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ISLINGTON

Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE CHILDREN'S SERVICES SCRUTINY COMMITTEE

Members of the Children's Services Scrutiny Committee are summoned to a meeting, which will be held in Town Hall, Upper Street, N1 2UD on, **17 May 2016 at 7.30 pm.**

John Lynch
Head of Democratic Services

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Despatched : 9 May 2016

The committee membership is subject to approval at the Annual Council Meeting, 12 May 2016

Membership

Councillors:

Councillor Theresa Debono (Chair)
Councillor Rakhiya Ismail (Vice Chair)
Councillor Nick Ward
Councillor Michelline Safi Ngongo
Councillor Alex Diner
Councillor Nick Wayne
Councillor Diarmaid Ward

Substitute Members

Substitutes:

Councillor David Poyer
Councillor Alice Perry
Councillor Satnam Gill
Councillor Angela Picknell
Councillor Alice Donovan

Co-opted Member:

James Stephenson, Secondary Parent Governor
Erol Baduna, Primary Parent Governor
Mary Clement, Roman Catholic Diocese
Vacancy, Church of England Diocese

Quorum: is 4 Councillors

A.	Formal Matters	Page
1.	Apologies for Absence	
2.	Declarations of Interest	

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

- (a) Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.
- (b) Sponsorship** - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.
- (c) Contracts** - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.
- (d) Land** - Any beneficial interest in land which is within the council's area.
- (e) Licences** - Any licence to occupy land in the council's area for a month or longer.
- (f) Corporate tenancies** - Any tenancy between the council and a body in which you or your partner have a beneficial interest.
- (g) Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to all members present at the meeting.

3.	Declaration of Substitute Members	
4.	Minutes of the Previous Meeting	1 - 6
5.	Chair's Report	
6.	Items for Call In (if any)	
7.	Public Questions	

	Scrutiny Items	Page
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2.	Alternative Provision: Draft Recommendations	11 - 14
3.	The Impact of SEN Changes on Children and Families	15 - 36
4.	Executive Member Annual Presentation	
5.	Scrutiny Topics 2016/17	

C. Urgent Non-exempt Items

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the remaining item on the agenda, it is likely to involve the disclosure of exempt or confidential information within the terms of the Access to Information Procedure Rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

E. Exempt Items for Call In (if any)

F. Urgent Exempt Items (if any)

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

The next meeting of the Children's Services Scrutiny Committee will be on 28 June 2016

Please note that committee agendas, reports and minutes are available from the council's website: www.democracy.islington.gov.uk

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Agenda Item 4

London Borough of Islington

Children's Services Scrutiny Committee - Tuesday, 12 April 2016

Minutes of the meeting of the Children's Services Scrutiny Committee held at Committee Room 4, Town Hall, Upper Street, N1 2UD on Tuesday, 12 April 2016 at 7.30 pm.

Present: **Councillors:** Comer-Schwartz (Chair), N Ward (Vice-Chair), Donovan, Ismail, D Ward and Wayne

Co-opted Members: James Stephenson, Secondary Parent Governor
Erol Baduna, Primary Parent Governor
Mary Clement, Roman Catholic Diocese

Also Present: **Councillors:** Caluori

Councillor Kaya Comer-Schwartz in the Chair

120 APOLOGIES FOR ABSENCE (ITEM NO. A1)

None.

121 DECLARATIONS OF INTEREST (ITEM NO. A2)

None.

122 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. A3)

None.

123 MINUTES OF THE PREVIOUS MEETING (ITEM NO. A4)

RESOLVED:

That the minutes of the meeting held on 3 March 2016 be confirmed as a correct record and the Chair be authorised to sign them.

124 CHAIR'S REPORT (ITEM NO. A5)

None.

125 ITEMS FOR CALL IN (IF ANY) (ITEM NO. A6)

None.

126 PUBLIC QUESTIONS (ITEM NO. A7)

None.

127 EDUCATION IN ISLINGTON 2015: ANNUAL REPORT (ITEM NO. B1)

Lauren Pang, Head of Information and Performance, and Mark Taylor, Director of Learning and Schools, presented the report which provided an overview of education performance in 2015.

The following main points were noted in the discussion:

- The council compared education performance against Inner London and national averages. The report indicated strong overall performance and a high quality of education provision. All secondary schools were judged as good or better by Ofsted and all primary and secondary schools were above national floor standards.
- It was noted that the percentage of pupils achieving five or more A* to C grade GCSEs including English and Maths had dropped by two percentage points

Children's Services Scrutiny Committee - 12 April 2016

compared to the previous year, however this measure varied significantly between schools.

- Islington schools were 6th best in the country for the proportion of disadvantaged pupils achieving five or more A* to C grade GCSEs including English and Maths. It was noted that 'disadvantage' was defined by the Department for Education as including pupils eligible for free school meals, who had been looked after, or who had been adopted from care.
- There had been a continued improvement in attendance and overall levels of absence had reduced, however persistent primary school absence was above the national average.
- Following an enquiry on the work to halve the rate of NEETs to 2.2%, it was advised that the council had achieved this by re-focusing its service on the basics of supporting the young people most in need at the right time.
- The Committee commented that the rate of primary exclusions was above Inner London and England averages. It was advised that as Islington had a relatively small population for an education authority and therefore exclusions had a significant impact on the borough's overall exclusion rate. Some pupils had been excluded from multiple primary schools.
- Members queried the varying performance levels of local schools. Officers commented that although schools did have different cohorts, they were not sufficiently different to explain variations in performance. It was suggested that changes in school leadership had impacted on the performance of some schools. It was also noted that the quality of school support mechanisms was not consistent and the council was monitoring this to ensure that pupils were accessing the most effective interventions.
- The Committee commented on the decrease in GCSE performance at Highbury Grove School and queried if the reported £200,000 shortfall in the school's finances could lead to redundancies. In response, the Executive Member advised that this was a matter for the school's governing body, however it was understood that the school's finances had been affected by pension and national insurance changes and the council was liaising with the school and unions to ensure a coordinated and balanced approach. Officers advised that other schools may experience the same difficulties, however noted that this could not excuse a decrease in performance.
- It was queried if the council would consider taking a political position on compulsory redundancies in schools. In response, it was advised that the council had not previously taken a political position however had supported the redeployment of staff.
- Early years performance had improved, however was still below the national average. The Committee commented that Islington's performance was broadly moving in line with the national average and further work was required to narrow the performance gap. It was suggested that improvements could be achieved by increasing the number of two year olds accessing early years education.
- Although the performance of looked after pupils significantly exceeded the national average, the Executive Member commented that further improvement was needed. The Committee noted the role of the Corporate Parenting Board and the intention to appoint a governing body for Islington's Virtual School.
- The Committee queried the risks posed by the government proposal to convert all maintained schools to academies. In response, the Executive Member advised that the level of risk would not be fully known until draft legislation was published; however there was a significant risk that academy schools would not work in partnership through the Islington Community of Schools and would not engage with the council in supporting vulnerable pupils and achieving education improvement.

Children's Services Scrutiny Committee - 12 April 2016

- A member queried if a school-by-school analysis of the performance gap between pupils eligible for free school meals and the remainder of the cohort could assist in identifying the most effective use of pupil premium funding.
- It was noted that the free school meals attainment gap was narrowing and Islington had one of the smallest attainment gaps in the country.
- The Committee noted that English Baccalaureate performance was higher than the national average and Islington was in the top third of all local authorities.
- A member of the public queried if the council would consider establishing its own academy trust in response to the government proposal to convert all maintained schools to academies. In response, it was advised that the council would be campaigning against academisation. Whilst co-operative academy trusts were being explored in areas such as Brighton and Sheffield, this was not an option being considered at present.

The Committee thanked the officers for their attendance.

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INFORMATION ITEM: THE EDUCATIONAL ATTAINMENT OF BME CHILDREN (ITEM NO. B3)

The following main points were noted in the discussion:

- The Committee queried if there was an explanation of why mathematics results appeared to vary depending upon ethnic background and in particular the attainment levels of Black Caribbean pupils. It was advised that officers would look into the details further and report back to members.
- Members noted the relatively higher attainment of Somali and Bangladeshi pupils. It was commented that some local mosques provided supplementary Maths and English classes to children and there was a lack of such community-led education for children of other ethnicities. Members considered if the council should work with the voluntary sector to support community-led supplementary education for children from certain ethnic backgrounds. It was queried if the appointment of 'Community Champions' would be effective.
- It was queried if more could be done to raise awareness of demographic achievement trends among parents and if strategies which reflected the particular needs of different ethnic groups were required.
- Members commented on the need to approach such issues tactfully and queried the best way in which to have difficult conversations on demographic trends with parents.
- Members commented that the council's general approach to attainment was to raise standards universally, however it was queried if this was sufficient to improve the attainment of pupils from all backgrounds.
- The Committee queried if pupil attainment changed at the onset of puberty and requested that the data be analysed by gender as well as ethnicity.

RESOLVED:

That further analysis of attainment by ethnicity and gender be circulated to members.

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ALTERNATIVE PROVISION: NOTES OF SCRUTINY VISITS AND CONCLUDING DISCUSSION (ITEM NO. B2)

(a) Notes of Scrutiny Visits

It was commented that the visits had been useful and it was particularly valuable to speak with pupils about their experiences.

(b) Concluding Discussion

The Committee had a concluding discussion on the evidence received through the Alternative Provision scrutiny. The following main points were noted in the discussion:

- The Committee considered which pupils should be in alternative provision and if alternative provision was being utilised properly. It was commented that although some provisions provided niche education to pupils with a particular set of needs, there was a concern that some schools were too ready to take pupils out of mainstream education and refer them to provisions with an insufficient focus on academic attainment.
- It was suggested that increasing the involvement of schools in the referral process would introduce an element of peer review. It was thought that this could reduce the number of pupils referred to alternative provision.
- Members noted that schools were responsible for referring pupils to alternative provision and did not have to make use of the council's service. It was queried how schools could be incentivised to keep low performing and disruptive pupils in mainstream education.
- The Committee considered the evidence that several alternative provision pupils had learning needs identified after referral and suggested that a standardised and comprehensive method of assessment was required to identify the needs of pupils. It was noted that this would also assist in improving the quality of data held by the council. Officers commented that the council would not be able to specify the type of assessments carried out by all providers and there was not sufficient resources for the council to carry out such assessments in-house. Members suggested that such referrals could be carried out by schools prior to referral.
- Members considered the appropriateness of functional skills qualifications and the availability of GCSEs to alternative provision pupils. It was thought that some providers excessively focused on pupil expectations as opposed to aspirations and this could be to the detriment of some pupils. A discussion was had on if the purpose of alternative provision was to provide alternative qualifications or to provide mainstream qualifications in an alternative setting. It was concluded that functional skills were generally not as valued as GCSEs and that all pupils should have the opportunity to study for GCSEs. It was suggested that the council should set the target of all children achieving at least a Grade C in GCSE English and Maths.
- The Committee noted the vulnerabilities of alternative provision pupils. It was commented that some pupils required mentoring and emotional support, some required educational support due to their learning needs, and others would benefit from programmes to inspire them and raise their aspirations. It was commented that some pupils did not appreciate the importance of education and further work was required to help these pupils identify appropriate pathways. Targeted interventions such as the 'Achievement for All' project were considered to be best practice.
- Members considered the role of early help services and the importance of the whole-family approach. Engaging parents in their child's education was thought to be key to improving outcomes.
- It was suggested that some alternative provision providers were experts in behaviour management and could provide training to teachers on the most effective ways to work with challenging pupils.
- The Committee expressed some concern that the majority of referrals were made at the time when pupils were considering their GCSE options and queried if predicted GCSE results was a factor in some referrals. Officers advised that referrals were usually made at this time for practical reasons and

Children's Services Scrutiny Committee - 12 April 2016

pupils should remain in mainstream education unless exceptional circumstances required referral to alternative provision. Schools should not consider predicted GCSE results as a factor in referrals.

- A member of the public queried if the Committee's review was consistent with the council's stated objective to reduce the number of pupils referred to alternative provision. In response, it was clarified that the committee did not support the deletion of alternative provision and the review was seeking to both make alternative provision more effective and reduce the demand for alternative provision.
- It was queried if the council could incentivise schools to retain pupils by delegating the budget for alternative provision referrals to schools. In response, it was noted that schools already paid the full cost of alternative provision for Year 10 students and the council only paid a supplement towards Year 11 pupils.
- The Committee considered that schools required a more positive attitude to alternative provision. Alternative provision should not be used as a threat, otherwise pupils considered that they were a failure as a result of their referral. It was thought that alternative provision should instead be considered as a fresh start.
- Following a query on providing information to parents, it was advised that parents received a report on their child's progress every half term. It was noted that the response from parents to alternative provision was mixed.
- Members considered if it was appropriate to provide alternative provision pupils with a route back to mainstream education. As alternative provision was only used for Key Stage 4 pupils in Islington, it was thought that referral back to mainstream school could disrupt the pupil's studies for GCSEs or other qualifications, particularly if their school and alternative provision provider offered differing qualifications or was working to different syllabuses. However, it was suggested that those who were persistently absent from alternative provision should be referred back to their mainstream school.
- It was suggested that pupils attending provisions which did not offer GCSEs could be offered an opportunity to study for GCSEs at their mainstream school either after school or one day a week.
- The Committee considered the innovative approaches of alternative provision providers, including banning certain items from lunches, focusing on exercise and health as a means of improving behaviour and pupil wellbeing, implementing strict boundaries for pupils that need them, and providing emotional support through non-teaching staff.
- A member of the public commented on the importance of life-long learning and noted that GCSEs were able to be obtained post-16 if pupils studied functional skills qualifications at Key Stage 4.

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REVIEW OF WORK PROGRAMME (ITEM NO. B4)

Noted.

MEETING CLOSED AT 9.10 pm

Chair

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Report of: Assistant Chief Executive – Governance and Human Resources

Meeting of	Date	Agenda Item	Ward(s)
Children's Services Scrutiny Committee	17 May 2016	B1	All
Delete as appropriate	Non-exempt		

Subject: MEMBERSHIP, TERMS OF REFERENCE AND DATES OF MEETINGS OF THE CHILDREN'S SERVICES SCRUTINY COMMITTEE

1. Synopsis

To inform members of the terms of reference of the Children's Services Scrutiny Committee.

2. Recommendations

- 2.1 To note the membership appointed by Annual Council on 12 May 2016, terms of reference and dates of meetings of the Children's Services Scrutiny Committee for the municipal year 2016/17, as set out at Appendix A.

3. Background

- 3.1 The terms of reference of the Children's Services Scrutiny Committee (as contained in Part 5 of the Council's Constitution) are set out at Appendix A.
- 3.2 The membership and dates of meetings are also set out at Appendix A for information.

4. Implications

4.1 Financial Implications

None.

4.2 Legal Implications

None.

4.3 Resident Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding. An resident impact assessment is not relevant in this instance.

4.4 Environmental Implications

The environmental impacts have been considered and it was identified that the proposals in this report would have no adverse impacts on the following:

- Energy use and carbon emissions
- Use of natural resources
- Travel and transportation
- Waste and recycling
- Climate change adaptation
- Biodiversity
- Pollution

Papers are circulated electronically where possible and consideration is given to how many copies of the agenda might be required on a meeting by meeting basis with a view to minimising numbers. Any papers not used at the meeting are recycled.

5. Conclusion and reasons for recommendations

5.1 The report is submitted to ensure members are fully informed of the remit of the Committee.

Background Papers: None.

Appendices: Appendix A – Committee Membership, Future Meeting Dates, and Terms of Reference.

Final Report Clearance

Signed by



Assistant Chief Executive (Governance & HR)

Date

Received by

Head of Democratic Services

Date

Report author
Tel
E-mail

Jonathan Moore
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jonathan.moore@islington.gov.uk

CHILDREN'S SERVICES SCRUTINY COMMITTEE - 2016/17**1. COMMITTEE MEMBERSHIP***(subject to approval at the Annual Council Meeting, 12 May 2016)*

Councillors	Substitute Members
Councillor Theresa Debono (Chair)	Councillor David Poyser
Councillor Rakchia Ismail (Vice Chair)	Councillor Alice Perry
Councillor Nick Ward	Councillor Satnam Gill
Councillor Michelline Safi Ngongo	Councillor Angela Picknell
Councillor Alex Diner	Councillor Alice Donovan
Councillor Nick Wayne	
Councillor Diarmaid Ward	

Co-opted Members for education related issues
Parent Governor – Primary – Erol Baduna
Parent Governor – Secondary – James Stephenson
Roman Catholic Diocese – Mary Clement
Church of England Diocese – Vacancy

2. MEETING DATES

17 May 2016	28 June 2016	22 September 2016
18 October 2016	21 November 2016	3 January 2017
28 February 2017	20 March 2017	8 May 2017

3. TERMS OF REFERENCE OF CHILDREN'S SERVICES SCRUTINY COMMITTEE

1. To carry out the functions of an overview and scrutiny committee in respect of matters relating to the Children's Services Directorate.
2. To consider matters relating to the performance of the Council's partners in respect of the functions of the Children's Services department as appropriate.
3. To receive requests from the Executive or the Leader of the Executive for scrutiny involvement in education related matters.

4. To consider educational issues referred to it in accordance with the provisions contained in the call in procedure contained within Policy and Scrutiny Procedure Rules or the Budget and Policy Framework Procedure Rules set out in Part 4 of this Constitution and to decide whether such matters should be referred to Council or to the Executive for reconsideration.
5. To undertake a scrutiny review of its own choosing relating to a Children's Services Directorate function and any further reviews as directed by the Policy and Performance Scrutiny Committee and to make recommendations to the Executive thereon.
6. To consider all matters that have been referred to it in accordance with the provisions contained in the councillor call for action procedure contained within the Overview and Scrutiny Procedure Rules.

Composition

Members of the Executive may not be members of the Children's Services Scrutiny Committee.

No member may be involved in scrutinising a decision in which he/she has been directly involved.

The Children's Services Scrutiny Committee shall be entitled to appoint a number of people as non-voting co-optees and shall include in its membership the following voting co-optees:

- (a) At least one Church of England diocese representative;
- (b) At least one Roman Catholic diocese representative;
- (c) Between two and five parent governor representatives; and
- (d) A representative from other faiths or denominations as appropriate.

These representatives will be entitled to vote on education functions related to the Council's education functions, in respect of which the Council has responsibility under the Education Acts.

Quorum

The quorum for the Children's Services Scrutiny Committee shall be four members, not including co-opted members.

Agenda Item B2

Children's Services Scrutiny Committee

Alternative Provision Scrutiny 2015/16

Draft Recommendations

1. The alternative provision referral process be strengthened in order to increase the accountability of schools and potentially reduce the number of pupils referred. It is recommended that a formal referral panel be established to consider applications for referral, the membership of which should include senior school representatives and relevant council officers. This panel should have the authority to approve or decline applications and make recommendations associated with the child's education where appropriate.
2. To ensure that the educational and other needs of pupils are identified and that they have access to appropriate support, a standardised assessment framework be introduced for those pupils proposed to be referred to alternative provision. Such assessments should be carried out by schools before pupils are referred to alternative provision.
3. Guidance be produced to support schools in making applications to the referral panel, and to assist the referral panel in decision-making. When considering a referral the panel should consider factors such as the needs of the pupil identified via assessment, the support available to the pupil inside and outside of school, the pupil's long term aspirations, attainment levels and the wishes of the pupil.
4. All pupils should have the opportunity to study GCSEs and should be encouraged and supported to do so. The council should aspire for all pupils to achieve at least a grade C in GCSE English and Maths.
5. The council should encourage schools to implement targeted interventions for pupils at risk of referral to alternative provision. Such interventions should not narrowly focus on attainment, but should seek to raise aspirations, identify pathways and develop pupil resilience. The Committee is especially keen for such interventions to begin in primary school.
6. The council should continue to develop its wrap-around early help services for pupils at risk of referral to alternative provision in partnership with schools. It should be the aim to provide comprehensive and integrated support to pupils at risk of referral and their families at the earliest possible stage, in order to reduce the need for alternative provision by Key Stage 4.
7. Shared learning should be facilitated between schools and alternative provision providers to increase standards in both settings. This could develop the teaching skills of alternative provision providers and assist schools in implementing the most effective behaviour management techniques for challenging pupils.

8. The Committee identified the “never give up” approach adopted by schools such as Highbury Fields to be best practice. Alternative provision should only be used as a last resort once all other attempts to engage the child in mainstream education have been exhausted. However, to ensure the best outcomes for the children that are referred due to exceptional circumstances, the council should work with schools and providers to improve the perception of alternative provision. It is important that alternative provision is viewed as a fresh start and a legitimate alternative to mainstream education for those who truly need it and not as a setting for failed pupils. Alternative provision should not be used as a threat.
9. It is important that schools do not consider pupils to be “out of sight, out of mind” once they are referred to alternative provision. Whilst referral back to mainstream education is not always possible or desirable, it may be appropriate and beneficial in some instances for the pupil to remain a member of the school community, especially as schools are still accountable for their outcomes. Schools should remain actively involved in the welfare of pupils, especially on matters such as safeguarding and attendance, and should consider involving pupils in extra-curricular activities as appropriate.
10. The council review the options and pathways available for pupils wanting to study vocational qualifications at Key Stage 4, to ensure that the demand for vocational education does not contribute towards the need for alternative provision.
11. As alternative provision pupils tend to have a higher level of need and vulnerabilities, the council should review the SEN and CAMHS support available to alternative provision pupils and consider increasing the level of support if required.
12. The council should seek to further develop information sharing systems between the alternative provision service and other relevant areas of the council to ensure that the best interests of children are secured.
13. The council should review its post-16 employment and skills outreach support offer to alternative provision pupils. The level of advisory support offered by alternative provision providers varies and a minimum offer should be agreed to ensure the best outcomes for pupils.
14. The Committee believes that alternative provision pupils should be achieving the benchmark of 95% attendance. There should be clear escalation policies around pupil attendance, with a robust accountability framework supporting this.
15. The Council should only use alternative provision providers that have a broad outlook and high aspirations for their pupils; providers should focus on academic achievement and personal skills as well as pupil behaviour.

The Scrutiny Initiation Document is appended for reference.

SCRUTINY INITIATION DOCUMENT (SID)
Review: Alternative Provision
Scrutiny Review Committee: Children's Services Scrutiny Committee
Director leading the review: Mark Taylor
Lead Officers: Gabby Grodentz and Jeff Cole
Overall aims of the review:
<ol style="list-style-type: none"> 1. To identify how we can reduce the numbers of children on alternative provision. 2. To identify how we can ensure that provision is of the highest quality. 3. To make recommendations to further improve the outcomes, attendance, and accountability for those in alternative provision. 4. To identify how schools and academies are ensuring the best possible outcomes for the most vulnerable children, including their emotional well-being, and make recommendations about how best practice can be in place in all schools and Academies. 5. To evaluate the quality, standards and value for money of alternative provision providers, and the range of provision. 6. To identify how early intervention and 'Think Family' approaches can be mainstreamed once the pump priming funding is no longer available.
How is the review to be carried out:
Scope of the Review
The review will focus on:
<ol style="list-style-type: none"> 1. The national and local context <ul style="list-style-type: none"> • The role and responsibilities of Schools and Academies, and the Local Authority 2. The reasons why children are in alternative provision <ul style="list-style-type: none"> • The profile of AP students including attainment, attendance and other outcomes • Trends in family histories • The child's journey into and through the AP system 3. The local AP arrangements <ul style="list-style-type: none"> • The role of schools • The local method for delivering alternative provision <ul style="list-style-type: none"> - Current AP providers - Current performance - Quality of providers • Funding and value for money

4. Opportunities to make local arrangements more effective

- The use of early intervention (i.e. the new wraparound service, IFIT, approaches used by schools, the demand for therapeutic interventions)
- Strategies to ensure schools take full ownership of children on AP
- Outcomes in individual schools with contextual data such as exclusions

Types of evidence:

1. Documentary evidence including

- Contextual report/presentation
- Anonymised audit of young people in alternative provision
- Case studies
- Government guidance and officer briefing notes
- Service plans, performance indicators and update on impact

2. Witness evidence including

- Officer presentations (e.g. IFIT, project lead for new wraparound service)
- A range of secondary schools and Academies, and New River College
- Effective providers of alternative provision
- Other 'good practice' local authorities e.g. Lincoln, Camden's White British Underachievement Project
- Young people in alternative provision and their parents

3. Visits

- A local provider of alternative provision, such as New River College.

Additional Information:

Programme	
Key output:	To be submitted to Committee on:
1. Scrutiny Initiation Document	15 September 2015
2. Draft Recommendations	17 May 2016
3. Final Report	18 June 2016

Agenda Item B3



ISLINGTON

Children's Services
222 Upper Street, London N1 1XR

Report of: Corporate Director of Children's Services

Meeting of:	Date	Agenda item	Ward(s)
Children's Services Scrutiny Committee	17 May 2016	B3	All
Delete as appropriate	Non-exempt		

SUBJECT: IMPACT OF SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) CHANGES ON CHILDREN AND FAMILIES

1. Synopsis

- 1.1 The Children and Families Act 2014 came into force in September 2014 and a revised SEND Code of Practice (statutory guidance to support implementation) followed in January 2015. The Act, supported by the Code, introduced a range of reforms to the ways children and young people with special educational needs and disabilities (SEND) and their families are supported.
- 1.2 This report looks at the impact of these reforms both nationally and locally, and whether outcomes for children and young people with SEND are improving. This is also considered in the context of the Government's introduction of a Local Area SEND Inspection from May 2016 that will focus on whether Local Areas are effectively identifying all children and young people with SEND and meeting their needs, and whether their outcomes are improving.
- 1.3 This report considers local evidence of progress, looking at areas of strength, and areas for further development as well as plans for further improvement.
- 1.4 The report also looks at some proposed national changes to the way that SEND education is funded in future and some possible implications.

2. Recommendations

- 2.1 That the Committee note the progress outlined in this report and receive a further update in one year's time.

3. Background

- 3.1 The Children and Families Act 2014 (enacted in September 2014) introduced a new assessment process for children and young people from birth to the age of 25 with learning difficulties or disabilities, resulting where appropriate in a co-ordinated Education, Health and Care (EHC) plan. It

also introduced the requirement to publish a *Local Offer* to help families engage better in a local service provision market. To enable this to happen, the Act included a focus on improved multi agency working and placed a requirement on Local Authorities (LAs) to ensure that the views of children, young people and families are central to the assessment and planning process, both at an individual and strategic level.

- 3.2 A new SEND Code of Practice was published in January 2015, and set out the right of children, young people and families to impartial information and advice, to request an EHC assessment, to be consulted by LAs and others involved in providing services, and to be involved in the development of strategy and policy. It set out the expectations on LAs, health services and providers in terms of joint commissioning, the Local Offer, and assessment processes leading to an EHC plan. It also covers personal budgets, and arrangements for those in specific circumstances, such as those looked after or crossing local authority boundaries.

National picture

- 3.3 A study was undertaken jointly by Ofsted and the Care Quality Commission into the readiness of LAs to implement the disability and SEN reforms set out in the Act 2014, and published in December 2014 as an advice note to the Secretary of State. The report recognised that social care services and health services faced particular challenges in making the changes proposed in the new legislation and shifting culture within their professional settings while maintaining their other statutory obligations. It also identified other important aspects of the reforms which were insufficiently developed nationally, which included:

- Joint commissioning arrangements and a lack of focus on achieving good outcomes;
- Inconsistency of agreements about contributions to and communication about the Local Offer to parents and carers of disabled children;
- A lack of shared understanding of what constituted 'good progress' for the lowest attaining children and young people.

The advice note urged the Department for Education (DfE), the Department of Health and NHS England to consider introducing inspection of the effectiveness of local areas in fulfilling their responsibilities. The Government have since announced that they will begin a national SEND inspection regime from May 2016.

- 3.4 A final evaluation of the Pathfinder programme (ten LAs additionally funded from 2011 to 'pilot' the changes) was published in August 2015. The evaluation report showed that in the Pathfinder areas, changes to process were having a positive impact on perceptions, but not yet on outcomes. It also confirmed that there was still a lot of work to do in these areas on developing the Local Offer, and communicating this to families.

- 3.5 The DfE conducted a further survey of all LAs in December 2015, which confirmed the following:
- Most LAs (90%) felt parents were engaged in strategic planning and co-production of SEND services, but only 18% felt children and young people were engaged;
 - 70% of LAs were engaging children and young people and parents in the development of the Local Offer;
 - Only 19% of LAs were completing assessments within the reduced 20 week timeframe;
 - 25% of LAs were not confident that they would complete the conversion of all statements to Education, Health and Care Plans by the March 2018 deadline;
 - 60% of LAs had received more requests for statutory assessment compared to the previous year, with the highest increases in post-16 and under-five requests;
 - In terms of post 16 provision, only 40% of LAs felt they were working well with local colleges, 40% with Adult Social Care and 7% with employers.

4. Local Review

4.1 This section of the report considers local progress in producing Education, Health and Care Plans and converting the existing 850 statements of special educational need to Education, Health and Care plans by March 2018 as required; parents and young people's engagement in the process; in the development of Islington's Local Offer; Joint Commissioning arrangements; developing a local framework for measuring progress towards outcomes and finally; arrangements for supporting progression to adulthood - a major area of concern for young people and their families.

Education Health and Care Plans

- 4.2 We have made good progress in converting existing statements to EHC Plans, with approximately 247 (29%) conversions completed, comparing favourably to the national rate of progress at 15%. We are confident that all conversions will be complete by the 2018 deadline.
- 4.3 We have completed 55 new plans since the introduction of the new legislation. The DfE have evaluated our local plan and confirm they are statutorily compliant with some 'outstanding features'. We have a robust quality assurance framework in place, involving parent's feedback, dip sampling and joint agency review.
- 4.4 Since September 2014 we have been involved in one formal mediation between the LA and a parent, and there have been seven appeals to the SEN Tribunal - five of these appeals were subsequently withdrawn by the parent, one appeal was upheld and one dismissed. Our rate of appeal per 1000 of the population is 3.7. The national average rate is 4.4 and the Inner London rate is 7.9.

Parents involvement with their child's assessment

Feedback from parents through telephone and on-line survey, emails, quality assurance questionnaires, comments at meetings and events include:

4.5 **Areas of strength:**

- 'Very supportive. The Islington format (of EHC Plans) makes a great deal of sense and is a very good working document'
- Positive feedback on transfer (conversion) reviews – 'smooth handling', 'the review was very positive', 'thank you for the time you have taken to keep me fully involved throughout the process'
- Positive feedback on EHC assessment and Plans – 'thanks for all your work on the Plan', 'A lovely, straightforward, positive experience', 'Thank you for your support and direction – we will miss interacting with you' (to SEN Keyworker), 'Islington is lucky to have people like you who support families during a challenging time'
- 'I like the way the pupil / parent voice feeds, with the schools view, into the outcomes. I can see this working well'
- Input from services – 'helpful and informative'

Areas to improve:

- Lack of knowledge among staff (across the LA and Health) about disability and 'person-centred' approaches, and too much focus on paperwork. [This is being addressed through a joint workforce development programme and a review of procedures, involving parents, to see if they can be streamlined.]
- A view that decision makers 'put money before people' [Action is being taken to make action to make funding decisions more transparent through the piloting of a funding 'matrix'].]
- Some miscommunication, but in the process of change there will always be hiccups... [This will be addressed through better promotion of the Local Offer as the 'go-to' place for information.]
- Variability of response from schools; too much depends on 'who' you get. [We are working to

strengthen the relationship between SEND and School Improvement Services, including School Improvement Officers attending the SENCO network meetings].

Parent involvement with strategic development

- 4.6 The SEN Code of Practice sets out in detail the role that children, young people, parents and representative groups such as Parent Carer Forums and Youth Forums have in informing joint-commissioning arrangements and the review of SEN provision.
- 4.7 The Islington Clinical Commissioning Group, in partnership with the LA, has developed a programme of ‘parent consultants’ to undertake parent to parent consultation regarding the Local Offer that underpins local commissioning arrangements. Parent consultants will carry out initial surveys or ‘run’ focus groups.
- 4.8 The SEND Code of Practice also makes many references to the involvement of parents in strategic development of services and provision via Parent Carer Forums, defining a Parent Carer Forum as ‘a group of parents and carers of disabled children who work with local authorities, education, health and other providers to make sure the services they plan and deliver meet the needs of disabled children and families’.
- 4.9 The Government currently provide a Parent Carer Participation grant of £15K to Local Parent Carer Forums, and Centre 404 currently receives this grant and delivers the Islington Parents Forum. This is also known locally as ‘Talking Shop’. In order to move towards co-production with parents, we are working together with Centre 404 and others to review the local arrangements, including Talking Shop, and develop a clear plan for the participation and involvement of parents / carers.
- 4.10 Locally, we also commission an ‘arm’s length’ Information, Advice and Support Service now called *The Islington SEND Community Support Service*. Centre 404 has provided this service for the past three years; from April 2016 the contract has been awarded to Family Action. Family Action is a national organisation and already provides a service for Young Carers in Islington. They are also the biggest single provider of special educational needs information and advice services in the country. The role of the service is to provide a single point of contact for parents for the information advice and support they need to manage their individual problems and concerns at the right time, starting with the Local Offer. The service will also support the development of the Local Offer. The service will have a focus on empowerment, building skills and resilience and so will play an important role in the involvement and participation of parents at a service and strategic level.
- 4.11 Following detailed stakeholder consultation and involvement, we have concluded our work in reviewing the services delivered at Lough Road to ensure short break services, including overnight breaks will offer value for money. Through this process we have freed up more money to support early support and intervention for families who may be struggling to manage with very challenging behaviour as well as offer a more robust way of monitoring service provision and impact by enhancing our case management offer to children in need with complex support packages.
- 4.12 The final plan for Lough Road was agreed by the Council’s Executive in March 2016 and the service remodelling is on target to be implemented by October 2016.

Local Offer

- 4.13 All LAs must publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEND, including those who do not have Education, Health and Care plans.
- 4.14 The Local Offer has two key purposes:
 - To provide clear, comprehensive and accessible information about the available provision and how to access it, and
 - To make provision more responsive to local needs by directly involving children with SEND and

their parents, and service providers in its development and review.

- 4.15 The Local Offer should be easy to understand, factual and jargon free. It should be structured in a way that relates to young people's and parents' needs (for example by broad age group or type of special educational provision). It should be well signposted and well publicised.
- 4.16 Our Local Offer can be found at: www.islington.gov.uk/Localoffer. We have made good progress across the partnership in developing content, in consultation with user groups, and it has been assessed by the DfE as compliant, with some useful information, 'although sometimes difficult to find'.
- 4.17 Our challenge has been to develop a fully accessible and user friendly on-line version of the Local Offer that meets current corporate standards. There has been a delay in progressing this work while the Council has been redesigning its digital offer (including the public-facing website), with a further delay in procuring an alternative web-platform for the Local Offer until a best solution for the wider Children's Services had been identified.
- 4.18 We have now procured our Local Offer on-line platform from the biggest national provider (currently supporting 62 local authorities), and design work is well underway. It is intended that the redesigned Local Offer will be fully functional by June 2016.

Joint Commissioning

- 4.19 LAs and their health partners are required under the Children and Families Act 2014 to commission services jointly for children and young people with SEND, both those with and without EHC plans.
- 4.20 Joint Commissioning must include arrangements for securing Education, Health and Care assessments and the education, health and care provision specified in EHC plans.
- 4.21 Parents and young people should be involved in joint commissioning arrangements, for example as members of decision making groups, involved in interviews for new contracts or in reviewing services. All parents can also provide feedback on the content of the Local Offer which will help inform commissioning decisions.
- 4.22 A Joint Commissioning strategy and plan are in place and a Joint Commissioning Sub-Group of the Children's Disability Board is now well established. The following are areas of work have been completed:
 - Services are co-operating where necessary to arrange agreed provision in an EHC plan, including agreement to share costs where appropriate so that they do not fall on one agency through a joint agency Education, Health and Care Needs Management Board that meets fortnightly to agree provision against individual plans.
 - Partners should identify local priorities through a Joint Strategic Needs Assessment (JSNA). A JSNA for children with SEND has been produced to provide forecasting information alongside evidence from placements and reviews to help identify gaps and pressures (see **Appendix 1**).
 - A multi-agency SEND Workforce Development group has completed a training needs analysis to support delivery of a joined-up continuous professional development programme.
 - A Quality Assurance framework for EHCP assessment is in place - parents are regularly surveyed alongside dip-sampling of plans and this information is then considered by the Joint Commissioning Group.
 - There has been good progress of developing an Annual Review format for EHC Plans so that information on progress can be consistently captured once we begin the process of reviewing the new plans.
 - A protocol for Housing Risk Assessment where the household includes a child with complex SEND has been agreed and is being implemented.
 - A review of specialist provision for children with SEND at Lough Road has recently completed, including consideration of developing an intensive intervention model to support families of children and young people who present challenging behaviour at home and in the community

- and promote family resilience, in response to an identified gap in local provision.
- Work is underway through the employment sub-group of Islington Learning Disability Partnership (ILDP) to increase the number of young people with learning difficulties and/or disabilities securing employment with training through the apprenticeship programme or other pathways.
- An Autism Review has been commissioned to inform on population growth and sufficiency of provision in this area.
- A policy and process has been agreed to support access to Auxiliary and Communication Aids via schools.
- Parents and young people are involved in commissioning and procurement panels and provider reviews where possible.
- A review of education provision for children with SEND is underway, involving parents, young people, schools and partners.

4.23 The following are Joint Commissioning priorities for the next year:

- To support the major redesign of services to assess, intervene and plan with young people with beyond the age of 14 through Joint Transition Programme Board.
- Continue to develop and define our 16-25 offer, working with post-16 educational providers to ensure that a broad and inclusive curriculum offer is available for young people with a range of learning difficulties and/or disabilities.
- Work with existing providers to develop new provision or explore the possibilities of bringing new providers to market where needs analysis identifies any significant gaps in provision (e.g. Autism). This will include the work of the Autism Planning Group across children's and adult services.
- Develop personal budgets to deliver health, care and education specified in integrated plans, building on the families own resources (to include tariffs and rates).
- To streamline review processes for children with SEND, where they may have multiple statutory plans, e.g. CIN plans as well as an EHCP.
- To reduce the need for families to have a social work assessment to access community based support services for short breaks, where these are funded through section 17 (CA1989) by enabling families to access this directly via an EHCP or an Early Help Plan for example.

Measuring Progress towards outcomes

4.24 The SEND Code of Practice requires partners to agree how they will work together to monitor how outcomes in education, health and care are being improved as a result of the provision they make. The challenge is to demonstrate both how and why progress is taking place.

4.25 The first Education Health and Care Plans issued under the new system were due for annual review from March 2016 and a framework is in place to capture information at an individual and borough-wide level against the four main outcomes identified within the SEN Code of Practice, namely:

- Employability
- Independent living
- Maintaining good health
- Participating in society

See **Appendix 2** for the activities that might contribute to each of these outcomes.

4.26 For this information to be reliable, we must also have a consistent borough wide view of what good progress looks like however, but this is not easily achieved.

For example, Islington has three special schools catering for a wide range of needs:

- The Bridge mainly provides for children with autism and/or severe learning difficulties;
- Richard Cloudesley provides for children with profound and multiple learning difficulties;

- Samuel Rhodes mainly provides for children with moderate learning difficulties;
 - All three schools have both primary and secondary departments.
- 4.27 Our special schools use a range of assessment tools to measure progress of their pupils. These tools need to be sufficiently granular to identify small steps in children's progress, and so have finer scoring than those used to measure progress of children without SEND. However, some children access the mainstream national curriculum and are assessed using national curriculum levels. For these reasons it is not appropriate to make comparisons between the schools. However, the schools are able to provide us with a wide range of information on outcomes, for example, all of The Bridge's primary year groups made progress last year with Years 5 and 6 making most progress, with an average point score for pupils' attainment of 6.3, comparing well with national expectations for children with high needs. 40% of Richard Cledesley's pupils made age-expected progress between Key stage 1 and Key stage 2, which compares very well with children with similar needs, with particularly strong progress in maths. 90% of children at Samuel Rhodes made at least the expected progress in Literacy and numeracy, with over 75% making more than 2 sub-levels of progress, exceeding national expectation – using PIVATS levels as the measure of assessment.
- 4.28 Measuring progress has been a prominent issue for schools for some time, with a strong government focus on children and young people making at least two levels of progress across a key stage. Measuring progress for children with SEND can be particularly challenging however, as they tend to make progress in very individual ways, and sometimes in very small increments, as illustrated above.
- 4.29 Most pupils identified with SEND have difficulties with literacy, with reading ages and spelling ages well below their chronological age. Tracking of gains should nevertheless show solid progress if the intervention is effective, and we are recommending tools and approaches that all schools can use that will ensure consistency.
- 4.30 Most schools have also developed in-house approaches to measuring the qualitative progress of pupils with SEND, e.g. by recording engagement, understanding and mastery of skills, case studies and anecdotal commentary. However, to obtain a reliable borough-wide view, for example on how effective SEND interventions have been, and whether they have been value for money both for individuals and groups, and for parents to be assured that their child is making good progress relative to a wider group, we need to standardize the capture of such qualitative progress across all schools and settings. Work is therefore underway with school SEN Co-Ordinators (SENCOs) to ensure a common approach across all schools. We are also working with health and care colleagues to ensure clear ways of measuring progress against outcomes in related areas of need.

Preparing for Adulthood - service redesign

- 4.31 The SEN Code of Practice requires us to consider the needs of children and young people with SEND, and their families as they prepare for adult life. This includes provision to help prepare them for independent living – employment, accommodation and other support which allows them to participate fully in society.
- 4.32 Partners are expected to work with commissioners of Adult Services to ensure that there are smooth transitions. Although we have identified transition pathways as a priority area, with a multi-agency and cross departmental Joint Transition Programme Board led by Adult Services overseeing this work, project implementation has progressed less well than other areas for a number of reasons:
- Although there is a shared vision across Children's and Adult services, differing responsibilities emanating from the Children and Families Act 2014 and the Care Act 2014 present challenges;
 - Each young person may have a long and individualised pathway (from 0-25 years) involving numerous professionals with a variety of roles and responsibilities, making plotting the journey to inform service design difficult;
 - There have been two changes of Project Manager, resulting in some disconnect in workflow.

- 4.33 A critical appraisal of current transition provision has now been undertaken with actions identified to clarify and inform roles and responsibilities, culture change, access criteria, capacity and data sharing arrangements, and some common principles have now been agreed regarding process and service redesign. Adult Services are in the process of appointing a new Project manager, after which accelerated progress in implementing a redesigned service is expected.

5. Proposed national changes to SEND Funding for Education

How SEND is currently funded in schools

- 5.1 Funding for Education is currently based on three notional funding blocks. These are:

Schools' block: Funding for mainstream schools, including funding for educational provision for the biggest proportion of pupils with special educational needs (see Elements 1 and 2 below).

High needs block: The high needs block provides:

- Funding for places in specialist and post-16 institutions (e.g. special schools, special post-16 institutions and PRUs);
- Top-up funding for individual pupils and students with high needs (see Element 3 below);
- Services that local authorities provide directly, or through contracts or SLAs – e.g. specialist support for pupils with sensory impairments, or tuition for pupils not able to attend school for medical or other reasons.

Early years block: Provides for the vast majority of funding for children between two years old and statutory school age, according to their eligibility for early years education. The Early Years Block includes funding for educational provision for the majority of pupils with special educational needs. Some younger children may receive additional support through the High Needs Block.

- 5.2 The DfE's national funding model requires that High Needs funding is split into three elements as follows:

- **Element 1** – in mainstream schools, all students bring a basic funding entitlement (Age Weighted Pupil Unit (AWPU)) that applies whether or not a pupil has high needs, e.g. an element of a teacher, an element of premises etc. (approximately £4,000 per child);
- **Element 2** – all mainstream schools are delegated funding to make further provision of up to **£6,000** per pupil with SEND. This is in addition to Element 1;
- **Element 3** - costs above this £6,000 are met from top-up funding from the High Needs Block, managed by the LA. Top up funding is to meet the assessed need of the pupil and is in addition to Elements 1 and 2.

- 5.3 In Islington, High Needs Block expenditure is approximately £24 million per annum.

Proposed changes and potential impact

- 5.4 In June 2015 the DfE published research on the above funding arrangements, undertaken by Isos Partnership on their behalf in response to concerns raised nationally by parents. These concerns include that the current system is over-bureaucratic and not sufficiently flexible or responsive, that distribution isn't 'fair' in that it does not include identified 'need' as one of the formula factors (rather than 'proxy' indicators of need e.g. prior attainment and FSM), and that the calculation of top-up funding (Element 3) is not sufficiently transparent or even across the country.
- 5.5 Building on the above research, the DfE launched a two stage consultation on 7 March 2016 on proposed improvements to future distribution - in particular design of the funding formula, factors to be used, how the new arrangements should be phased in to avoid disruption to children, and how the DfE intend to help LAs address cost pressures.

- 5.6 The government's stated objective is to enable all schools to deliver excellence in all parts of the country, with funding based on the needs and characteristics of pupils and allocated in a transparent, understandable way. They want the system to get funding straight to schools, allowing them to devote as much money as possible to improving opportunity for their pupils.
- 5.7 The perceived problem with the current distribution of high needs is that LAs with apparently similar characteristics spend very different amounts. Although a degree of local variation should be expected when assessment of need is carried out locally, some lower funded LAs have argued that the current distribution does not support them to secure good quality special educational provision. There is also concern that others may be spending more than is needed to achieve good outcomes. The Isos research also suggested that current distribution directs money to LAs with the highest historic spend rather than the highest needs.

Local Parents have raised the following concerns regarding the above proposals:

- Concern that the consultation is big on principles but light on the consequences;
- Children's needs are becoming more complex so more funding is needed, not less;
- Real concern that the new arrangements will add to the local challenge of responding to High Needs pressures through growth in population AND complexity;
- Concern that the gap between those who have a plan and those who don't will just get bigger;
- Many children are getting less funding than they need under the current system that uses proxy indicators, so what will change... just different indicators...;
- Doesn't the focus around maximising opportunities for all and in particular those with higher needs mean some low funded areas with low needs will continue to be low funded? Do all parents understand this?
- The weight and value that is attached to each funding factor will be key;
- A lot of concern about the need for urgent mental health assessments for young people who can't attend school - there is a need for more CAMHS specialist support;
- Concern around a proposal to manage growth in pupil numbers based on past expenditure as an indicator of future need. 'In the business world, past performance is not a guarantee of future performance!';
- Why must 'gainers' rely on the capacity of 'losers' to manage change so that they can benefit; local parents think that parents in all areas would feel the same (i.e. they wouldn't want a better deal for their child at another child's expense);
- How can we be sure that the 'winners' will spend their money appropriately? Will additional funding just be consumed by budget pressures around costs of employment, pension etc. that the 'losers' will have to manage down?;
- Real concern from parents of children with SEND who do not have an EHCP and support for the original ISOS recommendation (not endorsed in the consultation proposals) of requiring LAs to publish a 'core entitlement' that all schools in a local area will provide for children and young people with SEN as a matter of course. Parents want to know what support their children are 'entitled to'. 'How do we know if what we are asking for is reasonable?' 'I don't want my child to get help at the expense of someone else's child'. 'Unless entitlement is clear, parents will argue against each other...' 'I don't want to have to make my child's progress sound worse than it is just to get extra provision'.

6. Preparation for Local Area SEND Inspection

- 6.1 The DfE has asked Ofsted and the Care Quality Commission (CQC) to inspect local areas on their effectiveness in fulfilling their new duties, and £1m of extra funding has been made available by central Government to support these new inspections.
- 6.2 Inspection will evaluate whether children and young people with SEND are identified properly and their needs are met, and their outcomes improve. A formal consultation on the principles

under which the two inspectorates will undertake these joint inspections was launched on 12 October 2015 and closed on 4 January 2016.

- 6.3 All local areas will be inspected over a five-year period - first inspections will commence May 2016. The inspection teams will usually consist of one HMI from Ofsted, a Children's Services Inspector from CQC, and a trained inspector from a local authority with specialist knowledge of SEND. The inspection will last five days. The Director of Children's Services of the local authority and the Chief Executive for the CCG will be notified five working days before the start of the inspection.
- 6.4 Inspectors will begin with an expectation that the local area has a good understanding of how effective it is, including of any areas for further development. The inspection will evaluate how effectively the local area meets its responsibilities for those with and without education, health and care plans.
- 6.5 The inspection will also evaluate the effectiveness of the local area as a whole working together to identify, meet and improve outcomes. Inspectors will look at a wide range of groups of children and young people, e.g. disabilities, ages and settings.
- 6.6 Three 'pilot' inspections took place in October / November 2015 to test and refine the proposed inspection framework. Islington's Head of Pupil Services was invited by Ofsted to join the inspection team for one of those pilots, and this has assisted local learning and preparation.

7. Priorities for 2016

- 7.1 The following are priorities for 2016:

- Service Redesign to improve transition to adulthood - an absolute priority;
- Self-evaluation that engages all partners and widest possible representation from parents and children and young people that focuses on arrangements for identifying need, meeting need and demonstrating progress towards outcomes;
- Improving local arrangements for capturing progress towards outcomes, with a clearly understood and consistently applied framework for measuring progress;
- Parents and Young people's engagement / participation / co-production - individual and strategic;
- Building family resilience through a refocusing of Information, Advice and Support services that also better support parents to be involved at a strategic level;
- Redesign of the Local Offer to make it more accessible;
- Improving local provision so that we can meet children and young people's needs as close to their home as possible;
- Maintaining good health;
- Work with Housing;
- Continuing to ensure Value for Money;
- Continuing to support young people with SEND into employment and towards independent living;
- Parents would like us to hold Schools more to account for the funding they are allocated to support children with SEND.

8. Implications

- 8.1 **Financial implications:**

There are no financial implications arising directly from this report.

- 8.2 **Legal Implications:**

Part 3 of the Children and Families Act 2014 requires the Council to keep local provision for

children and young people with special educational needs and disabilities under review, to co-operate with partners to plan and commission provision for those children and young people and to publish information on available services. The Act sets out the statutory framework for identifying, and assessing the needs of, children and young people with special educational needs and disabilities who require support beyond that which is normally available, including 0-25 Education, Health and Care plans.

The Special Educational Needs and Disability Code of Practice provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations. The Council, governing bodies and other specified organisations must have regard to the Code of Practice in their arrangements for children and young people with special educational needs or disabilities.

8.3 Environmental Implications:

There are no environmental implications arising directly from this report.

8.4 Equality Impact Assessment:

A full Resident Impact Assessment was carried out in September 2014 and is being kept under review.

9. Conclusion and reasons for recommendations

- 9.1 The Government estimate that it will be several years before the SEN Reforms are fully embedded and sustained evidence of improved progress towards outcomes can be demonstrated. We have made a good start in Islington.
- 9.2 The Committee are asked to note the progress outlined in this report and receive a further update in one year's time.

Appendices:

Appendix 1: Joint Strategic Needs Assessment: SEND Fact Sheet

Appendix 2: Measuring Progress - long term outcomes and related activities

Background papers: None.

Final report clearance:

Signed by:



25 April 2016

Corporate Director of Children's Services

Date

Received by:

Head of Democratic Services

25 April 2016

Date

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Focus on

February 2015

Special Education Needs and Disabilities

Pupils with a Special Educational Need (SEN) or disability face barriers that make it harder for them to learn than most pupils of the same age. In addition, they often experience poorer outcomes than their peers in educational achievement, physical and mental health status, social opportunities, and transition to adulthood.

This factsheet presents an assessment of the needs of Islington children and young people with SEN and disabilities, and their families, in order to facilitate improvements in their outcomes and experiences.

A statement of special educational need (SEN) is a formal document detailing a child's learning difficulties and the help that he/she will be given, for example, by schools or social workers.

They are being replaced with "Education, Health and Care plans" from September 2014.

What are special educational needs (SEN)?

The legal definition of SEN is set out in the 2014 Children and Families Act. Children have a SEN if they have a learning difficulty or disability, which calls for special educational provision to be made for them.

Islington Children's Services have agreed the following working definition in relation to childhood disability.

"A child should be regarded as disabled if he or she has special needs in the area of health, education, or physical, intellectual, emotional, social, or behavioural development due to any disability that is:

- Substantial, with a marked adverse impact on daily life and unlikely to be able to participate in normal activities for the foreseeable future;
- and/or
- Where a child's normal development is significantly impaired and they need to receive significantly more personal care and supervision than children without disabilities of similar age and circumstance."

Key facts & figures

5,817

Islington pupils with Special Educational Needs January 2013

560

Estimated number of children and young people with an Autistic Spectrum Disorder in Islington 2013

24.1%

of Islington school pupils have some form of Special Educational Needs January 2013

820

Islington pupils with a Statement January 2013

Key issues for Islington

A key issue for Islington will be the changes being made by the Government to the way children and young people with SEN are supported.

The Children and Families Act (2014) introduced a new, single system from birth to 25 for all children and young people with SEN and their families. Changes arising from the act include the introduction of Education, Health and Care Plans for 0 to 25 year olds to replace the current system of SEN, the presentation of a clear Local Offer with improved cooperation between services, and greater control for families through the provision of personal budgets.

Health risk factors of SEN and disabilities

Smoking in pregnancy increases the risk of having a child with certain disabilities and is associated with low birth weight (where a baby weighs less than 2,500 grams at birth), premature birth and placental complications. Babies born to mothers who smoke have poorer lung function and are more likely to require hospital admission during the first eight months of life.

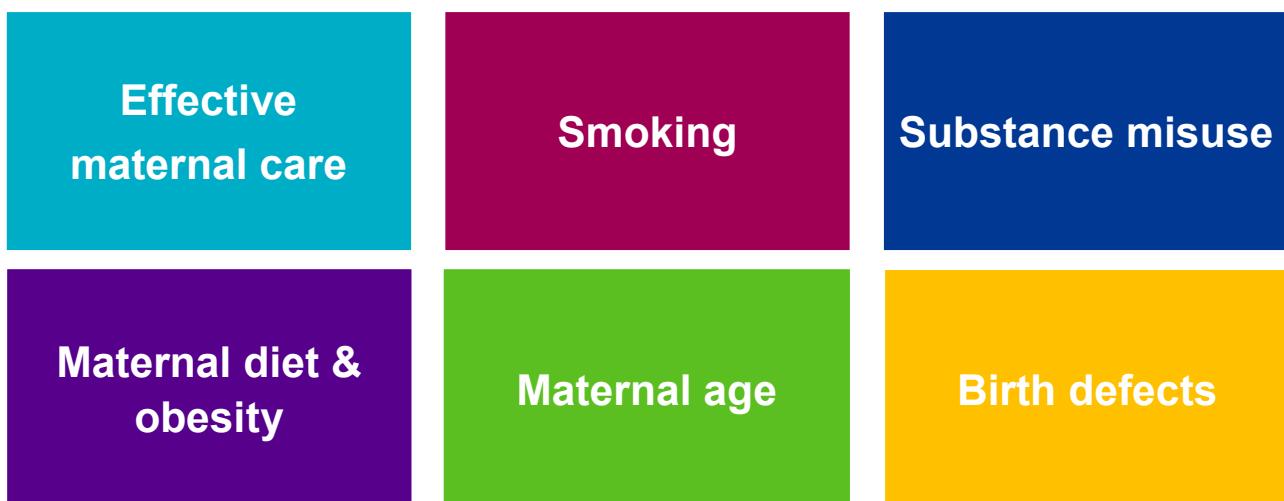
Regular or heavy alcohol consumption in pregnancy is associated with behavioural disorders and impaired brain development (e.g. Foetal Alcohol Spectrum Disorder (FASD)). Addiction or substance abuse interferes with parenting and contributes to developmental, behavioural, and health problems in children.

A mother's pre-birth diet is known to influence foetal growth, normal development and gestational weight gain. Maternal obesity is associated with an increased risk of a number of poorer outcomes, including birth defects such as spina bifida, heart or circulation anomalies, and limb reduction anomalies. Excessive gestational weight gain, especially early in pregnancy, may increase a woman's risk of gestational diabetes.

Teenage pregnancy and pregnancy at advanced maternal age (35 years and over) are both associated with adverse pregnancy outcomes such as premature delivery and low birth weight.

Birth defects among live births was estimated to be 184 per 10,000 total births in England and Wales in 2010. However, this may be an underestimate. Data are likely to be incomplete as it takes time for notifications to be sent to the registers and some anomalies are not diagnosed until later in infancy and childhood.

Good quality maternity care provides the opportunity to offer advice on lifestyle behaviours such as smoking, alcohol, medication and diet; advice which can help to reduce the risk of poor outcomes for children such as disabilities. Postnatal care provides opportunities to encourage initiation and maintenance of breastfeeding, and to offer postnatal screening.



Social risk factors of SEN and disabilities

Short-term adverse outcomes associated with deprivation include an increased risk of premature birth, birth defects and low birth weight. Over the longer term, adverse outcomes include impaired cognitive growth and development, poor emotional and mental wellbeing, and long-term impacts on the ability to flourish in life.

Families with a child with a SEN or disability are more likely to live in poor housing and poverty, lack employment, face social isolation and discrimination; these are associated with poorer health and educational outcomes.

Welfare benefit reform will potentially have a profound effect on families with children with a disability or SEN. There are approximately 730 families with 1,440 children affected by the reforms living in Islington now; 112 of these children were known to Children's Services in 2013.

THE ISLINGTON PICTURE

Estimates of the prevalence of disability among children in England range from about 3% up to about 7% depending on the survey methods used and the definition of disability. Estimates of childhood disability from the Family Resources Survey (2011/12) suggest that there are around 2,500 disabled children in Islington in 2014 .

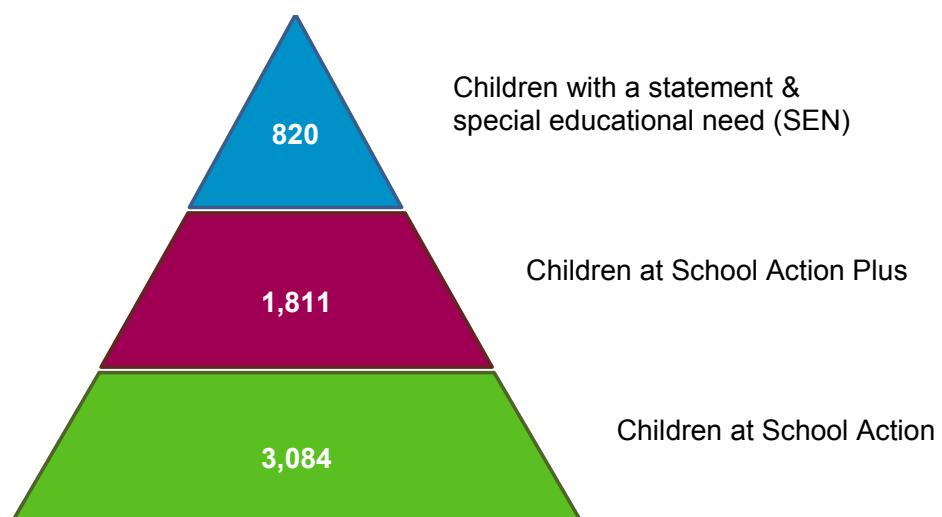
Estimated numbers of disabled children and young people, Islington, 2014

Age group (years)	Boys			Girls			Total Number disabled
	Total population	% disabled	Number disabled	Total population	% disabled	Number disabled	
0-4	6,796	4%	272	6,405	2%	128	400
5-9	5,242	9%	472	5,218	6%	313	785
10-14	4,229	10%	423	4,390	6%	263	686
15-19	4,219	7%	295	4,576	7%	320	615
Total	20,486	7%	1,462	20,853	5%	1,024	2,486

Source: GLA population estimates 2013, Family Resources Survey 2011/12

SEN data remains the most reliable single measure of children and young people with disabilities. However, not all children with disabilities and long-term life limiting conditions have SEN, and further work is being done to estimate local numbers.

Prevalence of Special Educational Needs in Islington schools, 2013

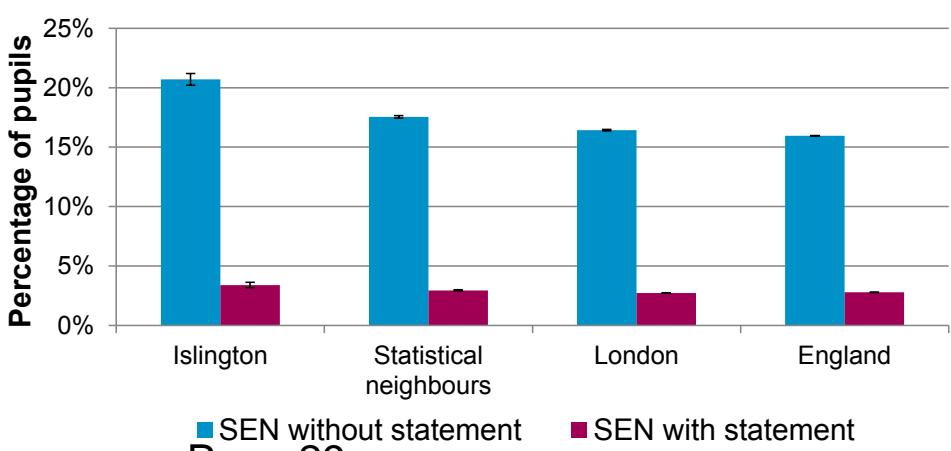


There were three stages of support to help children with a SEN based on their needs. School Action involves teaching certain things in a different way, or help from an additional adult. School Action Plus may involve additional support from an external specialist, for example a speech and language therapist. Statements document the child's needs; their learning objectives, and provision necessary to achieve objectives.

Source: Statistical First Release: Special educational needs in England: January 2013

Islington has a statistically higher percentage of pupils with a special educational need, both with and without a statement, compared to other areas with similar population characteristics (statistical neighbours), London and England.

Percentage of pupils having Special Educational Needs, with and without statement, Islington, January 2013



Children in Need

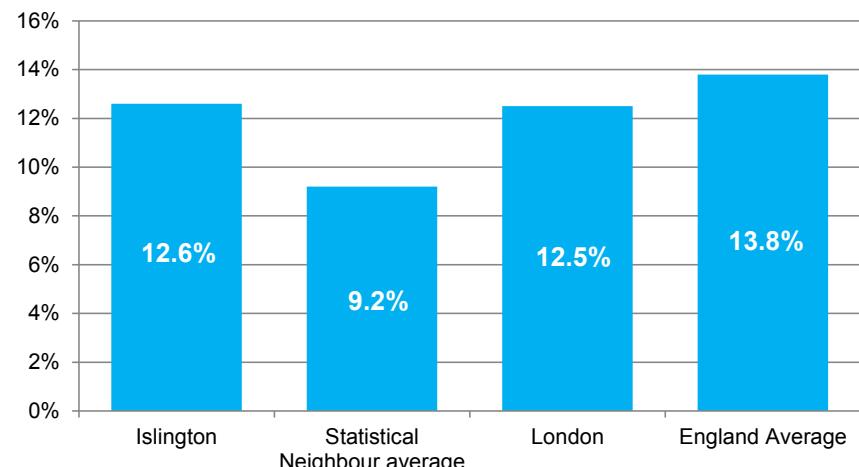
Children in Need are children who are unlikely to adhere to a reasonable standard of health or development without local authority services (Children Act 1989).

Islington had a higher proportion of Children in Need with a disability than the average in areas with similar population characteristics (statistical neighbours), as of the 31st March 2013. However, the proportion of Islington's Children in Need with a disability recorded was lower than the England average and similar to the London average.

The most common disabilities amongst Islington's Children in Need were:

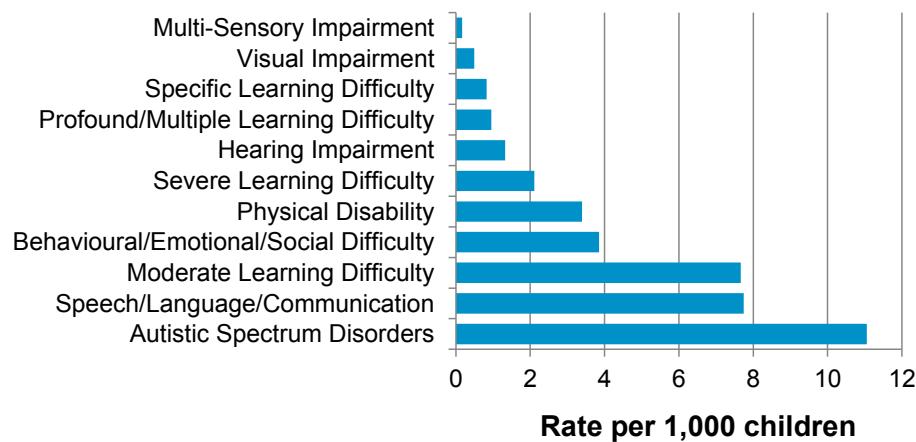
- Learning disabilities (32%)
- Autism / Asperger syndrome (28%)
- Mobility impairments (16%)

**Percentage of Children in Need with a recorded disability,
31st March 2013**



Source: Statistical First Release: Characteristics of children in need in England: 2012 to 2013

Primary presenting need of pupils with a statement, Islington, 2013



Amongst Islington pupils with a statement, the following were the most common types of need:

- Autistic Spectrum Disorders (1.1%)
- Speech, language and communication needs (0.8%)
- Moderate learning difficulties (0.8%)
- Behavioural, emotional and social difficulties (0.4%)

Source: ONE Pupil Database, July 2013, & Database of Islington Children, Children's Services, November 2013

Educational outcomes

In general, Islington pupils at School Action had poorer achievement in educational outcomes up to Key Stage 2 (Year 6), with the exception of mathematics, compared with London and England. Achievement among Islington pupils at School Action Plus was broadly similar to London and England. Islington pupils with a Statement tended to do better compared with London and England up to Key Stage 1 (Year 2), and broadly similar at Key Stage 4 (Year 11). At GCSE, a greater proportion of Islington pupils at School Action Plus achieved 5 or more grades A* to C compared with London and England, but a smaller proportion of Islington pupils with a Statement achieved 5 or more grades A* to C including English and Maths.

Islington's School Action Plus pupils were the SEN group most likely to have at least one fixed term exclusion (7%), a lower proportion compared with London (9%) and England (10%) in 2013.

Employment rates for disabled people are not available broken down by age. However, looking at the socio-economic classifications in the 2011 Census, 46% of disabled 16-24 year olds have never worked and are long term unemployed, compared to only 16% of non-disabled 16-24 year olds.

Health outcomes

There are little data on health outcomes locally, and many health outcomes are seen in later life. Most of the available evidence on health outcomes relates to people with learning disabilities, premature births, and Autistic Spectrum Disorders.

Nationally, there is consistent evidence that people with learning disabilities experience poorer health than their non-disabled peers. They have a higher risk of experiencing multiple conditions at the same time including psychiatric disorders, epilepsy and Autistic Spectrum Disorders, as well as long-term conditions including coronary heart disease and respiratory diseases. Men with learning disabilities live, on average, 13 years less than men in the general population. Life expectancy for women with learning disabilities is 20 years less than the general female population.

Evidence shows that nationally, people with learning disabilities are less likely to lead healthy lifestyles than the general population. Poor diet and low levels of physical activity among people with learning disabilities, and high rates of smoking among those who don't use learning disabilities services, contribute to poorer health outcomes. Diagnostic overshadowing, where signs and symptoms of physical illness are mistakenly attributed to a person's learning disability, may delay diagnosis, and carers' input is often disregarded by professionals. A lack of coordination between different care services can lead to care being delivered in silos, which particularly disadvantages people with learning disabilities.

Outcomes for premature babies improve as gestational age at birth increases. Very premature babies have a greater risk of disabilities, death before discharge from hospital or death before 20 years of age.

Children and young adults with Autistic Spectrum Disorders are more likely to have anxiety symptoms and disorders, although they are often unrecognized or misdiagnosed. Epilepsy, schizophrenia, bowel disorders, type 1 diabetes, central nervous system or cranial anomalies, muscular dystrophy, and sleep disorders are more common among children and young adults with Autistic Spectrum Disorders.

NATIONAL & LOCAL STRATEGIES

NATIONAL STRATEGIES	LOCAL STRATEGIES
<p>The Children and Families Act (2014)</p> <p>The Children and Families Act (2014) introduced a new, single system from birth to 25 for all children and young people with SEN and their families. The Act aims to give children, young people and their parents greater control and choice in decisions and ensuring needs are properly met by:</p> <ul style="list-style-type: none">■ replacing old statements with a new birth- to-25 education, health and care plan■ offering families personal budgets■ improving cooperation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together.	<p>SEN Reforms Implementation Framework</p> <p>Work is ongoing to implement the reforms outlined in the Children and Families Act. In Islington, this is being performed with the following underlying principles:</p> <ul style="list-style-type: none">■ Access and Empowerment - 'Do nothing about us without us'■ Responsiveness and Timely Support - 'The right support for the right children in the right place'■ Improving Service Quality and Capacity - 'Make sure all workers understand disability' <p>Local offer</p> <p>Information about the support available in Islington will be published and kept up to date at http://www.islington.gov.uk/localoffer</p>

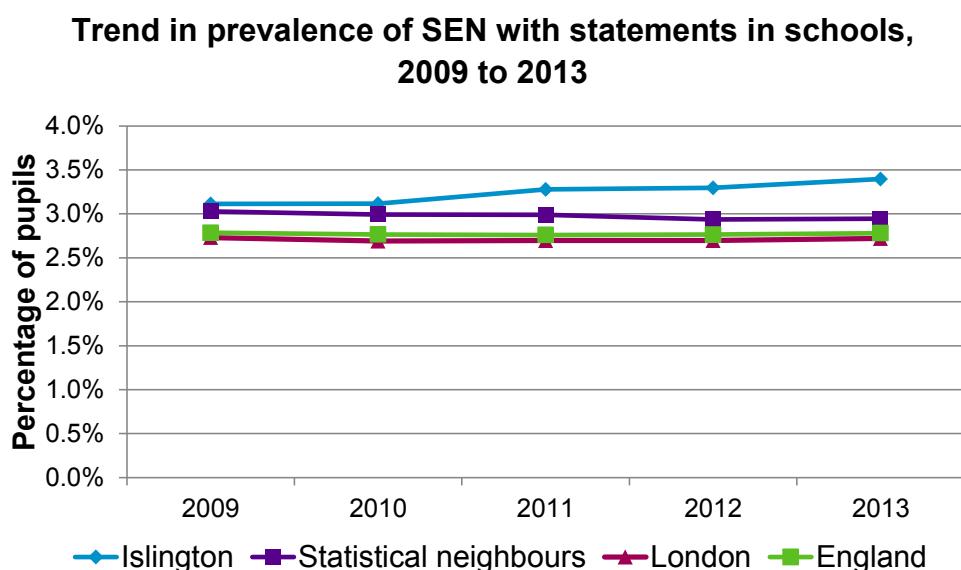
WHAT DO LOCAL PEOPLE THINK ABOUT THE ISSUE?

Service users' views are important in assessing the quality and effectiveness of services. Islington Council sends a survey to parents of around 120 children who have been assessed and received a statement in the previous year, which asks about parents' experience of contact with services. A consistent majority have described contact as "very helpful" over the five years to 2012 (65% to 74%), or helpful (20% to 30%). Whittington Health Community Services uses the National Paediatric Toolkit to gain feedback on services such as the Islington Additional Needs and Disability Service, with the majority of users finding services to be helpful.

WHAT WORKS?

Early identification and assessment	Early intervention ensures families get support when they really need it quickly and with the minimum of fuss. This is particularly important for families with children with SEN and disabilities.
Giving parents control	Parent Partnership Services (PPS) offer advice and support to parents and carers of young people with SEN. Evaluation shows that they are valued by parents and enhance local SEN provision.
Learning and achieving	High quality teachers trained to support a range of SEN is effective in driving up attainment. Those with specialist knowledge and experience can help to develop the skills of their colleagues.
Preparing for adulthood	Well-coordinated planning and advice, along with appropriate and tailored work experience opportunities can be crucial to the success of transition for young people with disabilities or SEN.
Services working together for families	A streamlined service facilitates clear and accessible information for parents and carers. Services working together make a real difference to families' experience and the quality of support.

FUTURE NEED



There has been a slight rise in the number of children and young people with a statement in Islington over the previous five years, equating to an average of 19 additional statements each year. There was no change in the rate across the statistical comparators, London or England.

Source: Statistical First Release: Special educational needs in England: January 2013

The number of children and young people with a SEN without a statement has fallen by an average of 230 per year in Islington, which was a sharper fall compared with our statistical neighbours, London and England. The reasons for these changes are not clear.

WHAT IS BEING DONE LOCALLY TO ADDRESS THE ISSUE?

Early identification and intervention

Specialists can play an important part in the early identification of SEN and disability in advising early years practitioners and teachers on how to support the needs of a child and help them make progress. In Islington, the 'team around your child' works with families to plan a programme of support. They are able to act as consultants and advise on teaching and learning for all staff. Early years settings and schools work in partnership with the following specialist services when they think extra support is needed for a child.

Islington Additional Needs and Disability Service (IANDS)

Islington Additional Needs and Disability Service (IANDS) is a multi-agency service, for all children with additional needs in Islington, which includes speech and language therapy, occupational therapy, physiotherapy, paediatricians, clinical psychology, family therapy, specialist nursing, social work, and key workers.

A central referral system screens all new referrals for assessment and diagnosis. Where there are safeguarding concerns, children and families are referred directly for an assessment from the Disabled Children's Team (DCT) which works jointly across IANDS.

Schools

The Special Educational Needs Coordinator (SENCO) in each primary and secondary school has responsibility for SEN within the school.

There are three maintained special schools in Islington:

- **Richard Cledesley School**, for children aged 2 to 19 years with severe/complex physical disabilities;
- **Samuel Rhodes School**, for children with difficulties in learning and cognition; and
- **The Bridge School**, for children with severe learning difficulties, profound and multiple learning difficulties and Autistic Spectrum Disorders.

The Courtyard is a new special free school that opened in September 2013 by the trustees of St Mary Magdalene Academy, providing personalised education for up to 36 students aged 14-18 with Autistic Spectrum Disorders or Speech Language and Communication Needs. The Family School opened in September 2014 run by the Anna Freud Centre for children at risk of exclusion.

Within Children's Services, specialist services such as the Educational Psychology Service and the Special Educational Needs Team are provided centrally to support schools and pupils with SEN and manage the process of assessing pupils for additional support (i.e. Education Health and Care Plans).

Other services

Islington Council's Targeted and Specialist Children & Families Services are responsible for supporting and caring for some of the most vulnerable children and young people in the borough, including some children with disabilities, some of whom are looked after children.

The Joint Agency Panel is the multi-agency body by which Islington children's health, education and social care services consider, determine and review the joint - funding of specialist services for those children with the most severe and complex needs.

Other services who provide support for children with SEN and / or disabilities include the Early Years Inclusion Team, The Under Fives Advisory Group, the Short Breaks service, the Child and Adolescent Mental Health Service, the Youth Careers Team and the Transition Team.

FURTHER INFORMATION

Further information on this topic can be found at the following locations:

- This factsheet is based on the more detailed Children with Special Education Needs and Disabilities Needs Assessment, June 2014, available at <http://evidencehub.islington.gov.uk/family/targeted/Pages/default.aspx>
- The full Children and Families Act 2014 is available at <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
- The Special Educational Needs and Disability Regulations are available at <http://www.legislation.gov.uk/uksi/2014/1530/contents/made>
- The Special Educational Needs and Disability Code of Practice is available at <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>
- The Islington Local Offer is available at <http://www.islington.gov.uk/localoffer>
- The Department for Education regularly publish Statistical First Releases about pupils with SEN. These are available at <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

About the Evidence Hub

The Evidence Hub is a partnership between the local NHS and the Islington Council that brings together information held across different organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of the Islington population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

This profile has been produced by Ian Sandford, Public Health Strategist and Adam White, Special Projects Officer, and signed off by Candy Holder, Head of Young People's Services

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Measuring Progress

LONG TERM OUTCOME	ACTIVITIES MIGHT INCLUDE	EHC Plan outcome no.
Higher education and/or employment [including identifying appropriate post-16 pathways / training options e.g. supported internships, apprenticeships and traineeships or support for setting up a business, support in finding a job, and learning how to do a job, help in understanding benefits that might be available]	<ul style="list-style-type: none"> • Literacy <ul style="list-style-type: none"> ◦ Reading ◦ Writing • Mathematics <ul style="list-style-type: none"> ◦ Numbers ◦ Shape, space measures • In education, training or employment post 16 	<ul style="list-style-type: none"> • Improving attendance at education or training • Diversion from anti social behaviour/ crime • Routines / bedtimes / getting up • Employment skills/ readiness for economic activity
Independent living [including what decisions young people want to take for themselves, their role in decision making as they become older, where the child or young person wants to live, who with and what support they will need]	<ul style="list-style-type: none"> • Emotional wellbeing – feeling happy, self confidence, self awareness • Managing behaviour and feelings to avoid problems • Managing change and transitions • Dealing with bullying / discrimination • Support networks/ asking for help 	<ul style="list-style-type: none"> • Self care – managing appointments, sexual health, managing support workers • Shopping, cooking preparing food • Looking after a home – cleaning, managing a tenancy • Using public transport/ travel training • Financial management- personal budgeting, bank account
Maintaining good health [including effective planning of transition, helping children and young people understand which health professionals will work with them, ensuring those professionals understand the young person's learning difficulties or disabilities (Tell Us Once)]	<ul style="list-style-type: none"> • Physical development <ul style="list-style-type: none"> ◦ Moving – gross motor skills ◦ Handling – fine motor skills • Self care <ul style="list-style-type: none"> ◦ Washing ◦ Dressing ◦ Feeding ◦ Toileting 	<ul style="list-style-type: none"> • Healthy diet, exercise, weight management • Sleeping difficulties • Managing a health issue/ medical condition • Housing – adaptations, safety, overcrowding, rehousing
Participating in society [including understanding mobility and transport support, how to find out about social and community activities, and opportunities for engagement in local decision-making. This also includes support in developing and maintaining friendships and relationships]	<ul style="list-style-type: none"> • Understanding risk/ personal safety skills • Protected from self harm • General parenting capacity– parenting skills, routines, boundaries • Parenting capacity related to SEND • Communication and language skills <ul style="list-style-type: none"> ◦ Listening and attention ◦ Understanding ◦ Speaking 	<ul style="list-style-type: none"> • Decision making skills • Understanding and follow instructions and guidance • Making relationships - social skills and friendships, play co-operatively, taking turns organise activity, sensitivity to others, form positive relationships with adults and other children. • Participation in community activities • Reducing social isolation

