

**Report of:** Corporate Director of Children's Services

Meeting of	Date	Ward(s)
Children Services Scrutiny Committee	28 November 2017	All

Delete as appropriate	Exempt	Non-exempt

**SUBJECT: SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) REFORMS AND IMPACT**

**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 The Scrutiny Committee has received an annual report on local progress in implementing the reforms. This report provides a further update, and also outlines strategic priorities for the next two years.
- 1.3 The report also includes a summary of findings from the 13 Local Area SEND Inspections (out of a total of 39 conducted to date) that have resulted in a requirement to submit a Written Statement of Action. It also identifies examples of good practice / common areas for development from all inspection reports to date, to support local planning. We expect to be in the 'window' for SEND Local Area Inspection from January 2018.

**2. Recommendations**

- 2.1 That the committee note progress made and priorities for further action.

### 3. Implementation of the reforms – summary of progress

- 3.1 The following are currently working well in Islington:
- 3.1.1 Robust local identification of children and young people with Autistic Spectrum Condition (ASC) has been confirmed by independent review. We have increased ASC provision in education, including the opening of The Bridge Satellites, in response to need and the wishes of parents for more flexible local choice. The development of The Bridge Independent Learning Space for those with the most complex ASC has seen a reduction in more-costly joint agency out borough placements.
  - 3.1.2 Good identification of SEND in Early Years has seen improving timeliness of assessments, with appropriate plans in place for those children with high needs transferring to school.
  - 3.1.3 We have good quality data to support joint strategic planning and commissioning.
  - 3.1.4 The Local Offer website platform upgrade has to improved access, and feedback from our national SEND adviser has been positive.
  - 3.1.5 Our three special schools are rated outstanding by Ofsted, and work well with health and care services to provide integrated support to families.
  - 3.1.6 Our local ‘Short Break’ offer (to give parents of children with severe and complex needs a break from their care responsibilities) is well received and positively evaluated by parents.
  - 3.1.7 A SEND Coproduction Board with parents has been established and is working well alongside the Parents Forum, Parent Consultants and the Independent SEND Community Support Service jointly commissioned by Education, Health and Care to provide independent advice to families.



- 3.1.8 Good outcomes for young people with SEND aged 16-19 with low numbers of children not in education, employment and training compared to inner London, and the development of employment pathways including apprenticeships and internships.
- 3.1.9 Good progress in converting statements to Education, Health and Care Plans, with less than fifty statements now in the process of conversion. All conversions will be complete by the government deadline of April 2018.

3.2 The following have been identified as areas for development

3.2.1 We have a higher than average number of Education, Health and Care Plans (EHCPs) and children in special schools – this means we need to manage resources more efficiently. Devolving additional resources to schools for children with additional needs has not led to expected reduction in numbers at SEND Support (school-based stages of support) and statutory Education, Health and Care Plans. There is a great deal of good practice but this is not consistent, so that parents' experience is variable. There is a lack of clarity about SEND Support and what families can expect – the right support for the right outcomes.

3.2.2 We need to improve the speed of completion of Education, Health and Care assessments.

3.2.3 Commissioned specialist provision for children and young people with Social, Emotional and Mental Health needs is very high cost and does not result in good outcomes for the young people.

3.3 In June 2017, the Government also set out a new duty on LAs to develop and publish strategic plans that set out how SEND provision should be made using the high needs funding they receive. The plan must make sure the pattern of provision is suitable to meet changing needs (i.e. sustainable), that parents and young people find it attractive, and that it will be affordable within future allocations. The above are informing the development of our local response.

#### **4. Further development of our local strategy**

4.1 We carried out a further diagnostic review in Summer Term 2017 to inform out how SEND provision will be made in Islington using the high needs funding we expect to receive in future (£27m). During the review, we have engaged young people, parents and carers, early years settings, schools and colleges, local authority officers and health partners.

4.2 The review has considered provision in the context of the four areas of need identified within the SEND Code of Practice (accepting that many children will have needs in more than one of these areas):

- Communication and Interaction (including Autistic Spectrum Condition)
- Social, Emotional and Mental Health needs
- Learning and Cognition
- Physical and Sensory needs

4.3 Analysis confirmed our current position, with more pupils in Islington placed in specialist settings than in similar LAs, Autistic Spectrum Condition (ASC) and Social, Emotional and Mental Health (SEMH) provision as the particular challenge areas, with fewer pupils with ASC and SEMH educated in mainstream settings than in comparator LAs - the majority of our out-borough independent school placements are for young people age 12-17 with SEMH, many of whom are Looked After Children

### Islington Context:

- More Islington children per 1000 are placed in specialist settings than in similar LAs [a local rise of 213 between 2010-2016, i.e. from 310 to 523]
- A higher % of children and young people with:
  - Statutory plans [3.7%, compared to 2.8% national and 2.9% for inner London]
  - At SEND Support: [15.3%, compared to 11.6% national and 13.1% for Inner London]
- A 40% increase in requests for EHC assessment locally in last 12 months
- Higher levels of exclusions from schools than inner London and statistical neighbours, with twice no. permanent exclusion from 2015/16 to 2016/17
- Autistic Spectrum Condition (ASC) and Social, Emotional and Mental Health (SEMH) provision are particular challenge areas; fewer pupils with ASC and SEMH are educated in mainstream settings than in comparator LAs; the majority of our out-borough independent school placements are for pupils with SEMH.

Figure 1: Islington children in special schools

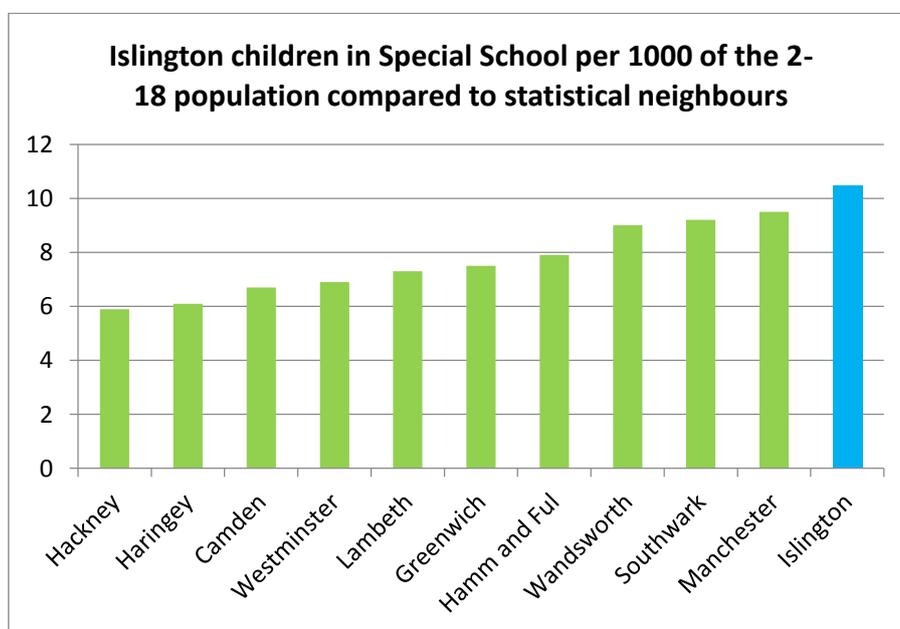
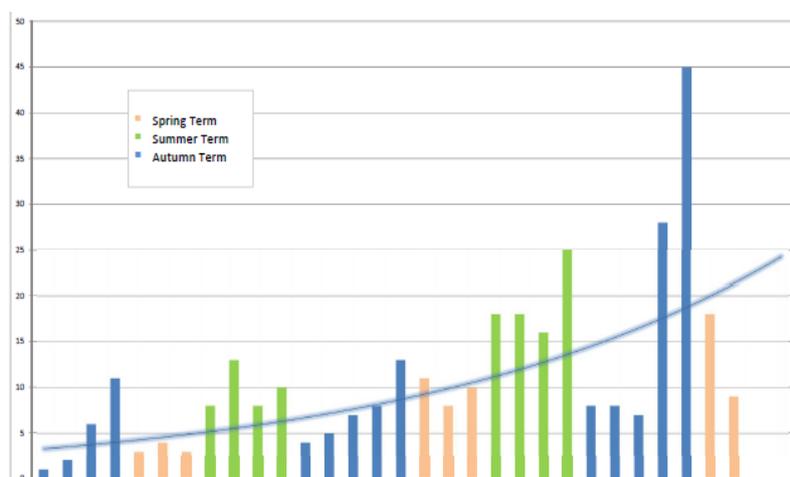
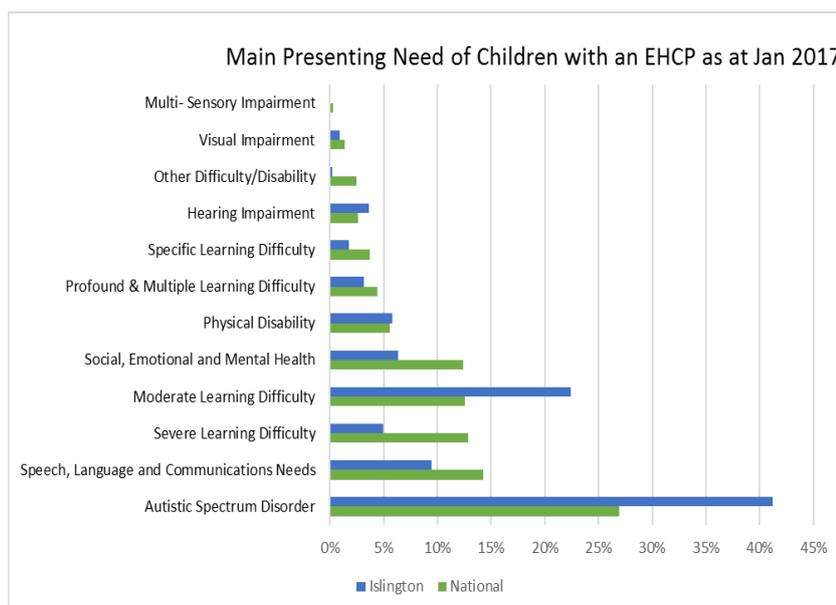


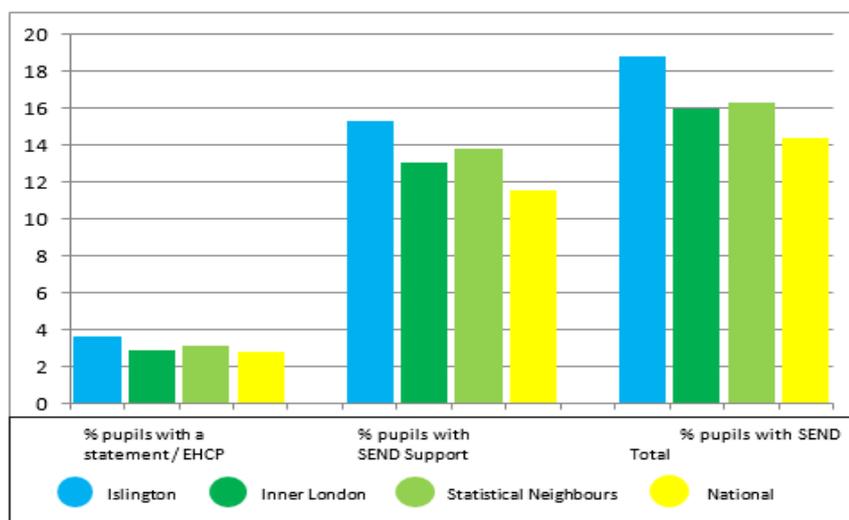
Figure 2: Requests for EHC assessment



**Figure 3: Main presenting need**



**Figure 4: SEND Support / EHCPs**



- 4.4 From all of the above, we have developed the ‘Plan on a Page’, attached as Appendix 1 as a summary of our priorities and approach over the next two years.
- 4.5 In terms of implementation, work is already underway to support improved management of our high needs budget, with the remaining three work streams (SEND Support, SEMH and Post 16) underpinning that work:
  - 4.5.1 **SEND Support:** this term, we have launched a handbook for early years and primary schools, setting out our expectations of the SEND local offer that will help the community of schools ensure a consistent offer and hold each other to account. We have also coproduced leaflets for/with parents to compliment the handbook. Further work is underway of a secondary / post 16 handbook, and to review current SEND Support Services to make sure we have the best model of support in place to help schools deliver the local offer. (£1.5m (6%) of High Needs is currently spend on SEND Support).
  - 4.5.2 **Preparing for Adulthood:** we have produced a draft multi-agency Transition to Adulthood Protocol which is currently being worked on by Adult Services, as well as draft guidance for families and young people, which we are further developing through the Coproduction group.

4.5.3 **Social, Emotional and Mental Health (SEMH) needs:** progress is being driven by a multi-agency work stream with a focus on developing our local continuum of provision, with a focus on early help and redesign of services through New River College (pupil Referral Unit) so that we are less reliant on poor quality out-borough provision. We have primary schools interested in becoming 'satellites' for this area of need. Within this work-stream we must also address the high number of LAC children with SEMH in out borough placements, currently costing £1m to the high needs budget.

## 5. SEND Local Area Inspection

- 5.1 The Secretary of State for Children and Families has asked Ofsted and the Care Quality Commission (CQC) to inspect local areas on their effectiveness in fulfilling their SEND duties.
- 5.2 A framework setting out the key inspection principles plus a handbook for inspection were published on 27 April 2016. The inspection regime commenced on 1 May 2016. All local areas will be inspected at least once during a five-year period<sup>1</sup>.
- 5.3 Local Area SEND inspections look at three aspects of the effectiveness of the local area in relation to children and young people with SEND:
- Identification
  - Assessing and meeting needs
  - Improving outcomes.
- 5.4 At the end of inspection, Local Areas receive an outcome letter. The letters do not follow a set pattern, as the points that need reporting on vary from area to area, reflecting the demographic and historical variance of approaches to SEND across the country.
- 5.5 Where serious failings are identified, the Local Area is asked to produce a Written Statement of Action (WSA)<sup>1</sup>, setting out how the failings will be remedied.
- 5.6 The following summarises findings from the 13 Local Area SEND Inspections (out of a total of 39 conducted to date) that have resulted in a requirement to submit a WSA. It also identifies examples of good practice / common areas for development from all inspection reports to date, to help our own planning. We expect to be in the 'window' for SEND Local Area Inspection from January 2018.

### Written Statement of Action (WSA)

5.7 The following issues present in nearly all of the WSA requirements to date (those underlined are among the identified areas for improvement in Islington):

#### Leadership

- 5.7.1 Most areas required to produce a WSA have had significant problems with leadership in a number of forms, e.g.
- 'Weakness in the strategic leadership, governance and implementation of... the reforms', an 'inaccurate view of the local area's effectiveness' and 'no strategy for jointly commissioning services' [Middlesbrough]
  - 'Lack of capacity at senior level' and the failure to appoint a Designated Medical Officer (DMO) [Brent]
  - The DMO role 'lacked sufficient capacity to address the areas for improvement that have been identified' [Waltham Forest].

---

<sup>1</sup> The outcome letter is published on the Ofsted website, usually within 33 working days of the end of the inspection, and the local area has 70 working days from receiving the report to submit an action plan.

### 5.7.2 Leadership problems identified have included:

- Lack of awareness e.g. 'poor use of management information to secure a robust overview of the local area's effectiveness' [Windsor and Maidenhead]
- Joint Commissioning – lack of understanding, poor arrangements e.g. 'there is no clear process by which partners across education, health and social care agree at a strategic level what is needed for improvement and how they will work towards achieving it' [Bury]
- The absence of key staff and sufficient funding has been found in some areas [Enfield].

### Education Health and Care (EHC) Plans

#### 5.7.3 Problems with EHC plans is a feature for local areas asked to submit a WSA, e.g.

- Low conversion rates from statements to EHC plans [Dorset]
- Poor quality plans [Surrey]
- Issues with delivery of the support required to implement the plans [Suffolk]
- Health providers not contributing properly to EHC plans [Waltham Forest]
- Too many plans taking longer than the time limit to issue [Hartlepool]
- Plans "too generic" [Sefton].

#### 5.7.4 Many local areas are judged to have good plans, but no arrangements in place to ensure the plans are properly implemented.

#### 5.7.5 Weaknesses in these areas then feed in to problems with joint commissioning, as they undermine awareness of the requirements of children and young people with SEND.

### The local offer / engagement with parents and carers

#### 5.7.6 Ten of the areas required to submit a WSA had significant problems with the local offer and/or communicating or working with parents/carers. Main problems included:

- Poor communication with parents [Dorset, Hartlepool, Sefton]
- Ineffective promotion of the local offer [Bury, Middlesbrough, Rochdale, Surrey]
- Poor quality of the local offer – services available (quantity and range), quality of services [Middlesbrough, Suffolk]
- Weakness of co-production [Brent, Sefton, Surrey, Windsor]

NB: Wakefield were identified as having a specific serious fault in arrangements for completing specialist diagnostic assessments of Autistic Spectrum Condition, and a lack of assurance that the weakness was being addressed with sufficient robustness.

### Good practice

#### 5.8 Every local area inspected has strong points. Key examples include:

- A **'Tell it once'** approach – e.g. systems that bring together relevant professionals from different agencies to hold one meeting with the parents/carers and children [Leeds]; 'My Black Book' providing a comprehensive record of the child across agencies [Bexley]
- Early identification of SEND – reports are very positive about areas that do this well [Nottinghamshire, Leeds, North Yorkshire]. Particular approaches commended include 'Single Point of Referral Team' [Herefordshire] and 'Every Child a Talker' (ECAT) [Southampton]
- **Support for schools** – providing the schools with the right support to identify need effectively [Bexley (praised for effective SEND guidance), Southampton (Teaching School Alliances)]
- **Support to school leavers** with SEND to find employment (e.g. Project Search) [Gloucestershire, Hillingdon]
- **Partnership** e.g. between the Youth Offending Service and speech and language therapists [Southampton].

## Common 'areas for development'

### 5.9 Common areas for development include:

- An over emphasis on education in EHC Plans
- Patchy transitional arrangements as young people move from primary to secondary education
- The level of **awareness of leaders** of the strengths and weaknesses of their services and processes
- The ability to plan for **future service needs**
- **Joint commissioning:** [Brighton & Hove stand out as being particularly strong (effective working relationships, a family-centred vision, joint commissioning possible without the need for Section 75 legal agreements between the LA and NHS services)]
- **Joint working:** [Bolton's 'early help' assessment process is held up as a good example of joint working across the education, health and care workforce]
- Parent/carer voice not being recognised [Gloucestershire]
- **Post-16 and post-19 provision:** most local area performance is weaker at post-19 level
- **Academic outcomes:** The inspection letters frequently look at the following aspects:
  - Quality of mainstream schools SEND provision
  - Gap between SEND and non-SEND children and young people
  - Rates of progress, compared to expectations
  - Comparisons with national averages
  - Absenteeism and exclusion rates
- **Specific areas of need:** some local areas criticised for not making available an adequate **range** of services e.g. Downs Syndrome, VI, across age ranges, home educated (particularly their health and social care needs)
- **Personal budgets:** some local areas have struggled to get an effective system in place, the most common problem being a lack of awareness on the part of parents/carers. [Gloucestershire criticised for low take up]
- **Parental involvement:** Nottingham parents told inspectors they feel fully involved in discussions, but the online local offer was not widely known about. In Waltham Forest, despite there being many weaknesses, there is an effective parent forum.

## 6. Implications

### 6.1 Financial Implications:

There are no financial implications arising directly from this report.

### 6.2 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.

### 6.3 Environmental Implications

There are no environmental implications arising directly from this report.

## 6.4 Resident Impact Assessment:

A full Resident Impact Assessment was carried out in September 2015 and is being kept under review.

## 7. Conclusion

- 7.1 The complexity of SEND is reflected by fact that all local areas inspected to date have strengths and areas for development; it is also clear that every local area has a very different profile. The outcome letters show that just having weaknesses or a shortage of strengths does not necessarily mean a local area receive the WSA requirement - much seems to depend on how fundamental they are to the 'cornerstones' of the reforms.
- 7.2 Overall, there are some clear indicators that local areas who have the best inspection outcomes have:
- Strong strategic leadership, based on a high level of self-awareness and realism
  - Effective joint commissioning and inter-agency working arrangements, both for sharing information and for commissioning services
  - Systems that enable children's SEND to be identified early and accurately
  - Effective and timely issuing of EHC plans and avoidance of weak input from health and social care
  - A strong local offer that is well communicated to parents, carers and children
  - Effective parental engagement so that parents, carers and children feel listened to and are able to contribute to the work programmes where appropriate.
- 7.3 The one area that stands out as being very challenging for all local areas to get right is the Local Offer, and parental engagement generally. Even local areas that received praise for their work in this area, still had aspects of it where inspectors felt they fell short.

## Appendices

### Appendix 1: Islington Special Educational Needs and Disabilities (SEND) Strategy 2018-20 (Draft)

#### Signed by:



Date 15 November 2017

Carmel Littleton  
Corporate Director of Children's Services

Report Author: Candy Holder, Head of Pupil Services  
Tel: 020 7527 5639  
Email: candy.holder@islington.gov.uk

Financial Implications Author:  
Tel:  
Email:

Legal Implications Author:  
Tel:  
Email: