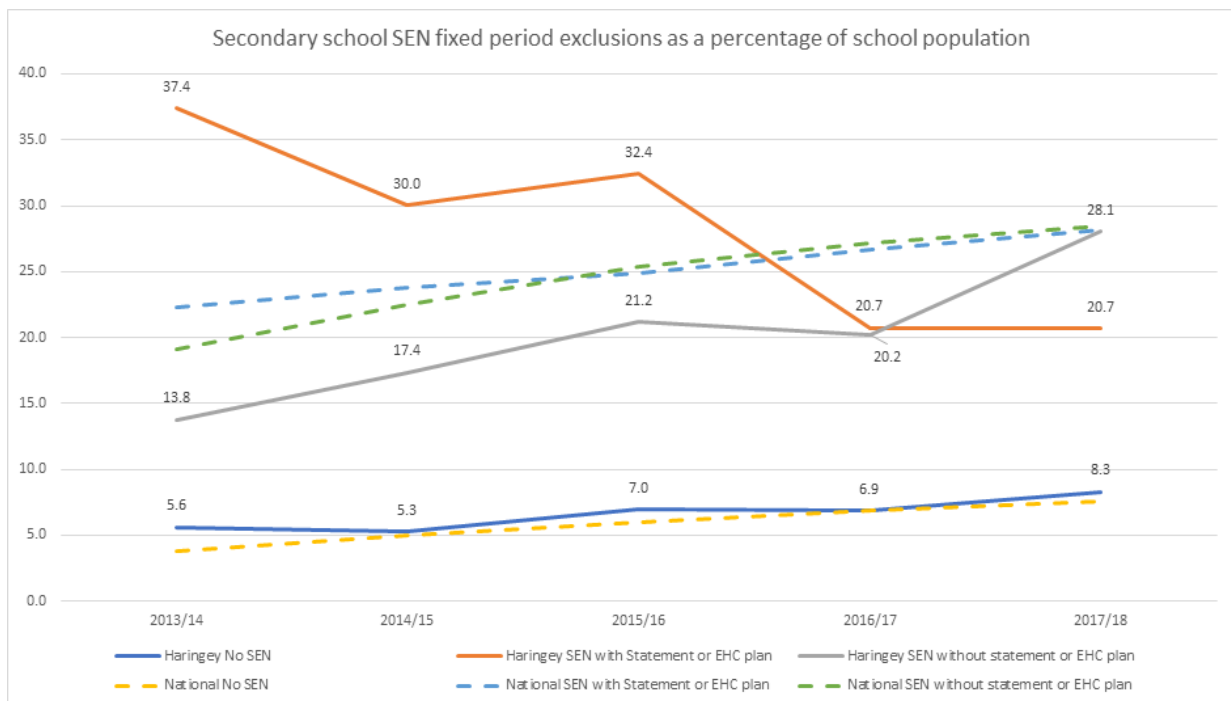
#### *School Exclusions*

2.12 Children with SEN can be at particular risk from exclusion and it is known from local and national reviews that this this can be as a consequence of their SEN. Exclusions are normally for a fixed period of time but can be permanent in certain circumstances. Schools are required to show how they will ensure that educational needs will be met when exclusions take place. Schools contact the SEN team for support from advisory teachers or for discussions around additional support if the child has an EHC Plan. A "team around the child" meeting can be

called or an emergency annual review arranged. This may lead to the child attending AP for a short time or a change in school. In some cases, a special school can be considered.

2.13 Permanent exclusions must be agreed by the school governing body as well as the Headteacher. The family can ask a SEN expert to be present at a meeting with the school in order to ensure that a child is not being excluded for issues related to their disability. If a permanent exclusion occurs, the local authority is responsible for ensuring that the child is accessing an AP education offer.

2.14 Statutory guidance on school exclusions published by the Department for Education in 2012 stated that Headteacher should, as far as possible, avoid excluding any pupil with a statement of special educational need. This was updated in 2017 to refer to EHC Plans rather than statements. Since the issuing of the above-mentioned guidance, the rate of fixed term exclusions (FTEs) has gone down significantly in Haringey for those with an EHC Plan. At the same time, FTEs for children and young people with SEN who do not have a statement or plan have increased significantly. This pattern does not appear to mirror the national position where the percentage of FTEs for children and young people with and without EHC Plans have both increased. The number of permanent exclusions within Haringey schools is extremely low and it is difficult to determine any specific patterns from figures for these.



2.15 The table below shows the number in the 2016-17 academic year broken down by primary SEN type (the pupil's main SEN category). It includes all those who are either receiving SEN support or have an EHC Plan. It shows the population of Haringey secondary school pupils as a comparison. The figure for FTE is the number of exclusions, not the number of pupils.

	Primary SEN type	Population secondary schools	% secondary population	Number of FTEs in 2016-17	% of FTEs 2016-17
No SEN	No SEN	11295	85%	855	72%
ASD	Autistic Spectrum Disorder	200	2%	17	1%
HI	Hearing Impairment	27	0%	1	0%
MLD	Moderate Learning Difficulty	405	3%	33	3%
MSI	Multisensory impairment	6	0%		0%
NSA	No Specialist assessment	55	0%	12	1%
OTH	Other	54	0%	2	0%
PD	Physical Disability	24	0%		0%
PMLD	Profound and multiple learning difficulty	2	0%		0%
SEMH	Social, emotional and mental health	480	4%	196	16%
SLCN	Speech, language and communication needs	300	2%	41	3%
SLD	Severe learning difficulty	6	0%		0%
SPLD	Specific Learning difficulties	418	3%	35	3%
VI	Visual Impairment	15	0%	1	0%

2.16 85% of Haringey secondary pupils have no SEN and 72% of FTEs in 2016-17 were for pupils who were not SEN. The main difference is for pupils with SEMH, of which 4% of secondary pupils were classified but contributed 16% of all FTEs in 2016-17. There was no evidence of a higher level of risk of exclusion for children and young people with autism.

### 3. Identification and Support for SEN

#### *Identification*

- 3.1 Children with SEN can be identified before they start school. Children with complex needs are identified from birth. Referrals are made to health visitors and the CDC, which has consultant paediatricians, therapists and specialist health visitors. The needs of children with developmental delays not apparent from birth can be identified through the healthy child programme, checks and referrals made to speech and language, occupational therapy, physiotherapy or the CDC.

#### *Referrals*

- 3.2 Referrals can be made to a range of local therapies, such as speech and language therapy (SLT), physiotherapy and Occupational Therapy (OT). Children can also be referred to the Integrated Additional Services panel (IAS), which is a multi-agency panel of health, education and social care representatives. The types of services that are allocated by the Panel include:
- “Portage” home intervention service;
  - Short respite breaks;
  - Educational psychology assessments;
  - Specialist nursery places; and
  - Support from the Area Inclusion Officers in nursery or nursery inclusion top ups, which provide additional money for nurseries to meet children’s needs.

#### *Meeting Needs at Nursery and Home*

- 3.3 Therapists and educational psychologists see children at nursery and at home. Nurseries are trained and supported to identify needs by the Area Special Educational Needs Coordinators (SENCOs) and therapists. Some nurseries have specialist Early Support places and there are 54 of these across 8 nurseries. Others can apply for inclusion top up and there are currently 99 children supported through this. Complex children can also be seen at home and community clinics by Portage Services and therapists. There is a home visiting service run by the SLT service for the most complex children and a range of specialist interventions for children with severe language needs. The interventions that take place help the service to identify children who need an EHC Plan to be ready for transfer to school in reception.
- 3.4 There are around 40 children with an EHC Plan initiated each year at pre-school. Pre-school referrals are not refused if children meet early support criteria and those referred are often known to need an EHC Plan as they have received a high top up from the inclusion budget. Those with inclusion top up to a moderate level may not need an EHC Plan at this stage.

#### *School Aged Children*

- 3.5 When children reach school age, their needs are expected to be met by schools. There is an active schools SENCo forum and training offer run by advisory teachers to support schools in identifying and meeting the needs of children with

SEND. Schools may screen children for difficulties and then refer them for therapies. Advisory teachers and clinical psychology service provide services following a diagnosis. Educational Psychology services are traded interventions so schools need to buy them in. 58 of 72 schools buy their Educational Psychology services from Haringey. Some academy chains have their own in-house provision. Assessment for an EHC Plan is not traded.

- 3.6 The most common primary needs among pupils in primary schools in Haringey are Speech, Language and Communications Needs (40%) and Moderate Learning Difficulty (15%). The most common primary needs among pupils in secondary schools are Social, Emotional and Mental Health (24%) and Specific (20%) and Moderate (20%) Learning Difficulty. The most common primary need among students in special schools is Autistic Spectrum Disorder (ASD) (51%).
- 3.7 On average 50 young people are accepted by CAMHS for a service per month due to emotional disorders expressed as either anxiety or depression or in their behaviour. 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 within schools, although CAMHS also offers appointments at St Ann's Hospital.
- 3.8 Thresholds for an EHC Plan were set through a multi-agency working party in 2014, including parents, and then reviewed and lowered in 2018 following further consideration as they were considered to be too high. EHC Plan assessment is dependent on the educational impact of difficulties and not the diagnosis. Parents are informed whether there is agreement to progress to an EHC Plan assessment within 6 weeks in 96% of cases.
- 3.9 The number of children in Haringey with an EHC plan is 1,928, which represents 3.0% of the local population. This compares to a national average of 3.0-3.1%. Of these, 747 have autism and 179 have SEMH.
- 3.10 There are a small number of young people who are mental health in-patients. In such circumstances, an EHC Plan might be required due to the disruption in schooling. In addition, there are also around 250 children and young people who are home schooled and this includes 20 who have an EHC Plan.

#### *Waiting Times for EHC Plans*

- 3.11 The percentage of EHC plans finalised within 20 weeks in Haringey is variable, ranging from 45% to 63%. The target for issuing a plan is 20 weeks and is a statutory duty. Meeting the target is a challenge for all local authorities. The national average is 65%. The reasons for delays are:
- Increased volumes of assessments requested and the challenges this has presented to schools and partners; and
  - The time taken by Council staff to write the plans with families.
- 3.12 In order to address delays, the following has been done:



- Processes have been changed to increase the involvement of schools in writing some aspects of the plans with families;
- Capacity has been increased in therapies such as OT to support the assessment process;
- The structure of the service has been reviewed so that there were fewer handovers between staff and the process is smoother; and
- The size of the team has been increased to support the improved processes.

3.13 The key issue is felt to be how much over 20 weeks people were waiting. The average is currently 11 weeks. The Panel noted that thresholds in Haringey are slightly lower than elsewhere. It also noted that delays with plans resulted in two complaints against the Council being upheld by the Ombudsman in 2018-19.

3.14 Changes have recently been made to the way in which plans are put together and there are new staff involved in the process. The number of plans that are completed within the 20 weeks target has increased substantially and there are now fewer concerns regarding delays. Increases in staffing and increased funding for therapies and, in particular, occupational therapy have contributed to this. However, further work is required to increase access to clinical medical officers and improve the timeliness of annual reviews.

3.15 The Panel feels that it is important that the focus on reducing waiting times for EHD plans is maintained so that the recent progress continues. It therefore recommends that this continues to be prioritised and closely monitored and that regular updates on progress be provided to both the Cabinet Member for Children and Families and the Panel.

***Recommendation:***

**That the reduction of waiting times for EHC Plans continues to be prioritised and that progress is closely monitored with regular reports provided in performance information provided to the Cabinet Member for Children and Families and to the Panel.**

3.16 Parents now have greater confidence in the process but work also needs to be done to improve communication with them. Currently, they can contact EHC caseworkers if they wish to be updated on progress but the Panel is of the view that parents should routinely be kept informed on the stage within the process that plans have reached. A proactive approach such as this will help to improve communication with parents and provide reassurance that progress is being made with the development of plans. It therefore recommends that an appropriate tracking system for EHC plans be developed to ensure that the families and carers are up-to-date with the progress of their application.

***Recommendation:***

**That an appropriate tracking system for EHC plans be developed to ensure that the families and carers can be kept up-to-date with progress.**

3.17 The Panel noted that 78% of requests for EHC Plans are agreed. There is currently no specific audit or follow up on individual children where there is no agreement to progress to an EHC Plan to see if this was the right decision though. Evidence was received from schools that children who had been turned down for EHC Plans could begin to struggle. The Panel is of the view that a follow up audit of children who were turned down for an EHC Plan could be of benefit by providing a check to see if support needs were being met. Such an audit could facilitate interventions if necessary, including progression to an EHC Plan.

***Recommendation:***

**That a process be developed for a follow up audit of children who are turned down for an EHC Plan in order to confirm that support needs are being met and no additional interventions are required.**

*Educational Psychology*

3.18 Schools that the Panel received evidence from highlighted long waits for support from the educational psychology service. Mr Scotchbrook, the Headteacher of South Haringay School, stated that access and the variable quality were particular issues. His school had 13 children waiting to see an educational psychologist. The need for such support was critical in the case of six of these children. He felt that the Educational Psychology service did not have the capacity to deal with current demand. They currently only provided four days of support for schools in a year. The school had had tried to buy in extra support but this had been challenging to arrange. The lack of provision was causing delays in getting an EHC Plan. He also highlighted very long delays for appointments with the CDC and speech and language therapy.

3.19 Ms Robinson, the Headteacher of Woodside High School, reported that schools could pay for private educational psychology assessments in order to speed up an EHC Plan process but such assessments might not necessarily be accepted by the Council.

3.20 Paragraph 9.49 of the SEND Code of Practice states that advice and information must be sought as follows: *“psychological advice and information from an educational psychologist who should normally be employed or commissioned by the local authority.”* Whilst this states that the expectation is that the educational psychologist should be employed or commissioned by the local authority, it does not appear to preclude the use of ones commissioned by schools providing advice and information.

3.21 The Panel is concerned that schools are sometimes being placed in a position whereby they feel that they have no alternative but to pay for their own assessments. It was noted that the SEND Service is now almost fully staffed. In particular, there is now a full complement of educational psychologists, which should assist in reducing waiting times. It is nevertheless of the view that, in the event of an assessment by an educational psychologist not being undertaken within the relevant time limit, any independent assessments commissioned directly by schools should be accepted by the Council. In such circumstances, schools should be reimbursed for the cost of this.



***Recommendation:***

**That, in the event of an assessment by an educational psychologist not being undertaken within the time limit for an EHC Plan, any independent assessments by a duly qualified educational psychologist that are commissioned directly by schools be accepted by the Council and schools reimbursed for the cost.**

## 4. Views of Parents and Carers

### *Introduction*

- 4.1 The Panel listened to the views of a number of parents of children and young people with SEN regarding the support that they received. As part of this, the Panel heard from Haringey Involve, who were the official parent carer forum for the borough. Parent carer forums have been set up in most local authority areas of England, with help from the Department for Education, who provide a small grant to them and fund a team at “Contact” to support them. Their function is to work with professionals to help improve services.

### *Haringey Involve*

- 4.2 Haringey Involve reported that represented the voice of parents and carers of children and young people with SEND within the borough. The government had recognised that their voices were often not being heard and so had provided funding for local groups to be developed. There was also a National Network of Parent Carer Forums. Haringey Involve currently had approximately 100 members but not many of these were active. They acknowledged that not all parents or carers would necessarily be aware of their existence. They were not a support group but undertook consultations with parents and carers and influenced policy. Co-production is a key part of how the parent groups work. It is based on the principle that parents and carers should take a proactive role and participate in the planning, design and development of services.

### *sendPACT*

- 4.3 Evidence was also received from sendPACT, who are another local parent group. They felt that there was a tendency for decision makers to listen more to officers than parents and carers. Involving parents was beneficial and could help to make services more cost effective. Co-production involved parents and carers in a meaningful way and was not just a “box ticking” exercise. Parents and carers had been involved in the recent work that had taken place on transition to adult services but the new autism pathway had been developed by Haringey CCG without reference to them.
- 4.4 Haringey Involve stated that it was important that parents and carers were involved at all stages of work. There was a tendency to involve them in consultations but not decision making. They felt that there needed to be participation as well as involvement. Whilst the Panel’s work on autism and SEMH was welcome, she felt that there was also a particular need for support for children with ADHD to be looked at in detail.

### *Co-production*

- 4.5 The Panel noted that co-production project groups were currently looking at the following:
- EHC plan thresholds and template;

- Information, advice and support for transition;
- Direct Payments policy;
- Transitions policy and information on transitions; and
- Mental health providers.

4.6 There are also a number of areas where further co-production is planned including communication, overnight respite, travel and transport and therapies.

4.7 The Panel has noted the view of parents and carer representatives, both as part of the review and in other recent scrutiny exercises, that the current level of co-production is limited in scope. Co-production was introduced as part of the SEND reforms that were implemented in 2014, so it is a relatively new concept. Further work may therefore be required to develop a shared understanding of what it entails and to ensure that it is fully embedded in all processes within the SEND Service. This should be based on best practice from elsewhere.

***Recommendation:***

**That further work be undertaken by the SEND Service with parent and carer representatives and NHS partners to develop a shared understanding and vision of co-production and ensure that it is embedded fully in all relevant processes.**

*Support*

4.8 Parent and carer representatives commented on the support that children and young people received as follows:

- It could be a battle for parents and carers to obtain support and obtain an EHC Plan;
- They were required to deal with a high volume of paperwork, which could be very time consuming. In particular, EHC Plans have to be reviewed every year, which took up a lot of time and resources and could be stressful for parents;
- Support for children in mainstream schools needed to be sufficiently proficient for it to be successful. The quality of support was variable;
- Issues at school could be considered to be just behavioural rather than SEN. Inclusion was welcome but mainstream schools had to be able to meet the needs of children. Special schools could at least be relied upon to have a basic knowledge of conditions;
- Transport was a major issue. The number of buses had been reduced. The form that was required to be completed by parents and carers had caused considerable stress to many parents;
- Out of school activities were very welcome but there was a lack of them in Haringey;
- Being a parent of a child or young person with SEN was very stressful. There was particular concern regarding what might happen to their child if they became unwell;
- Speech and language therapy (SLT) were very important but could be difficult to access;
- There was a need to consult with parents and carers of both high and low functioning children and young people with autism;

- It could be difficult for high functioning children with autism to access support. A lack of support in school could lead to them being stigmatised as having behavioural problems;
- Low functioning children and young people with autism often needed support on a 24/7 basis;
- It was important that investment was made in early intervention as this could save considerable amounts of money later on. For example, lack of support could increase the risk of children coming into contact with the criminal justice system when they became older, which had considerable cost implications;
- SendPACT had undertaken a survey on therapies. They had found that there was a shortfall in provision and what was provided was often not enough;
- Parent and carers had co-produced a pathway guide for young people entering adulthood to assist them in transitioning to adult services; and
- There were not many opportunities for respite.

4.9 The Panel also received evidence from Brian and Sue Leveson regarding their experiences of accessing support. Mr Leveson stated that support for children with SEMH was not joined up. For example, GPs and social services did not always follow up appointments with other NHS clinicians. However, Woodside High School had been very good at keeping in touch with them. Such support that was available from CAMHS was not flexible enough to address their needs satisfactorily.

4.10 Ms Leveson stated that procedures and regulations were often not followed through by services. In addition, some processes were difficult for parents to negotiate. For example, the process for obtaining a Blue Badge involved 10 different steps. They had found it time consuming and challenging despite being educated, having English as a first language and being experienced in dealing with services.

4.11 Mr Leveson felt that services needed to be joined up. This need not necessarily cost money. The statutory requirement to review EHC plans on an annual basis was challenging and could be a barrier for those whose first language was not English. In some cases, an EHC plan was not appropriate. Parents were often put in a position where they had to accept a large remit of responsibility. The local authority needed to take the lead role though. The needs of families with English as a second language needed to be addressed. Most feedback on services tended to come from parents and carers who were at the higher functioning end of the autism spectrum. Only a small percentage of parents and carers were involved in engagement.

4.12 The Panel noted that some parents were engaged with on-line and through social media. Engagement also took place during the day time as well as evenings. In addition, surveys were undertaken. Services stated that they were open to suggestion regarding other possible means of engagement.

#### *Parent Carer Forum*

4.13 The Panel subsequently heard that Haringey Involve had been de-commissioned as the parent carer forum for the borough. The forums fulfil a number of specific

functions which other groups are unable to do. In the current absence of one for Haringey, some functions have been taken on by the Council, such as writing the newsletter. Whilst there is active involvement from a number of parents, it is acknowledged that the range of those involved is not broad. In particular, there is a shortage of parents of children with EHC plans who are involved. Engagement takes place with families from refugee communities as well as those whose first language is not English but more still needs to be done to involve hard-to-reach groups. NHS partners have their own parent/carer participation groups.

4.14 Ms Monk-Meyer reported that engagement was now taking place with more parent and carers groups than previously. In addition, a parents committee was under development. The intention was that this would operate in a similar way to a school governing body. Whilst there was currently no official parent carer forum, work was taking place to address this.

4.15 The Panel welcomes the action being taken to re-establish an official parent carer forum. However, it is often very difficult for parents and carers of children with SEND to become involved, particularly those with children who need a higher level of support. This is evidenced by the comparatively low number of parents and carers that had been actively involved with Haringey Involve. This is not due to lack of interest but because caring for children and young people with SEND is extremely demanding and time consuming.

4.16 The Panel is of the view that new and innovative ways of involving parents and carers need to be explored in order to actively involve a larger number of parents and carers as well as broadening their range. Healthwatch plays an important role and has experience in supporting patient and public involvement in health services. It faces many of the same challenges in reaching people as parent and carer forums. Their experience and that of other organisations with a similar role in developing engagement and co-production, such as the National Development Team for Inclusion, should be utilised in order to develop an updated model for a parent carer forum for the borough. Support will also need to be provided for parents and carers in establishing a new forum.

***Recommendation:***

**That, as part of the development of a new parent carer forum for the borough, new and innovative ways of involvement and engagement with parents and carers of children with SEND be developed in consultation with organisations with specific experience and expertise in engagement of service users.**

4.17 The Panel noted the feedback from parents and carers on the complex and time consuming nature of the process for obtaining an EHC Plan. However, it is a statutory process and not something that the Council and its partners are in a position to simplify. Its detailed nature can also help to ensure that the needs of children are properly considered and continue to be so. It is nevertheless challenging for many parents, particularly those whose first language is not English. In such circumstances, advice and advocacy is particularly important. Every local authority has a legal duty to provide a SEND Information, Advice and Support Service to parents and areas of children with Special Educational Needs.

In Haringey, this is provided by the Markfield Project. In addition, sendPACT also provides advocacy.

### *Transport*

4.18 Although transport was not specifically considered as part of the review, the Panel is also aware of how much of a concern it is to parents and carers. It is therefore very pleased that action is currently being taken by the Council to address the issue. Recommendations of the review that was undertaken are now in the process of being implemented. The Panel will monitor progress with the improvements on a regular basis and hopes that it will deliver clear outcomes.

***Recommendation:***

**That the Children and Young People's Service be requested to submit regular updates on progress with the implementation of improvements in SEND transport to the Panel.**

## 5. Health and Well Being

- 5.1 NHS partners work very closely with the Council and have key roles in diagnosis and treatment. A number of NHS provider trusts are involved, including two separate ones for autism. Children aged 11 or under are dealt with by Whittington Health whilst older children and young people are cared for by the Tavistock and Portman Trust. There is a different pathway for SEMH.

### *Waiting Times for Diagnoses*

- 5.2 The diagnosis of autism diagnosis involves a multi-disciplinary assessment and information gathering, including significant input from schools. In the last two years, there has been increasing concern about waiting times. There has been a 72% increase in referrals since 2013. In 2017/18, there had been 300 referrals but the capacity of the service is only approximately half. The vast majority of referrals were appropriate (about 85-90%) and there has been no change in this percentage. There is no clear evidence on the reason for the increase but it is likely that increased awareness is a factor.
- 5.3 Efforts have been made to streamline services as more support has historically been provided in Haringey than elsewhere. A business case has been developed to take this forward. Efforts have been made to fast track the more clear-cut referrals relating to 0 – 5 year olds. 140 children have been seen in the last two years but there are still approximately 300 higher functioning children on the waiting list. The waiting time is currently 15 months. Services elsewhere tend to be more therapy led than in Haringey, which is doctor led. It is for this reason that a review of therapies had taken place. A parallel service for new referrals was beginning and it is hoped to reduce the waiting time by half. The rationale behind the changes was that most relevant under-fives are already known to therapy services.
- 5.4 The Panel noted that that there would still be a challenge with higher functioning over fives though. 70% of these have other co-morbidities. There is a very high threshold for CAMHS services and it is often necessary to rely on voluntary services to provide support. The Whittington endeavoured to make the best use of the resources that they have at their disposal.
- 5.5 Dr Canagaratnam reported that the Tavistock and Portman has been undertaking diagnoses of young people over eleven in Haringey for two years. It has a multi-disciplinary team that includes educational psychologists and therapists. They receive more referrals than they are able to see and their waiting list is between 15 and 18 months, which is fairly standard. Efforts are being made to increase efficiency in order to reduce this. The young people that are seen can also be suffering from depression and anxiety which can make it difficult to be certain if autism is also a factor. They normally report with recommendations to a range of agencies, including CAMHS and schools. There is a lack of provision for adults and, as a result, young people can face a “cliff edge” when they reach 18.
- 5.6 Whilst there had been a reduction in the waiting time under-fives, it is nevertheless still a year for over fives. This is consistent with the national picture. Where there



are concerns regarding social communication skills, action has been undertaken to mitigate the impact of delays by the following:

- Autism awareness training for professionals;
- “Cygnet” training to multi agency professional groups to enable staff to run parents groups for children with social communication needs; and
- Training on positive behaviour support to schools, social care, advisory teachers and educational psychologists.

5.7 The Panel noted that educational psychologists and CAMHS staff had already taken part in the training. A range of schools are interested in the positive behaviour training and it was hoped that they would be able to cascade it to staff who did not attend. Positive behaviour support enables plans to be put in place ahead of diagnosis.

5.8 Ms Guimarin reported that support is provided to families at home as well. She felt that there was a need for general autism training across the whole of the workforce for children and young people. It could often be difficult for identify children and young people who were autistic.

#### *Pathways*

5.9 Dr Sasikumar acknowledged that the pathway was confusing and time consuming to negotiate. All services were pressurised but tended to work in silos and she felt that it would be very helpful if each child or young person had a specific key worker. It is particularly difficult for parents whose first language was not English. SENCOs can play an important role and might be the best professional for parents to approach in the first instance. Schools are often best placed to provide a view as they see children and young people on a regular basis.

#### *Therapies Review*

5.10 Ms Monk-Meyer reported on the outcome of the review of therapies that had taken place. Their range had been looked at as well as how they were being used and waiting times. Some small improvements had been made to waiting times but these were still fairly long. Whilst some additional specialist provision had been provided, there was still a need for therapies to be mainstreamed.

5.11 Ms Anuforo reported that providers had been challenged to improve access to therapies and consideration was also being given to developing “Invest to Save” proposals. It was recognised that therapies made a difference. The challenge was how specialist provision could be incorporated into the mainstream. Specialist services needed to be maintained and universal access expanded.

5.12 The Panel recognises the clear benefit of therapies. In addition to those that they can bring to children and young people, they can also save money by reducing the need for further and more expensive interventions at a later stage. It would therefore support the development of a suitable “Invest to Save” proposal to improve access to therapies and, in particular, provide them in mainstream settings.



***Recommendation:***

**That a suitable “Invest to Save” proposal be developed to improve access to therapies for children and young people with SEND and, in particular, provide them in mainstream settings.**

## 6. Schools and Educational Issues

- 6.1 The support that children and young people receive at school was a particular focus of the review. Money is included for schools in their devolved budgets from the high needs block in order for them to meet SEND needs based on the deprivation index. In Haringey, schools are also provided with additional money to meet the needs at SEN support if they have high numbers of children with EHC Plans. There is £1.3 million available for this across the 72 schools within the borough.
- 6.2 The schools that we heard from described the increasing challenges that they were facing in providing support and accommodating pupils with SEN, which could lead, in some cases, to exclusions. School budgets were falling and they reported that they were less able to be flexible when faced with children and young people with behavioural issues.

### *Challenges*

- 6.3 Mr Scotchbrook, the Headteacher of South Haringay School, stated that the money that schools received as top-up funding for children with an EHC Plan was never enough. His school also had a number of children who had specific needs but did not currently have an EHC plan. It was getting increasingly difficult to address funding challenges.
- 6.4 His school currently had 72 pupils who had SEN. This included seven who had an EHC Plan, with two of these being on the autism spectrum. Early diagnosis was important and engagement with the child or young person's family. It was also important to involve teachers and others who had an understanding of the child's needs as well as any external specialists. Professional development for teachers was crucial and good inclusive practice.
- 6.5 There were two children at his school who had an ASD diagnosis and were higher functioning academically. This did not mean that their level of autism did not require support though. Three applications for an EHC Plan had been turned down. They were currently just meeting expectations for their age but it was likely that they would start to struggle academically in another years' time.
- 6.6 Ms Robinson reported that Woodside High had a specific inclusion team and extensive support provision for children and young people with SEMH and autism. This included a well-being room that provided a space for those who needed help and could be accessed by referral or dropping in. There was also on-site alternative provision called the Laurel for those children and young people who were at risk of exclusion.
- 6.7 This facility had been very successful since it had been introduced and had contributed to large reductions in fixed term exclusions. It had also been used by other nearby schools, including Heartlands High and Alexandra Park. It could be difficult to distinguish between behavioural matters and SEN needs. It was important that issues were identified. She was anxious that attendance at the

Laurel was not seen as a sanction. Children and young people were re-integrated back into the main part of the school on a phased basis.

6.8 The following support was also available:

- A counsellor for two days per week;
- The Child and Adolescent Mental Health CHOICES Service, also for two days per week;
- Mentoring; and
- Mentivity, who worked with children and young people who were considered to be at risk of involvement in crime or gang activity.

6.9 Each child or young person with SEN has a key worker in the school and there was an open door policy for parents. The school had worked hard to improve communication with parents and particularly those whose first language was not English. The SEND team included a number of Turkish speaking staff. Funding for the SEND Team was a major issue and used up a significant percentage of the school's budget.

6.10 Ms Robinson stated that the intensive work that the school was currently undertaking to reduce exclusions was not sustainable. There was a gap in AP for children and young people with SEMH within the borough and some were having to travel elsewhere, which could be disastrous. Schools could find themselves in a difficult position if there were a lack of options to address the needs of children and young people, particularly if they were disruptive.

6.11 Mr Webster reported that the situation at Park View was very similar to that of Woodside High. It was sometimes necessary to exclude pupils to access the support that was required. Ms Cassidy stated that there were placements available in other schools within the borough through managed transfers and these did not cost schools. However, there was a fundamental gap in provision for children and young people with SEMH and schools were being forced into a position where they needed to be punitive. In particular, there was a lack of provision within the borough and a need for preventative work.

6.12 There were a significant number of children and young people who were undiagnosed. There was a need to get sufficient evidence to support a diagnosis but the threshold for this was very high. In terms of autism, they worked very closely with the Council's Language and Autism Support Team. In some cases, the school had paid for an independent assessment. Significant delays in diagnosis could lead to schools being put in a position where they had to exclude.

6.13 There had been significant investment in the SEND team at the school. However, it had been necessary to undertake cuts in staffing in the team and to restructure due to financial issues. There was still extensive provision though, including:

- Mentoring and support for autism;
- Social communication groups;
- A lunchtime club; and
- A safe place that could be accessed if need be.

6.14 SEN pupils had key workers and had regular meetings with members of the team.

Parents were also invited to these meetings. In addition, the school had also developed a link with the Anna Freud Centre, who were a children's mental health charity. This was a three year programme and included how to deal with trauma. The school offered a full counselling service and this was available for parents as well.

- 6.15 There were heavy demands on staff and it could be very stressful. Such matters were not necessarily reflected in workloads for individual staff and part of the support from the Anna Freud Centre was aimed at staff. The number of staff responsible for SEND had been reduced from ten to six but the work was still there and he felt that they were being run into the ground.
- 6.16 The Panel noted that the recent review on exclusions had suggested that there is more to be done to support SEN in mainstream schools. There is currently a review being undertaken of AP and approaches to managing children needs who are at risk of exclusion. This is seeking to identify an appropriate model of provision for the borough and reduce exclusions.

### *Inclusion*

- 6.17 The Panel is concerned that the current pressures facing our schools have reduced their ability to support pupils with SEND and capacity to be inclusive. Inclusive education brings clear benefits to children and young people with SEND through allowing them to be educated with their peers, facilitating better educational outcomes and preparing them for life after school.
- 6.18 The Headteachers of both Woodside High and Park View schools highlighted the fact that the work that undertaken with children and young people with SEN is not recognised within performance tables and has a negative impact on headline measures. There is was therefore no incentive for keeping challenging pupils in school. Austerity had hit the area hard and schools now had to provide many additional services. Schools were having to feed students and, in addition, a number had suffered significant trauma. There had been cuts to social care and there was a lack of continuity and a joined up approach. Current pupil cohorts can be challenging and it appeared that there had not been enough early intervention.
- 6.19 Ms Anuforo from the Council's Commissioning Service reported that schools can could support each other and Haringey Education Partnership can facilitate this process. She felt that an understanding needed to be developed of what schools required first though. There was no longer a Behaviour Support Team directly run by the Council to assist schools. There was a very diverse range of needs that needed to be addressed. There was a clear need for support to be available at an earlier stage but it was a complex issue to resolve.
- 6.20 The demands of school exam performance league tables and the pressure on resources that providing support entails provide an active disincentive for schools to be inclusive. The Panel feels that the Council should seek to establish the best ways in which schools can be assisted in mitigating these pressures. Whilst the Panel sympathises strongly with schools facing these challenges, it is of the view that schools should still be held to account for their inclusive practice. In the

meantime, the Council should continue to work with other local authorities to lobby the government for additional funding for schools to alleviate some of the pressure.

**Recommendation:**

**That the Council seeks to establish how it can best work with schools to address the current pressures facing them in supporting pupils with SEND in mainstream settings and, in addition, continues to hold them to account for effective inclusive practice.**

*Alternative Provision*

- 6.21 The Panel noted that, as part of the AP review, there is a specific strategic group looking at SEMH with the aim of reducing school exclusions. The purpose of the group is to look at what provision is available and whether it meets local needs. The feedback that was received from schools suggests that current AP is not meeting their needs and they are sometimes being forced to pay for expensive out-of-borough placements. It was stated that if better AP was available in-borough, it would be used instead.
- 6.22 It is therefore very important that the current review is finalised in a timely manner and that it contains clear recommendations to address these issues as well as an action plan for how they will be implemented.
- 6.23 The recommendations should also cover the future of the Tuition Centre and the Pupil Referral Unit (PRU), which is currently based at the Octagon Centre. The Panel is of the view that a more suitable location should be found for the Tuition Centre. In respect of the PRU, it notes the improved performance that was outlined in its OFSTED report of 2017 following TBAP Multi-Academy Trust. However, the Panel is also mindful of the TBAP's current financial difficulties and the intention of the Council to bring provision back in-house. The current contract with the TBAP has been extended for an additional year and will expire on 31 August 2020.

**Recommendation:**

**That the current review of AP be expedited without delay, with firm recommendations and a clear action plan that address the lack of suitable in-borough provision for children with SEMH, the future model for the PRU and the re-location of the Tuition Centre.**

*Trailblazer*

- 6.24 The Panel heard that it was crucial that CAMHS were able to share the support they provide with schools. Funding has been obtained for the Trailblazer pilot project, which aims to provide support in school for those with mild to moderate anxiety and depression. In addition, the Schools Link programme has been set up which aims to improve communication between schools and CAMHS services and improve understanding about mental health conditions and local services available.

6.25 The Trailblazer pilot will provide £1 million of funding and focus on school years 6, 7 and 8. The Panel noted that good results were already being achieved. There are still 2.5 years of the scheme to run. There are also other sources of support for pupils with SEMH, which include:

- The More Than Mentors scheme, which uses an Early Action approach aimed at preventing future mental health needs;
- Kooth, which is an on-line counselling service;
- Workshops for exam anxiety; and
- The Stepping Stones programme, which is a schools based, preventative intervention aimed at vulnerable pupils who might benefit from additional guidance and support during the transition from primary to secondary school and is being used at Gladesmore School.

6.26 It is hoped that these measures will help to reduce exclusion rates. Waiting times for CAMHS services are going down and the aim is to achieve times of no more than four weeks for all referrals. However, treatment only begins at the second or third appointment though. There is a shortage of psychiatrists, family therapists and Cognitive Behaviour Therapists, which the NHS is attempting to remedy by training more.

#### *Transition*

6.27 Children with SEN can find the transition from primary to secondary school challenging, especially when they have not been diagnosed. Secondary schools often visit feeder primary schools and gather relevant information from them. They can also hold taster days and compile profiles of need for those children who need support. It can nevertheless be difficult, especially for autistic children. Secondary schools are larger and can feel chaotic in comparison to primary school. Primary schools are also often able to provide a level of support that is not possible in a secondary school. Work by Haringey Education Partnership to improve the transition process for vulnerable children has been piloted at a number of schools, including Park View.

6.28 The Panel noted that enhanced transition arrangements, including primary outreach, had been shown to work well and the intention is to expand this. This involves particular focus on children who are considered vulnerable. The Panel welcomes the enhanced transition arrangements for vulnerable children that have been piloted and recommends that these be expanded in order to ensure that such children are able to make the transition successfully.

#### ***Recommendation:***

**That proposals be developed for expanding the enhanced transition arrangements for vulnerable children moving from primary to secondary school that have been piloted within the borough.**

#### *School Places*

6.29 The reviews of educational provision that have been taking place have occurred as a consequence of the Council's "Young People at Risk" strategy. There is also to be a specific review of SEND school places and this will take into account the



new special school provision for autism at the Grove School. The intention is to keep children in the borough if possible. The review of the sufficiency of SEND school places was previously planned and is not linked directly to the other reviews taking place.

- 6.30 Gaps in school provision for academically able children with autism have been identified and there are some gaps in provision for children with SEMH throughout the age range. The intention is to develop more robust planning and therefore to cover a longer period. A variety of provision is required as this is a complex group of pupils.

#### *The Grove*

- 6.31 Lucia Santi, the Head Teacher of the Grove School, reported that the new school had been opened by the Heartlands Community Trust in September 2018. There were currently four secondary classes and two primary classes as well as post 16 provision. It is planned that capacity will eventually be 104 and that the intake will build up to this over three years.
- 6.32 The intake is predominantly young people with complex autism but it will also include provision for a number of academically able young people with autism. It is intended that the school will become a hub for educational support to children and young people with autism and assist other schools. The school follows the National Curriculum but modified in line with the school's vision. It plans to have its own multi-disciplinary team to provide therapies. It will work closely with other schools and parents. It will be "all through" when it is full. The Panel also noted that Haringey Education Partnership employs a contractor to work with special schools as an "Improvement Partner".
- 6.33 The number of children and young people with autism attending the Grove is small in number compared to those who attend mainstream schools. Aspirations are to enable children and young people to have some success in their education and facilitate a return to the mainstream. The intention is for academically able young people to re-enter the mainstream for 16 plus education. She was not in favour of tokenistic inclusion though and did not see the re-integration of young people back into mainstream education as necessarily a measure of success.
- 6.34 All of the places at the Grove are intended for Haringey children. Places are only allocated to those from outside Haringey if it is not possible to fill them all from within the borough. There is place funding as well as top-up funding for children who attend the school. All of those who currently attend the school have come with an EHC Plan.
- 6.35 The Panel noted evidence from Council officers that there was not as yet any structured co-operation between special and mainstream schools. It also noted that neither of the secondary schools that we heard from had so far developed links with the Grove School. It welcomes the intention of the Grove to become a hub for educational support with autism and assist other schools. There should be clear benefits from collaboration.

6.36 It therefore recommends that the Council work closely with special schools to ensure that close and structured co-operation is developed between them and mainstream schools and particularly the Grove. The Panel notes that there are two other special schools within the borough that also cater for children and young people with autism - the Brook and Riverside School. These should also be included within work to develop co-operation and collaboration so that the range of expertise and experience that exists within the borough can best be shared.

***Recommendation:***

**That the Council undertakes specific work with special and mainstream schools within the borough to develop close and structured co-operation and, in particular, special schools that provide places for pupils with a diagnosis of autism.**

6.37 The Panel noted evidence from NHS officers that, whilst provision at the Grove is focussed primarily on education rather than health, it might nevertheless play a role in preventing the escalation of issues. Ms Collin reported that Islington also had a special school for autistic children and health commissioners had felt that it had helped. Whether it was beneficial depended to some extent on how separate provision was viewed by children and young people.

6.38 The Panel also noted that NHS partners had been aware of the setting up of the Grove but not directly involved. The Panel was surprised to hear this as it would appear to be good practice to seek the views of all relevant professionals and partners when such decisions are taken. It could be argued that the setting up of such a school is purely an educational matter. However, the Panel noted the view of NHS colleagues that it such provision could also have a wider impact than education, albeit beneficial. The Panel is of the view that it is important that a joined up approach is followed and an opinion should be sought from *all* relevant partners, particularly NHS colleagues, when proposals such as this are being considered.

***Recommendation:***

**That, as good partnership practice and to ensure that all relevant issues are considered, the views of all SEND partners be routinely sought when significant changes are proposed to support and provision for children and young people with SEND.**

*Work Experience*

6.39 We heard that schools try to find placements for work experience for young people with SEND. Ms Robinson reported that they often returned to their primary school for this, although working in a school was not something that they necessarily wanted to do. Young people needed to have aspirations beyond school. The school would provide support to young people in work placements and it was important that employers were aware of this.

6.40 The Panel noted the issues that young people with SEND can experience in finding work experience placements. It is important that they are given good opportunities and encouraged to broaden their horizons. It therefore recommends



that a strategy be developed with schools to improve opportunities for work experience placements for young people with SEND.

***Recommendation:***

**That a strategy be developed between the Council and schools to improve opportunities for work experience placements for young people with SEND.**

## **Appendix A**

### **Participants in the Review:**

Ngozi Anuforo, Head of Strategic Commissioning, Early Help and Culture

Dr Myooran Canagaratnam, Tavistock and Portman Hospital

Kathryn Collin, Head of Children's Commissioning, NHS Haringey Clinical Commissioning Group (CCG)

Gill Gibson, Assistant Director for Early Help and Prevention

Ruth Glover SEND lead from Open Door;

Michele Guimarin, Vulnerable Children Joint Commissioning Manger, Haringey Council and Haringey CCG

Lisa Ferguson and Kenton Doyle, Haringey Involve

Marta Garcia, sendPACT

Vikki Monk-Meyer, Head of Integrated Service SEN and Disabilities

Parents and carers of children and young people with SEND; Brian and Sue Leveson, Femi, Manuel and Alex

Charlotte Pomery, Assistant Director for Commissioning

Eveleen Riordan – Assistant Director, Schools and Learning

Gerry Robinson, Headteacher of Woodside High School

Ian Scotchbrook, Headteacher of South Haringay Primary School

Lucia Santi, Headteacher of the Grove School

Dr Divya Sasikumar, Whittington Hospital

Andrew Webster and Susan Cassidy, Park View School