

## SOUTHEND-ON-SEA

### CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES (SEND)



# SELF EVALUATION

Draft version 0.10 to SSPB – 5th July 2021

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## 1 Introduction

As a SEND partnership, we are committed to providing help and support as early as possible, to provide opportunities to maximise life chances, make good progress and achieve outcomes that prepare children and young people with special educational needs and/or disabilities (SEND) for adulthood. We want children, young people and their families to be happy, and to thrive.

This self-evaluation details the extent to which the local area is effectively identifying, assessing, meeting needs, achieving and improving outcomes. It cannot (and does not) reflect in detail the total range of work going on across the area or the many planned developments.

The SEND area inspection in October 2018 identified four significant weaknesses in our provision, resulting in a Written Statement of Action (WSOA). This inspection provided us with an accurate challenge and identified several strengths which galvanised our collective determination to improve the offer and outcomes for children and young people with SEND.

Now, more than two years on from the inspection, the context in which we are working is very different. Whilst we have seen progress against the WSOA and other developments, including responding to the Covid-19 pandemic, we know there is still more to do to.

Our parent carer forum, Southend SEND Independent Forum (SSIF) have told us recently that early support, with or without diagnosis to prevent problems from developing; feeling listened to; receiving information and support by knowledgeable professionals who understand the needs of their child and what this means for their daily lives are really important.

“ ‘Happy and thrive’ - these words are fantastic and we would love them to be highlighted and used in all of the discussions where outcomes for all children and young people with SEND take place moving forward.” – *Parents of Southend SEND Independent Forum*

The [SEND strategy](#) 2016-2019 set out our ambition and priorities. This self-evaluation, compiled from partnership development sessions, discussions, and a wide evidence base including a new [SEND Profile](#) and [SmartSouthend](#)<sup>1</sup>, evaluates our effectiveness across all areas of SEND; progress against priorities in the last strategy and against the four areas of improvement and WSOA from inspection. It sets our short-term goals, but will help us to develop our new strategy, priorities and plan for the next three years.

## 2 Scope

Communities, families, service commissioners and providers in Southend that play a part in working with children and young people with SEND and their families living in Southend all fall within the scope of this self-evaluation.

Children and young people with SEND are defined by Children and Families Act 2014 as follows<sup>2</sup>:

*(1) A child or young person has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for them.*

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<sup>1</sup> These and other online portals provide up to date and easy access to intelligence which is utilised in understanding Southend.

<sup>2</sup> The Act refers to ‘he or she’ which has been replaced with ‘they’ or ‘them’ to reflect a less binary perspective.

*(2) A child of compulsory school age or a young person has a learning difficulty or disability if they—*

*(a) has a significantly greater difficulty in learning than the majority of others of the same age, or*

*(b) has a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.*

*(3) A child under compulsory school age has a learning difficulty or disability if they are likely to be within subsection (2) when of compulsory school age (or would be likely, if no special educational provision were made).*

*(4) A child or young person does not have a learning difficulty or disability solely because the language (or form of language) in which they are or will be taught is different from a language (or form of language) which is or has been spoken at home.*

However, definitions and therefore prevalence of disabled children vary between organisations. Children with a disability are defined by the Department for Education (DfE) in their [Children in Need Census](#) data collection guidance as “a person with a physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day to day activities. The condition must have lasted or be likely to last at least 12 months in order to be classed as a disability.”<sup>3</sup> Information for social care, for example, is referred to as ‘children with a disability’ to comply with DfE terminology.

The Equality Act 2010 introduces the reference to ‘substantial’ and ‘long term’ (lasting longer than 12 months) and affecting a person’s ability to carry out normal day to day activities.

Article 23 of the UN Convention on the Rights of the Child recognises the right of the disabled child to enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community. Article 16 details the rights of all people experiencing disability to be free from exploitation, violence and abuse.

Locally, definitions in individual services and their criteria are also likely to be as varied. They may include children identified as disabled for whom the above definitions are not appropriate. For example, a specialist Children with Disabilities service has a threshold criteria which would not include children diagnosed with ADHD alone. There can be further complication between terminology and focus on medical versus social models, diagnoses and types of need, reinforcing the need to consider every child and their needs individually.

It is imprudent to look at any specific factor in isolation, but to explore the child’s wellbeing in a more holistic way. We therefore need to be mindful of understanding the child’s and young person’s world, and the different ways that are used to describe them.

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<sup>3</sup> DfE (2016) Children in need census 2015 to 2016: guide.

### 3 About Southend

[SmartSouthend](#) provides up to date and comprehensive intelligence about Southend as a place, its' people and its services. Key pertinent facts relevant to this self-evaluation are provided below:

- Geography: Southend-on-Sea is a small, densely populated borough, with all the benefits and challenges of a coastal town. Southend's economy is diverse, with areas of significant deprivation sitting alongside wealth.
- Deprivation: 40% of Southend residents aged 0-24 live in areas which have been classified as being amongst the 30% most deprived areas in the country, although there is considerable variation across the borough with 27% living in the 30% least deprived areas<sup>4</sup>
- Increasing child population: There are 39,738 children and young people aged 0-17 years of age according to the 2019 Mid -year population estimates<sup>5</sup>, an increase from 36,735 ten years ago. There are 12,748 young people aged 18-24 living in Southend. Child population is projected to increase by 0.6% from now until 2031 and projected to fall to 2050.
- Diversity: 24.4% of Southend's school children are non-White British, and 13.3% speak English as an additional language. The top three languages other than English spoken by Southend pupils are Polish, Bengali, and Urdu.
- We are performing below the national average for a number of childhood wellbeing indicators. Escalating migration into Southend from London boroughs; high deprivation; poorer life expectancy at birth than the rest of the region; all provide challenges. Inevitably this will put increasing pressure on services, including those for children and young people and their families.
- Services: Residents are served by the unitary authority of Southend Borough Council (SBC); NHS Southend Clinical Commissioning Group (CCG); Essex Partnership University Trust (EPUT) alongside a range of schools and settings, providers, partners, voluntary organisations and other stakeholders.

### 4 Summary statistics about children and young people with SEND

#### 4.1 Key data

Data about the numbers of children and young people with SEND (prevalence) and their needs are provided in this section. This collective view enables us to better correlate and understand the whole picture across Southend including changes over time and between services.

Different time points for data collection and reporting periods mean that there is not a consistent time point at which data is reported, for example a mixture of calendar, academic and financial years. The DfE

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<sup>4</sup> 2019 Indices of Deprivation

<sup>5</sup> ONS Mid Year population estimates 2019 and 2009

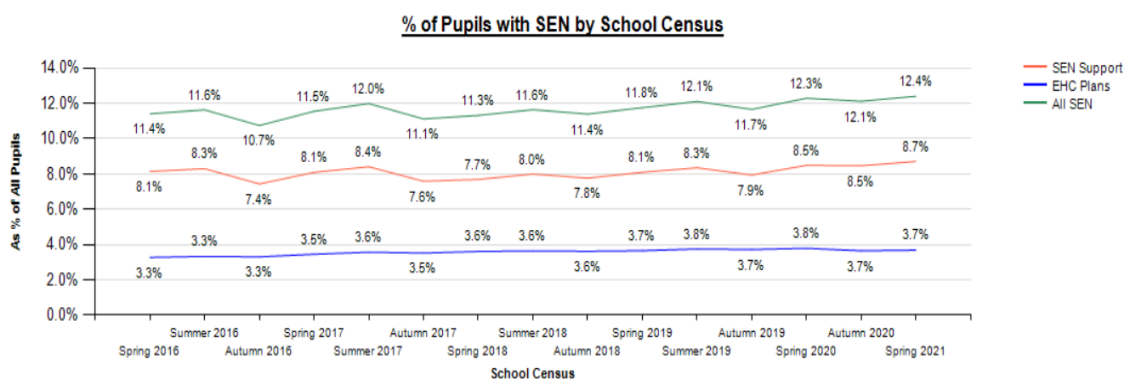
SEN2 return, which provides the major source of data collected on children and young people with Education, Health and Care Plans (EHCPs), is provided below but is not yet reflected in the SEND profile.

## 4.2 Prevalence

### 4.2.1 Schools and pupils with SEND

Latest data for the 2020 calendar year and at the survey date of January 2021 indicate that:

- There were **2,663** children at SEN support in our local schools.
- The number of new EHCPs issued decreased by 27% from 140 in 2019 to **102** in 2020. Although less plans were issued, the total count of plans has increased. This suggests less plans were discontinued or transferred.
- Total number of plans increased by 3% from 1,361 in January 2019 to **1,399** in January 2021.
- The biggest increase (53%) was for the 20-25 age group, from 30 to **46** EHCPs.
- The biggest decrease (-30%) was for the 0-5 age group, from 67 to **47** EHCPs.
- The number of children in Elective Home Education with an EHCP has decreased from 10 to **6** (0.4% of the cohort).
- The number of children with EHCPs moving from mainstream settings to special settings increased from 19 in 2019 to **40** in 2020.
- **595** Children attend special schools.
- The percentage of pupils with SEN support or an EHCP plan has increased from 11.5% in 2016 to **12.4%** in 2021. This has been consistently lower than the national figure which has risen from 14.4% to 15.5% in 2020<sup>6</sup>.



Whilst the overall percentage of pupils with SEND is lower than the national average and statistical neighbours, this is due to a lower percentage of pupils at SEN support. The percentage of children with an EHCP has been significantly higher than both statistical neighbour and England averages for the past five years.

<sup>6</sup> National data for 2021 will not be available until later in the year

There are discrepancies in the number of children being identified as SEN support across different schools and we are currently developing expertise with schools to share a common understanding and definition of SEN support to more consistently and accurately identify pupils with additional needs.

The Prevalence of EHCP is significantly higher than national in state-funded primaries across the last three years. However, prevalence for EHCP in state-funded secondary schools is significantly lower than national across the last three years. The three-year trend (in proportion of SEN support students in state funded primary schools and at early years providers has increased significantly, whereas all other prevalence measures have not changed significantly.

Southend has a bigger proportion of SEN Support boys (65%) than girls (35%), and EHCP boys (73%) than girls (27%), whereas non-SEN is a higher proportion of girls (51.4%). This is consistent with the 2020 national picture. White British (79%) and White other backgrounds (3.6%) are the most common ethnicity for EHCP students in Southend. The next highest proportion ethnicity for EHCP pupils in Southend is Black African at 2.9%. For SEN Support, aside from White British or White other backgrounds the highest minority ethnicity in Southend is White and Black Caribbean at 2.2%

Prevalence of all SEN in Southend is highest amongst primary age pupils and drops off in older year groups. This is consistent over the past three years. Southend has the highest proportion of children with an EHCP aged under 5, and the lowest proportion aged 20-25 compared to regional counterparts, based on January 2020 figures.

The majority of SEN students attending Southend's schools are Southend residents, although 13.7% of special school students live out of borough. We can see a higher percentage of SEN Support children in Southend living in A Better Start Southend (ABSS) wards compared to other wards. This is again the case for EHCP pupils in Southend although the gap between ABSS and non ABSS is smaller with EHCP students compared to SEN Support students.

Comparatively, we recognise a higher proportion of our children and young people identified as experiencing SEND, experience levels of deprivation and poverty. 35.7% of pupils with an Education, Health and Care Plan (EHCP) and 32.6% of pupils with SEN support receive Free School Meals (FSM).

#### **4.2.2 Health services**

Caseloads from EPUT services are provided below and performance information is provided in Section 11.

- 516 Specialist School Nursing
- 171 Specialist Health Visiting and the Jigsaws Service
- 67 Paediatric Community Nursing
- 48 Paediatric Continence.

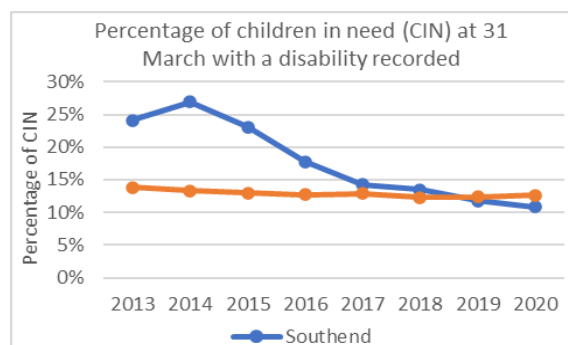
There is no data available from the Lighthouse at this time.

#### **4.2.3 Social Care and Early Help**

Children in need are defined in law as children who need local authority services to achieve or maintain a reasonable standard of health or development, need local authority services to prevent significant or further harm to health or development, or are disabled.



There were 137 children in need at 31<sup>st</sup> March 2020 with a disability recorded. The proportion reduced significantly from 24.1% of all children in need at 31<sup>st</sup> March 2013 to 10.8% at 31<sup>st</sup> March 2020. This is now below the England average of 12.5%, which has remained fairly consistent over same period ([Table B2 DfE, 2020](#)).



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Looked after children are defined as those looked after by the local authority for one day or more. 86 looked after children have either an EHCP or SEN support status at March 2021, 47 of whom are on SEN Support and 39 of whom have an EHCP. There continues to be a reduction in the proportion of looked after children with SEN support (25.7%) or EHCP (21.3%) over the years and a lower proportion than the England average.

No looked after children with SEND have been permanently excluded to date in this academic year and have a combined attendance rate of 75.9%. 64 children (74%) attend a school that is Good or Outstanding.

Section 11 provides more information about social care and early help services.

#### 4.2.4 Estimated prevalence and comparison

Estimated prevalence of children experiencing some form of disability varies. For example, in a survey of all Directors of Children's Services in England, [Thomas Coram Research Unit \(TCRU\)](#) estimated the mean percentage of disabled children in English local authorities to be between 3.0% and 5.4%. [The Family Resources Survey](#) 2018-19 estimates that 8% of children are disabled. The equivalent number of children and young people in Southend is provided in the table.

Method	Southend
Family Resources Survey (39,738 x 8%)	3,179
Estimates of children experiencing some form of disability (Thomas Coram Survey) (39,738 x 3.0%) and (39,738 x 5.4%)	1,192 – 2,146

### 4.3 Types of need

Parents told us that services do not always understand the needs of children and young people and the impact on their daily life and on the family. They were clear that understanding need and having a diagnosis are very different, but sometimes professionals want to wait until there is a diagnosis. This means that valuable support in understanding and meeting need is too late.

#### 4.3.1 Children in school

When categorising SEN in schools, there are several types of primary need which children can be assigned to. For 2020, Southend's profile is different to national proportions. Southend is noticeably higher than the national average in two types: Social, Emotional and Mental Health and Specific Learning Difficulty.



Across all schools, the percentage of need for Social, Emotional and Mental Health in Southend for 2020 is 21.4% versus the national equivalent of 18.3%. This is the most prevalent type of primary need identified among pupils with SEN for Southend for 2020.

Over all schools, the percentage of need for Specific Learning Difficulty in Southend for 2020 is 14.2% versus the national equivalent of 12.2%. This is the 3rd highest percent for Southend for 2020.

Southend's highest percent of need (Social, Emotional and Mental health) broken down into school phase shows that there are fewer in Southend than nationally for state funded primary and secondary schools, however it is higher than national in Pupil Referral Units and in state-funded special schools.

Nationally the primary need which is most prevalent across all schools is Speech, Language and Communication Needs (21.9%), whereas the Southend figure is at 18.7%.

Of EHC plans maintained by the local authority by primary need, Speech, Language and Communication needs (28.3%), Autistic Spectrum Disorder (19.5%), Social, Emotional and Mental Health (18.7%), and Moderate Learning Difficulty (18.4%) as the most significant demands resulting from EHC plans.

In Southend, work has been done on school-based moderation of categorising primary need, which has resulted in changes to, and improvements in recording primary need.

#### 4.3.2 Learning disability profile

The [Public Health England Learning Disability Profile](#) (table below) provides comparisons in the region and nationally of those children and young people with a learning disability. Children and young people in Southend are lower than the England average for:

- Children with moderate learning difficulties known to schools
- Children with Autism known to schools
- Children with learning difficulties known to schools.

Southend has a higher rate of adults (age 18+) with a learning disability receiving long term support from local authorities.

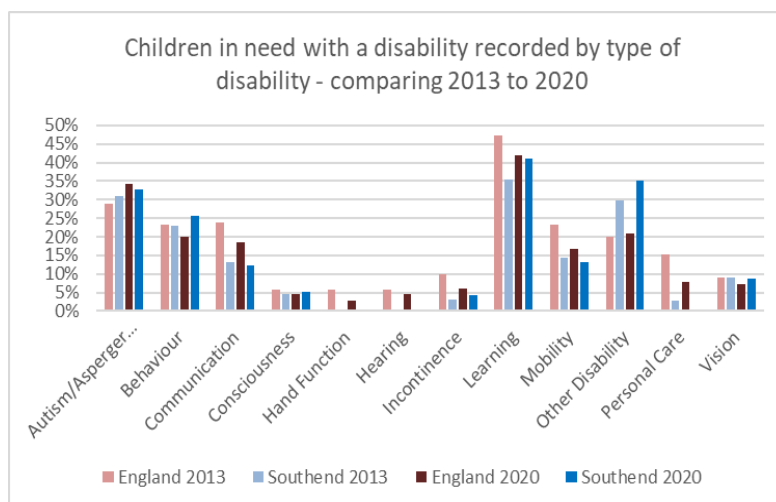
Lower Similar Higher Not compared Quintiles: Low High

Not applicable

Indicator	Period	England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Children with Moderate Learning Difficulties known to schools	2020	29.1	27.3	33.5	26.2	28.6	33.8	20.6	35.0	27.8	24.8	22.4	19.6	40.9
Children with Severe Learning Difficulties known to schools	2020	4.0	4.5	4.5	4.3	4.8	5.1	3.2	12.5	3.1	4.3	4.8	4.9	2.3
Children with Profound & Multiple Learning Difficulty known to schools	2020	1.29	1.03	1.16	0.82	1.38	1.02	0.61	3.63	0.66	1.87	1.36	0.66	0.97
Children with Autism known to schools	2020	18.0	16.9	14.2	21.9	14.5	18.9	16.7	11.8	14.9	21.8	14.5	18.1	14.0
Children with learning difficulties known to schools	2020	34.4	32.9	39.2	31.3	34.7	39.9	24.3	51.1	31.6	31.0	28.5	25.2	44.1
Adults (18+ yrs) with learning disability receiving long- term support from local authorities (per 1,000 population)	2019/20	3.46	3.62	3.58	3.19	3.02	3.74	3.86	3.86	3.42	3.39	4.08	3.83	3.20
Learning disability: QOF prevalence	2019/20	0.5	0.5	0.6	0.4	0.4	0.4	0.5	0.5	0.7	0.5	0.6	0.5	0.3

### 4.3.3 Children in Need

Unlike schools where a primary need is recorded, more than one need can be recorded for children in need with a disability and we therefore do not know which is the primary need. The DfE categories of children in need at 31<sup>st</sup> March 2020 with a disability recorded are primarily for a learning disability (40.9%), other disability (35%), Autism or Asperger's syndrome<sup>7</sup> (32.8%), or behaviour (25.5%). The greatest change in proportions since 2013 have been an increase in other disability (from 20.8%) and an increase in behaviour (from 20.1%). Compared to England, there are significantly more children with other disability at 31<sup>st</sup> March 2020 (England: 20.8%), more behaviour, less communication less mobility. The proportion of children in need with a disability who have Autism/Asperger's syndrome was slightly lower in Southend (32.8%) than England (34.3%).



and

### 4.3.4 Health services

There was no data available from health services about types of need.

## 4.4 Summary of prevalence and need.

The number of children with SEN Support or EHCP in Southend is above both estimates in the two research surveys but referring back to the previous section on different definitions could explain this. There are fewer children at SEN Support in Southend and more children who have EHCPs. Further exploration of the reasons for higher Social, Emotional and Mental Health primary need, numbers and characteristics of children and young people with SEND on caseloads of different services would provide a clearer picture to inform future commissioning and improvement activities.

<sup>7</sup> "Diagnosed with Autism or Asperger syndrome" is used by the Department for Education in their statutory data collection [Children in Need census](#) (see p31 in the guidance linked [here](#) for more information). However, this is an outdated term and we would not normally use it apart from in this DfE reporting context,

## 5 Leadership, Partnerships and Commissioning

We aim to ensure that:

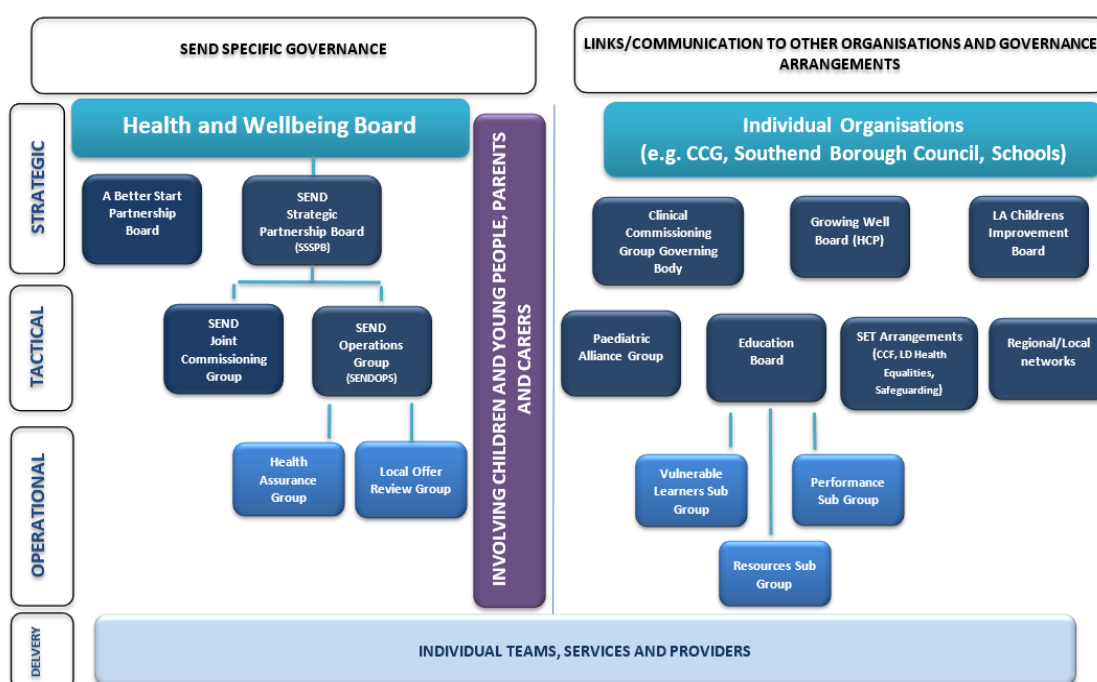
- Strategically led priorities for children and young people with SEND improve through effective, precise and timely joint commissioning of services.
- There is a consistent strategy to ensure that a holistic approach is taken by services to support the child and the family.
- SEND reforms are embedded at leadership level across the Borough with good knowledge of individual and collective responsibility under the SEND Code of Practice.

### 5.1 Leadership and partnerships

Leadership, partnership working and commissioning were reviewed and strengthened after the inspection in 2018 as part of the WSoA. A Joint Commissioning and Accountability Group and SEND Written Statement of Action Improvement Group (SWIG) were set up in 2019 to drive improvements. Further independent review in March 2020 identified that there was still insufficient pace and more to do, including development of a new strategy and to have greater awareness of impact in meeting the needs of children with SEND and their families.

Strengthened partnership governance was implemented in November 2020 (see figure below). This includes a better 'line of sight' and ownership by the Health and Well Being Board (HWBB), a whole local area SEND Strategic Partnership Board, Joint Commissioning Group and SEND Operations Group with clear workstreams and involving a greater number of partners. The parent carer forum and voluntary sector, including Healthwatch, are intrinsic parts of this. Engagement in other governance arrangements, such as bi-monthly reports to the CCG Governing Body and Member-led SBC Children's Improvement Board provide wider scrutiny and accountability in these organisations.

ORGANISATIONAL CHART – SOUTHEND SEND



There have been changes in some of the key strategic leadership posts in 2020, including a new Executive Director of Public Health and Children's Services; CCG Alliance Director, Director of Integrated Commissioning and a new parent carer forum. An action achieved from the WSoA was that the Associate Director of Integrated Commissioning (CCG) dedicates 75% of their role to the children/SEND agenda.

There are local, regional and national links and plans in place, including shared opportunities for collaboration across Southend, Essex and Thurrock (SET) to ensure that we make efficient use of the resources we have and provide an integrated approach for families and services that may straddle local authority areas.

Our standards and expectations for schools are driven at operational level through a set of guidance documents launched in March 2020 following extensive co-design and engagement with stakeholders. This guidance has been cascaded to schools and has been used as a benchmark for statutory SEND reviews; provides support for decision making and enable robust monitoring or self-evaluation against expectations for SEND and making judgements to achieve consistent practice.

The Designated Medical Officer (DMO), a Southend GP, has clear responsibilities and remit to provide medical leadership and work with health professionals, schools, CCG and the LA. A new Designated Clinical Officer (DCO) role has been approved for recruitment to support the DMO. The DMO has recently established a Health Assurance Group to provide oversight of Health delivery aspects, with the first meeting in December 2020.

We know that there is more to do to embed and sustain strong leadership and partnerships and demonstrate impact of these improved governance arrangements.

By September 2021:

- Our new governance arrangements will be fully embedded; the SEND Strategic Partnership Board, SEND Operations Group and Joint Commissioning Group will have met at least four times with demonstrable impact in shared leadership and improved pace on improvements.
- We will have a new three-year co-produced SEND strategy, which is widely shared and adopted across the local area and drives a new development plan to replace the WSoA.
- Our forward plan for 2021/22 will include partnership 'spotlights' on key areas with a focus on the lived experiences of children and their families and outcomes for them.
- The quality and outcomes framework will be operational and will be utilised to inform leaders about our effectiveness.

## 5.2 Commissioning

The Joint Commissioning and Accountability group met from October 2019. A new commissioning framework was developed, and joint priorities for change agreed following wide engagement of key stakeholders. The new Joint Commissioning Group continues this work, progressing three commissioning priority projects as well as other activity at present:

- Neuro-development pathway - SEND Hub Team for pre- and post- ASD diagnostic support and intervention within Early Help and wider system partnership. The pathway is currently being implemented (see section 11.4.4).
- Jointly commissioned therapies - Agreement by Southend and Essex to align work and timescales to a wider Essex Balanced System approach of aligning resource across universal, targeted and

specialist interventions for Speech and Language Therapy and Occupational Therapy (see section 11.4.3).

- Improving timeliness and quality of contributions from providers to Education Health and Care Plans (EHCPs) - review and publication of clear and detailed pathways to underpin the EHCP processes, particularly in Health services is nearly complete (see section 9.3).

In addition to these three priorities, an initial mapping of spend from all services across the local area is helping to gain a whole partnership overview. It is progressing to provide greater detail to understand opportunities for improving cost effectiveness and commissioning.

At present, the DfE High Needs Block is on budget, bucking the trend of overspends in many local authorities. There has been, and continues to be, significant investment in services by the local authority and the CCG.

There is a single Section 75 agreement in place for equipment. Whilst there is no pooled budget agreement in place at present, a new Section 75 agreement for the neuro-development pathway is being developed and will be the basis for future arrangements.

Commissioning activity and some WSoA actions have not progressed at the pace desired as additional capacity through a new short-term commissioning post has not been successfully recruited to. This has been mitigated by changing the requirements and we are hopeful of recruiting to the role early 2021.

A new commissioning roadmap and plan are in draft format pending agreement of priorities for 2021 onwards at the SEND Summit in April, and we plan to develop standards and support across the local area on effective commissioning and monitoring of commissioned services.

Examples of effective commissioning are provided below. Others are included throughout the self-evaluation in relevant sections:

- Specialist school nursing capacity has been strengthened to provide a dedicated named resource for each special school in Southend, and a dedicated Epilepsy nurse post has been established to support children and young people, families and schools through the provision of personalised epilepsy plans and training support for school teams. Positive feedback has been received from schools and families with more children and young people benefiting from individual and personalised care.
- A new feeding and swallowing pathway is being piloted, working with 20 of the highest risk children and young people in the local area. This new multi-disciplinary team will provide comprehensive assessment, intervention and support. The pilot will focus on both complex swallowing issues and sensory/aversion issues, reducing risk levels and optimising outcomes for children, young people and families.
- Commissioning of additional Autism diagnostic assessments to manage the ASD waiting list has led to a significant reduction in waiting times for assessment and diagnosis of Autism.
- The Transforming Care Partnership (TCP)/Learning Disability Health Equalities Group are responsible for the joint commissioning of provision across Southend, Essex and Thurrock for adults and children with Autism and/or Learning Disabilities. Community Education and Treatment Review (CETR). Key Worker Roles have been established to support CYP and families who are at risk of admission to a tier 4 bedded unit or who are preparing for discharge from a tier 4 unit. A

dedicated 'Spot Purchase' budget is in place to personalise care and treatment plans based on emerging needs from CETR that cannot be met through existing services.

- Three examples of effective commissioning relating to mental health are provided in section 11.4.5.

By September 2021:

- The current three joint commissioning priorities will be implemented or on timescale for implementation.
- The commissioning framework will be updated and confirmed priorities based on evidence from the self-evaluation, virtual SEND spend and our new strategy.
- We will have issued, and provided support, on good practice in commissioning and reviewing commissioned SEND services already in place.
- New commissioning priorities from 2021/22 will be agreed, as well as identification of anything that needs to be decommissioned.

## 6 The Covid-19 pandemic – approach and impact

The Covid-19 pandemic meant re-prioritising and refocussing services. Services responded and adapted quickly to provide the best service in the circumstances, utilising technology and in some instances maintaining face to face support with an aim to ensure we operated as 'business as usual' as much as practicable, where safe to do so, and wanted by children and young people or their families. SSIF completed a survey which provided valuable insight into the impact of Covid on children and young people with SEND and their families.

A joint multi-agency professional network which included education, social care and the voluntary sector was established in direct response to Covid and the impact on local services for children and young people. This has significantly improved multi-agency working even further and identified joint working opportunities to strengthen provision and respond to changing needs for SEND. A Growing Well Board has been established to drive through the health priorities jointly with partners across the system.

Our approach and impact across individual service areas is provided below.

**SEND Partnership:** Some activities that involved significant collaboration with schools and families such as setting up a Local Offer Review Group and implementing a new Banding Scheme were delayed due to the capacity and refocus of all parties during the pandemic. Increased collaboration with SEND colleagues across the Eastern Region ensured ideas and solutions were shared and regional agreement was reached around complex issues.

**Education:** Across the SEND service, an increase in workload was attributable to the pandemic. Risk assessments were in place and stipulated actions were taken by schools in line with these. Restrictions on face to face contact resulted in some Education Health and Care Needs Assessments (EHCNAs) taking longer to complete and in some cases professionals were not able to contribute as they usually would. Virtual recruitment and induction were successful in ensuring the service, which had carried vacancies during the year, was fully staffed in September 2020. The SEND service also benefitted from a redeployed Ofsted Inspector during the period.

Support has been maintained through effective remote working strategies and the development of resources through the Educational Psychology Service (EPS) web pages, helpline and the introduction of Reach Out webinars and regular webinars with education settings. Action research into staff and pupil views (a pupil views initial survey April May 2020) resulting in adaptation of resources and further development of work alongside CYP. The Educational Psychology Service undertook wider exploration into pupil views in a further piece of work in July 2020 with an additional survey during December 2020 regarding wellbeing for children and young people, which is informing the delivery of their wellbeing for education recovery offer.

**Early Years:** Re-focussing support for childcare providers by the early years team using virtual visits throughout the pandemic resulted in providers being able to maintain continued access to the service. Southend Children's Centres have remained open throughout the pandemic, working closely with Health and Social Care to ensure that targeted face to face services were delivered within a safe environment, and the Children Centre Family Support service was maintained throughout using virtual contact and visits as and when required and safe to do so. Strengthened partnership working with Health, Early Help, Children's Centres and Early Years Outreach Team during the pandemic to identify families early who were experiencing difficulties is now firmly embedded.

The Early Years team ensured that at all times there was sufficient high quality childcare places available for vulnerable children and children of key workers. Where the child's normal provider had to temporarily close, parents/carers were supported to find and transition to/from appropriate alternative care at no additional cost to them.

**Health:** A review of all children and young people on the shielding list has recently taken place, through effective partnership working between GPs, Consultants and Community teams. Risk assessments have been completed with children and families. Staff across Physiotherapy, Audiology and Occupational Therapy provision for the MSE NHS Foundation Trust Group have recently been affected by Covid redeployments. This has reduced staff capacity for direct service delivery. However, staff in wider community provision for children within South East Essex (i.e. EWMHS, Specialist School Nursing and Speech and Language provision) and EPUT were unaffected by requests for redeployments, as other areas health workforce have experienced.

Essex Partnership University Trust (EPUT) also made rapid transition to online and virtual consultations and interventions, with re-introduction of face-to-face contact where safe to do so. Specialist school nurses continued to attend special schools and maintained contact with children and families who were not in school. Core services such as Play and Parenting sessions continued over the summer out-doors, but other services, such as short breaks were interrupted, sometimes as a result of the family themselves reluctant to have external people coming into family home.

**Social care:** Risk assessments were completed and regularly updated for every child and young person with SEND open to Social Care services, and attention to staff safety and supervision. Additional contact to those identified as most in need as possible. No residential placements were closed over the Covid period. For more vulnerable children, provision was increased, including at St Christopher's Cottage and Eco Wings. We also noted a greater resilience in families doing things themselves well in the absence of service availability.



## 7 Engagement and co-production with children, young people, parents, carers and professionals

### 7.1 Partnership approach

We want effective co-production and participation where:

- It is recognised, valued, planned and resourced (for example, through appropriate remuneration and training).
- It is evident at all stages in the planning, delivery and monitoring of services.
- There are clearly described roles for children, young people and parents as equal partners in our partnership.
- There are strong feedback mechanisms to ensure that children, young people, parents/carers understand the impact their views, experiences and their engagement is making.

Southend Borough Council is committed to co-production as evidenced through the Southend 2050 consultation process which asked people what they thought Southend should be like in 2050 and provides us with the aspirations under the Southend 2050 themes.

Co-production and engagement vary across services for children and young people with SEND and their families, and we are working towards better consistency and sharing of good practice and intelligence across the local area. A new co-production charter is being developed for implementation from June 2021 which will operate in tandem to how we listen to the views and experiences of children, parents/carers and professionals on an ongoing basis.

### 7.2 The POET Survey

Children and young people, parents/carers and professional views are sought through the ongoing Personal Outcomes Evaluation Tool (POET) survey, which is managed externally by the charity In Control. It was run for the first time in the summer of 2020, and whilst responses were limited, we have used this information to consider how we can improve the response rate but also what we are going to change as a result.

Responses were received from 168 parents. Only 39% of these had a child with an EHCP and 19% did not receive the identified SEN Services; 80 professionals and only a few children and young people. In Control (the charity conducting the survey) did not confirm the number of children or provide a summary due to statistically insignificant numbers.

Responses to the survey in Southend are broadly in line with national averages, however we consider that national averages in some areas are lower than acceptable standard and we expect this first year to be a baseline to measure improvement in subsequent years.

Survey respondents told us that:

- More than one third of parents from Southend said that the support their child receives is good in four out of the eleven areas that we asked about in response to the question 'how do parents feel about the support their children has received and its impact.'
- Enjoying relationships with family and friends (43%) was below the national benchmark (48%).

- The quality of their support (37%), school and learning (37%) and their quality of life (34%) were in line with national responses.
- More than half of parents reported that the help and support that they received was poor in choice and control over the support (59%) compared to the national benchmark (57%).
- 51% of parents in Southend stated their experience of the flexibility of support was poor compared to 54% nationally.
- 51% of parents stated that they have the right support to meet their needs compared to the national comparison (53%).
- Professionals were more positive than parents, but significantly lower than the national benchmarks: 57% quality of support (75% nationally); 53% take part in school and learning (63% nationally); 50% said practitioners work well together (60% nationally).
- Less than half of practitioners said that the support children received was poor in two of the twelve areas: choice and control of support (41% compared to 26% nationally) and 'to meet their needs' (39% compared to 18% nationally).

These results, together with other evidence gathered from children, young people, parents/carers and professionals, are informing improvement activity and will inform our next strategy and improvements, with due regard to the small numbers involved.

We are currently investigating alternatives to the POET survey with SSIF to develop something more accessible for our community and Southend-centric in the future.

### 7.3 Children and young people

We recognise that there is more to do across the partnership to engage and listen harder, more widely, and to collate messages, learning from some of the excellent examples of participation and engagement in individual areas.

"If you want to understand how a blind person experiences the world, you would ask the blind person, not their carer." - Parent

'[Southend SEND: Shared Expectations](#)' sets out the expectations and examples in understanding and meeting the needs of pupils in school. Co-designed with pupils, parents, carers, and professionals, this guidance is also used by SENCOs in their role as the advisory team to support mainstream schools in delivering improved outcomes for pupils with SEND.

Examples of co-production and engagement on a one off, or regular basis are provided below.

- The Local Offer team met with Student Forum from Southend SEND Trust and became members of the Multi Schools Council. Their work has been favourably recognised in other local area SEND inspections. This provides access to children and young people in most settings in Southend.
- Southend Youth Council created a survey to learn what young people in Southend want from their Mental Health and Emotional Well-being support in schools. See 11.4.5 for further details.
- Specific co-production films have been produced for the Mental Health Support Teams for Schools and the approach has been highly commended by NHS England at national level.
- Nationally recognised program of live interactive webinars recorded to You Tube and resources bank on a range of topics relating to health and wellbeing. Following the success of this webinar

services, interactive resources brochures have been produced to share the learning with children, young people, and their families as well as practitioners.

- Further work around listening to the voice of the child and co-design is planned as part of the SEND Leadership Programme for schools but the latest national lockdown has delayed progressing this work.
- There is also planned engagement with SSIF to review the process by which pupil and family voice is gathered through statutory review.

#### **SPOTLIGHT: Pupil Voice Returning to School: Ideas from the Views of Children and Young People (Southend Educational Psychology Service (EPS)).**

Southend Borough Council Educational Psychology Service developed and ran a survey to children and young people in April/May 2020 to hear experiences of young people during Lockdown. 752 responses were received from the community and identified key themes of Safety; Certainly; Relationships & Opportunities. The findings were shared directly with CYP via a [webinar in May](#). A [written response](#) Returning to School: Ideas from the Views of Children and Young People was developed informed by the views of our CYP in the Southend community.

The survey drew interest from other local authorities wishing to replicate the study and Southend Borough Council collaborated with Nottingham City Council in July 2020 to gather wider views of experiences of CYP. This received 1,758 responses and again this drew out themes and resulted in further collaborative work to issue a report Pupil views on their education in context of the COVID-19 pandemic: [A joint report by Southend and Nottingham City Educational Psychology Services](#) promoting further national interest. The recommendations suggested the “catch up” narrative has permeated the lives and beliefs of young people in a way that potentially puts a high level of pressure upon them, giving a sense of missed opportunities and creates risks for their mental health and well-being. The initial and subsequent surveys and reports informed and shaped support for children and young people returning to school.

To progress at pace both improvements in co-production and engagement with children and young people, gathering existing feedback and good practice, a task and finish group was set up in January 2021. A development session across the local area was held in March 2021. This group has a remit to map methods of listening and engaging with children and young people across the local area, identifying gaps and overlaps, and embed methods to collate voices to inform improvements. The results feed into the newly implemented Quality and Outcomes framework, so that children and young people up to the age of 25 are a cornerstone of our evidence base to understand how we are doing and what we need to do better.

## **7.4 Parents and Carers**

There have been good examples of engagement and co-production across the local area, producing Southend SEND guidance, parent/ practitioner engagement events, and SENDIASS parent and practitioner training. There was good engagement with the previous parent carer forum (Southend Family Voice) to the extent they were part of all meetings, recruitment, and quality assurance activity. Contact with other groups of parents has and continues to occur. Two parent groups applied for the parent carer forum contract at the time of renewal in July 2020, and neither were successful in their bid. Each area's parent

carer forum is appointed by Contact for Disabled Children on behalf of the DfE. Following development sessions with Southend parents, Southend SEND Independent Forum (SSIF), were appointed in November 2020 and have quickly become an intrinsic and very valuable part of the SEND partnership. In a short space of time, they have participated in a significant number of workshops and development sessions across the partnership, shaping strategy, commissioning and other decisions as well as developing their own reach, and gathering information from a range of parents/carers to inform these.

SSIF provides new and different perspectives about what does and does not work from a parent/carers viewpoint, and is helping the partnership to better understand, but critically, at a deeper level, what life is like for a parent and the impact of experiences and to think about the language in use. For example, the parent evaluation session in February 2021 introduced the importance of understanding how children and parents are 'coping' is important. This provides a challenge to the SEND partnership about how we can together help children and families beyond 'coping' to 'happy and thriving' every day.

Examples of co-production and engagement with a range of parents and carers over the past two years, on a one off, or regular basis are provided below.

- Parents and carers have been involved in recruitment. Members of the parent carer forum were members of interview panels and consulted on many appointments of the new SEND service to ensure new officers embodied the values, behaviours and ambitions of the CYP and their families they will work with. School leaders were also always involved in the appointment process to ensure staff demonstrated values and behaviours and credibility to collaborate with and challenge schools.
- SSIF have been involved in developing the neurodevelopment pathway and materials for parents and carers.
- A Better Start Southend's embedded approach in involving parents and carers every step of the way including a parent champions group.
- Parents were invited to attend workshops to support the procurement and implementation of the Open Objects EHC Hub.
- A survey on Yoursay Southend asked the parents of Early Years children which services they benefitted from and how these could be adapted to meet their needs through the pandemic.

By September 2021:

- We will have an updated coproduction charter, and we will be better at monitoring the impact this has.
- More children, young people, families and professionals should be able to see their footprint in more decisions, delivery and monitoring of services.
- We will progress initial discussions with the youth members who are keen to have a SEND sub-group or young people with SEND to be involved in this group.
- The parent carer forum will be able to reach and feedback views and experiences of a greater number of parents as they gather momentum.
- The POET survey or equivalent will be improved to provide a greater response rate, and we will act promptly on responses.

- Engagement of young people will be increased by making more effective use of social media.
- Activity with Multi-Schools Council and Southend Schools Council will be renewed and strengthened.
- We will put in place opportunities for young people with SEND to become peer champions and to work within the SEN Team.

## 8 How effectively we identify children and young people with SEND

We recognise that the earlier a need is identified, the sooner the right support can be provided which may reduce or diminish the need for more intensive support later on. We aim to improve the identification and assessment of SEND across agencies in order to offer help at the earliest opportunity. Activities that support this are provided below for a) identification of needs in children and young people and b) sharing intelligence about children and young people with SEND.

After the 2018 inspection, mechanisms for improving oversight of, and sharing information about individual children and young people with SEND were established. We have also started this year to improve the way in which we gather and share aggregated intelligence about children, their needs, services and outcomes as part of our evidence base and quality and outcomes framework.

### 8.1 All children and young people

Southend has a higher percentage of EHCPs issued to children under 5 (5%) than the regional average of 3.6%. Early identification, notification and assessment therefore leads to many young people having their EHCP in place ready for transition to primary school.

Services and systems for identification and assessment are detailed below.

The **Universal Healthy Child Programme (HCP)** is delivered by the Children's 0-19 Public Health Service. Health Visitors and School Nurses support the assessment and early identification of developmental delay, abnormalities and ill health through both mandated health reviews at key developmental stages and in response to parental concerns regarding their child's health needs. Health Visitors refer children requiring multi professional assessment into the Multi Agency Core Referral Team, providing support through the diagnostic journey. Practitioners work in collaboration with the Specialist Health Visitor for Children with Disabilities, wider health team and Early Years Settings to ensure timely notification that a child may require additional support to access their education outcomes, prior to starting statutory education via a section 23 referral to the Local Education Authority. The service has recently recruited to a Specialist School Nurse role for SEND to support pupils at key transition points within mainstream educational environments.

All childcare providers and pre-school settings have access to the **Early Years Development team**, who support childcare staff to observe and assess children's learning and development and also by completing the 2-year-old Progress Check are able to identify any additional needs at an early stage. work closely with the Early Years SEN Team. Inclusion funding is provided to support providers in early identification,

support, training and practice to ensure that children have a positive and supported experience in attending childcare.

**Multi-Agency Core Referral Team (MACRT)** operates through the Lighthouse Child Development Centre and meets with the Early Years SEND and Advisory Services Managers. Recent changes include prioritisation and reset areas from NHSE in relation to community services for children. The referral and diagnostic decision-making process agreed for children under 5 was implemented prior to Covid19 and we are now working on a multi-agency triage process for under 5s to streamline appropriate AHP and wider education and early help services.

The Local area will further develop these processes through a jointly commissioned pilot project to set up a SEND Hub team sitting within the Single Front Door. Parallel to this work, links between the Neonatal Unit and Specialist Health Visitors have been strengthened to support the identification of Children where specialist input is required from birth for long term conditions.

If a child is not already known to **Education**, a S23 notification is issued and all Section 23 referrals and early years setting referrals are considered by the Early Years SEN Inclusion panel. This has developed to include a wider agency focus and is now also attended by a specialist Health Visitor as well as educational professionals. This has improved the richness of discussion and decision making and meant that decisions about any provision or actions include a broader focus.

The **Early Help Service** works closely alongside the SEND Service including attendance at the weekly Multi-agency EHC Panel. This has built a greater awareness of SEND needs and the provision available to support those needs, thus allowing greater signposting and information sharing with SEND families. Identification can also take place through the 0-19 Early Help Family Support Service (EHFS) work with families at the earliest opportunity to prevent needs from escalating. Professionals have confidence that if they submit a request for early help, the needs of the child and/or family will be met regardless of thresholds and information is included on the Local Offer Website.

Methods for identification of additional support for children with SEND in universal and other services for all children and young people include:

- In January 2021 Southend committed to provide CERTSEY training for the SENCOs in all private, voluntary and independent settings. This is a recognised qualification in SEND providing consistency across the Borough. Once completed the SENCOs will have a greater knowledge base and understanding of SEND and a level 3 qualification. The aim is that all Southend Early Years providers will have at least one member of staff that completes the qualification.
- The SEND restructure introduced two new roles, Early Years SEND Adviser and Early Years SEND Support Worker, to support pre-school children both in the home and in the early years settings. Feedback has informed us that settings have valued the assessments from the SEND Advisor in identifying what support they need in their setting to meet an individual child's needs. Reviewed support plans have shown the impact of the blocks of support that the support workers have delivered on a regular basis. The objectives set out with the setting at the start of the block have been met and children have made progress.

"I would like to express our thanks to the SEN team for the downloads and leaflet information around ideas and strategies to support children for managing and supporting emotional regulation. This information has been received so well, that we sent out to all parents and the feedback has been great. Some families have found the information helpful during lockdown especially. The resources sheet on websites were also great. The leaflet was fun to look at and parent friendly. "" – A Southend nursery

## 8.2 Oversight and intelligence about individual children

### 8.2.1 Individual Children

Southend Borough Council now has data sharing agreements with all mainstream schools, and conversations continue with regards to the methodology and format for those recently agreed. Similar agreements need to be sought with Independent schools.

In addition to registered settings, the local authority is reaching out to unregistered alternative providers to sign data sharing agreements and provide pupil level data. This information sharing has already begun with two settings, and provides key information where provisions serve those communities who elect home educate, identifying children who may not be previously known to the authority. This data sharing is voluntary, and provisions also need to amend their privacy notices to identify that they are sharing information with the local authority and as such cannot enforce providers to share this information.

Establishing cross-border agreements with other local authorities for the monitoring, support and sharing of information about children and young people from Southend with an EHCP has had challenges due to delays in Essex Information Governance approval, which they have recently informed they cannot achieve. We are therefore creating a revised cross-border agreement.

For those children and young people placed outside of the borough in independent schools; further/higher education; or EOTAS, at least weekly returns are made by settings to provide evidence of access to education through attendance reporting. Where information identifies a concern, EHC Coordinators follow up with individual settings and/or parents and young people to ensure the continued oversight for safety and wellbeing of pupils and reducing the likelihood of Children Missing Education (CME) or Not in Education, Employment or Training (NEET).

There is ongoing activity to maintain the data transfer interface between schools and the local authority (B2B) which can be unstable and requires high maintenance.

Across Southend, mechanisms for collecting and utilising information about children in specific circumstances assists in managing risk and ensuring appropriate provision and outcomes. For example:

- School Nurses provide a quarterly report using SystemOne to identify children and young people with SEN more readily to support EHC assessment and planning.



- From 2018, a comprehensive EHC data dashboard has been used by the SEND Team to capture key data relating to the SEND Cohort. Data from this dashboard is analysed each week to ensure that pupils with identified attendance risk are tracked.
- Key strategic services all now have access to the CME dashboard of risk factors and aligned pupil data on the dashboard. In October 2020, 50% of services reported they were accessing and using it and the dashboard has been effective to increase awareness, support and challenge regarding those most at risk of missing education. Where identified, a multi-agency discussion in relation to service oversight, identified CME actions and outcomes in child/family plans and impact takes place. This type of reporting has identified some children and young people with SEND previously unknown to statutory services but identified as at risk of becoming CME, to put in place plans to increase access to education.
- The Inclusion Panel was successfully introduced in September 2019 and momentum of cases being referred for discussion is building with very positive feedback about its' collaborative working. The panel also operates as the mechanism for deciding alternative provision prevention places at Victory Park (PRU) and managed moves to allow the monitoring of child movement across the town.
- Social workers through caseload dashboards, have flag identifiers to identify and notify if a child open to them has SEND and if pupil attendance is poor.
- Children with an EHCP who are home educated are contacted each term by the SEND Coordinator to review their access to education, ensure education continues to be suitable to their needs and that they continue to make progress.

### **8.2.2 Using intelligence to plan, develop and monitor**

An interactive SEND Profile (Joint Strategic Needs Assessment chapter) and data tool was launched in November 2020 providing a range of evidence, including school census, attainment, social care data and a range of other data which have contributed to the self-evaluation. The SEND Partnership will ensure that this identification is rigorously and routinely reviewed as part of the new Quality and Outcomes Framework and in undertaking commissioning activity.

Further developments to the profile underway include greater detail from health services. The CCG has committed to developing a SEND Health Dashboard, drawing together information from case management systems used across health care providers and integrating this information into the SEND Profile.

By September 2021:

- We will maintain and further embed data sharing agreements with schools, and an appropriate timely data flow.
- Subject to Essex approval, we will have a working cross-border agreement.
- We will continue current good practice in monitoring and responding to pupil absence.
- The SEND profile will continue to be maintained and utilised.

## 9 How effectively we assess and plan for meeting the needs of children and young people with SEND

We want children, young people and families to experience well-co-ordinated assessment and planning, leading to timely, well informed, and accurate decisions. A significant amount of activity has been undertaken and continues to be embedded to ensure that three components are in place to help us achieve this:

- We have strong processes and systems to do so, within agencies and across the partnership, including with parents.
- Decision making is timely and accurate.
- We have appropriate quality control mechanisms and quality assurance systems, applying the learning from these to improve consistency and effectiveness.

### 9.1 Processes and systems for assessment and planning - EHCPs

SBC undertook a review and restructure of its SEND service to address weaknesses identified in inspection in 2018. This took longer than initially planned, as our transformational and rigorous approach meant that some new and changed roles were re-advertised to recruit the people with the required skills. We remain confident that those appointed to the SEND service are high calibre, passionate staff who are committed to making a positive difference to the lives of children and young people with SEND and their families.

New co-produced processes and procedures were also introduced during 2020. This has provided a sound infrastructure of capacity and competence in delivering high quality EHCPs that meet the needs of all children and young people with SEND and their families.

The number of initial requests for assessments decreased from 293 in 2019 to 225 during 2020 calendar year. The proportion of initial requests for assessment which were refused remained the same (47%) but is higher compared to the previous year statistical neighbours (30%). This high proportion of refusals appears to be due insufficient evidence to demonstrate that special educational provision needs to be made for the child or young person. Individual feedback is provided to parents/carers. We recognise that this trend may be linked to the lower numbers of pupils identified at SEN Support and target schools where it is felt this is required.

Analysis of data about requests for EHCNA is used to identify patterns in initial requests accepted and the Advisory SENCO team works with the requester in understanding thresholds and provision of evidence. Despite the high number of refusals for EHCNA, Southend still maintains a higher percentage of EHC Plans than the National average. The percentage of EHCNAs where no EHCP was issued remains stable at 1.8%.

The partnership has continued to improve its multi-agency working through referral routes into Early Help's 'single front door' whereby every EHCNA agreed requests a contribution from the Early Help Service if the child is not known to Social Care. This ensures that each EHCNA considers what, if any, support can be provided from children's services and any subsequent provision required.

The new EHCP case management system (Open Objects from IDOX) was also implemented on a phased approach in September 2020 following a successful pilot with parents and schools. The system will enhance pupil and parent voice into the EHC process, and facilitate transparent multi-agency contribution, by sharing information across a cloud-based system. There is more work to do to embed the system

consistently across the local area. Ongoing work with schools and other professionals to promote new ways of working through attendance at SENCO cluster meetings, Team meetings etc. A number of training sessions have also been offered to support professionals in using the hub to contribute to an EHCNA.

## 9.2 Decision making

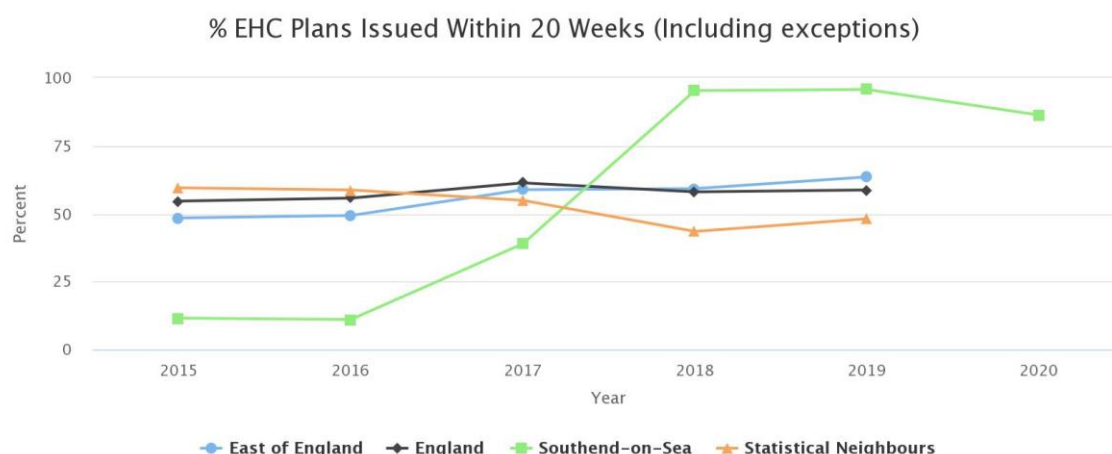
Considerable progress has been made to put in place arrangements for multi-agency decision making through a number of multi-agency panels which identify children and young people with SEND, consider their assessed needs and which resources are best to meet their needs.

- Education, Health and Care Multi Agency Panel – for agreement of whether to initiate an EHCNA, issue an EHCP and any changes to provision for pupils with an EHCP.
- Multi-Agency Core Referral Team – referrals for support packages in the local authority and other agencies.
- Early Years SEN Panel – to consider all Section 23 referrals and any provision required.
- Resource Allocation Panel (RAP) – to consider respite and direct payment allocations.
- Inclusion Panel

Decisions regarding EHCNA and EHCPs are made by the EHC Multi-agency Panel which has a core membership of representatives from Education, Health and Social Care as well as practitioners who rotate attendance. The diversity of the panel supports holistic decision making in the best interests of the child or young person as well as appropriate peer challenge.

Following an EHCNA, the EHC Panel considers whether an EHCP is required. To help facilitate the decision-making process and support consistent assessment of need across each area, and any barriers to learning, the EHC multi-agency panel now use a banding matrix. The panel use this as a guide alongside the CYPs individual circumstances to determine whether the pupil requires educational provision which is additional to or different from what is ordinarily available. Feedback from school practitioners is that they like the consistent approach and feel that it is an objective way of determining resources.

Southend's SEN service has worked hard to improve the timeliness of EHCPs. During 2020, 94% of EHCPs were issued within 20 weeks (without exceptions) and 86% (with exceptions). Whilst slightly lower than the previous year, partly due to Covid pandemic, it remains considerably higher than 2017 and the preceding years and the 2019 England average. The latest performance would have seen Southend ranked in or around the top quartile nationally last year.



All SEN Statements were converted to EHCPs by the statutory deadline and all transition plans were prepared within timescales for 2020.

### 9.3 Quality assurance

Quality assurance activity in the past year, either ad hoc or planned, has increased. Different mechanisms are now in place or planned, the learning from which is fed into improvement planning and sharing good practice.

- The previous parent carer forum undertook audits of EHCPs to review whether they were parent friendly and if parents/children's views were included.
- We have commissioned external moderation through In Control.
- There have been case audits and feedback from our DFE Adviser.
- The Advisory SENCO Team now has a clear focus on quality assurance, professional development and risk assessment for vulnerable children. Following the recruitment of three new team members, there is a nominated CME lead for SEND Support to improve inter-agency working across our CME strand.
- Since the Ofsted Inspection, the SEND Advisory Team have undertaken considerable work with School SENCOs around consistent identification of Category of Need and ensuring that Individual Support Plans for those pupils on SEN Support are of the highest quality. The Team undertake regular SEND Reviews in schools in line with their risk assessment of individual schools.
- The quality and timeliness of health contributions to EHCPs, in addition to quality assurance of these, has been subject of one of the three commissioning workstreams this year.
- A new audit framework was introduced into the SEND service in September 2020 as part of quality assurance processes when completing EHCPs with the first summary report to SEND Operations meeting in March 2021. The audits assess each area of the EHCP against the requirements of the SEND Code of Practice and provides an overall score for the plan. Analysis of the first 41 audits to March 2021 shows that there are areas for improvement specifically in child/parents views and aspirations; healthcare needs and provision; and child's outcomes.

A priority for the future is establishing a new quality assurance group. The group will consist of selected members of the SEND Operations Group and will meet termly to review a subset of EHCPs issued within that term. The group will analyse a sample of EHCPs against their quality assurance frameworks completed by the SEND Service to ensure that quality is consistent and that the EHCPs represent the child holistically. The aim is to see an increase in the average score overtime and the group will identify strengths as well as areas for development. This will also provide a strategic forum to identify any issues with the EHCNA process or any further opportunities to develop provision.

## 9.4 EHCP reviews

In recognition of the improvements required towards annual reviews, the SEND Service created a new post of Monitoring and Review Officer within the revised structure, responsible for liaising with educational settings to ensure that annual review meetings are held, paperwork submitted, and the local authority makes a decision whether to maintain, amend or cease the EHCP within the statutory timescales. From commencement in July 2020, this has provided much needed capacity within the team to ensure that educational settings are fulfilling their role. This additional capacity has also allowed greater scrutiny over the quality of the annual review paperwork, ensuring that pupil progress is accurately recorded.

This has also been supported by the introduction of the EHC Hub which allows parents/carers and the professionals working with a child to track the progress of their child's annual review and if a deadline is impending or overdue.

The Annual Review process, with engagement by parents and professionals, has been updated in line with the roll out of the EHC Hub. As a result of the pandemic many reviews are being held virtually and the Hub has helped to facilitate this with parents still being able to access the report and submit their views online. The majority of settings are submitting Annual Reviews in this way. Some parents and schools are commenting on the positive impact this has had and that they appreciate the transparency of the process.

In 2020 calendar year, 75.5% of reviews due had been completed within a 12-month period. This compares to 52.5% for the previous year. This remains a focus for the SEND Service and our priority is to ensure that all CYP with an EHCP have their annual review process completed within 12 months of the date of their EHCP or the last annual review.

A child's progress towards person centred specific outcomes is recorded in the child or young person's record following their annual review. Settings have to select if pupils are on track to achieve their outcomes so over the course of the year we are building data on pupil progress. The impact of this means that parents, schools and all other professionals working with the child can access their report via the Hub and see if they are making progress. Our aspiration is to be able to run reports to allow us to extract and summarise this data to monitor progress for individual children and aggregate this information to feed into the Quality and Outcomes framework and commissioning. However, to date this work has been delayed due to a technical issue with the EHC Hub provider. It is recognised that this is a significant barrier and leaders are prioritising this with the provider.

The next phase of implementing Open Objects includes functionality of reporting on individual child outcomes from their plans to inform monitoring, commissioning and improvement and improve quality control, specifically in relation to child's outcomes.

By September 2021:

- We will continue to promote and embed Open Objects, supporting parents/carers and practitioners in its use.
- We will further embed the new quality assurance mechanisms and learning from quality assurance of EHCPs.
- There will be progress reporting Open Objects reporting functionality on child level outcomes.

## 10 Communication and the local offer website

We want to ensure that children and young people, families, and professionals have easy access to up to date advice and information about SEND in Southend, and services available to them. Communication between SEND partnership members and services should support leadership and delivery as a whole system, driving sharing of experience, knowledge and skills.

Parents told us that they often feel 'redirected', especially at the early stages of identification of SEND, and there is not always clear information or pathways for support. This means that parents turn to support groups as their main source of information which can provide misinformation and tend to lean towards negative experiences, adding to the anxiety at the early stages of experiencing different needs, especially pre- diagnosis. The partnership can learn from these examples and also where these were felt to be positive, and ensure experiences continually feed into the Local Offer Review Group.

"I did feel that I was ping ponged to services all over the place" - Parent

### 10.1 SEND Partnership communications

In order to improve communications across the partnership, a Communications task and finish group was set up in December 2020 to provide strategic co-ordination and support these aspirations. Mapping of methods of communicating information has been undertaken, and more pro-active messaging planned.

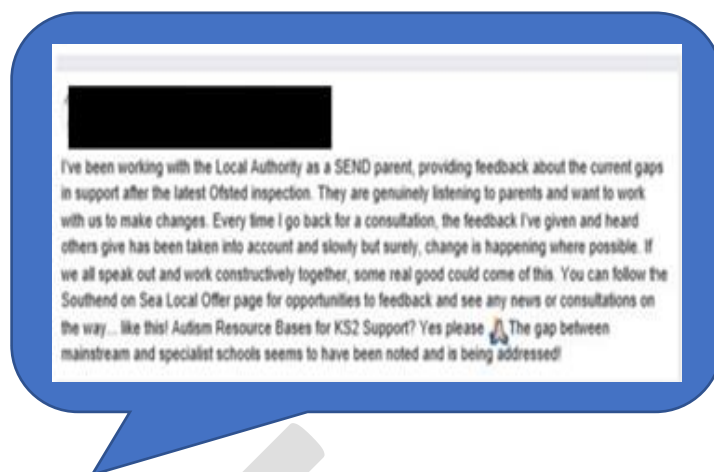
### 10.2 Local Offer website

A new SEND Local Offer website has been implemented as a result of feedback in the SEND inspection in October 2018. It forms part of the Livewell Southend suite of sites that includes information for Adults and Children and Families in addition to the SEND Local Offer.

Despite issues in recruiting to a permanent lead to maintain the website initially, plans to improve the website and communication have progressed. Three roles (SEND Project Officer, Local Offer and Co-Production Officer and Local Offer Assistant) were created in the SEND Service, and the previous Parent Carer Forum played a lead role in the recruitment of these officers.



Parents co-designed the local offer website including a number of engagement activities and subsequent group of volunteers to work with the SEND service on its' production. SEND students at Southend East Essex College tested the functionality and content. Their feedback taken on board in finalising it. The local offer review group provides the facility for continuous monitoring and feedback over time. The Local Offer website is a good example of co-design at all stages from concept to maintenance.



It was formally launched at an event on 30<sup>th</sup> January 2020, but planned roadshows at community venues in Spring 2020 to promote the website were delayed due to the pandemic. The first meeting of the local offer review group, planned for Spring 2020 was also delayed due to the pandemic and subsequent gap in parent carer forum but is now meeting regularly. There is increasing levels of information from the CCG and Public Health and the Local Offer team have regular meetings with the CCG to strengthen the sharing of information. Schools have their own account to update their own information, however, the majority of contribution by Schools is in the form of a link to their website.

Other methods of providing information to a wide audience, linked to the Local Offer website include:

- A Local Offer Facebook page, which helps share activities, key information for SEND parents and a range of motivational and informative posts. The number of followers continues to increase.
- A Local Offer Instagram page, targeted at young people.
- The Southend Learning Network.
- Southend Educational Psychology Website and Twitter page.
- SENDIASS website and Facebook page.

We know that there is more to do to further improve our local offer website and communications. For example, a gap in specialised information and links to national resources for parents and carers who are at the early stages of understanding their child's needs; services available to young people aged 16-25; and training for parents and carers in the area of autism, ADHD and trauma to reflect the latest research and understanding.

By September 2021:

- The platform for the Livewell site will be repurchased.
- The Local Offer Review Group will be embedded and have undertaken a range of development activity based on review and feedback.
- SEND partnership communications plan and activities will be in place, making best use of existing channels to both share information and champion our work.

## 11 How effectively we meet the needs of children and young people with SEND: services and support.

We aim to commission or deliver a range of high-quality provision for all children and young people with SEND. We aim to offer choice and provide access to mainstream, specialist and alternative provision and



outreach services according to need, that work together flexibly to meet that need. This local offer of services and support to children and young people with SEND and their families must be accessible via the local offer website and strong communication so that there are clear pathways to access the right services. Some of these are highlighted in this section.

## 11.1 Universal Services and the voluntary sector

A guide for providers of Universal Services on how they can make their provision more inclusive has been drafted for consultation and final co-production.

Voluntary sector organisations based in or local to Southend provide specialist services and support to children and young people with SEND and their families, including branches of national organisations such as Scope and Mencap, which run activity programmes. A number of these are members of the Local Offer Review Group and it is anticipated that more will become involved as the group develops.

- Little Heroes ASD Support
- Friends and Places Together
- Eco Wings
- The Woodside Centre
- RE House
- Project 49
- The Mega Centre – Rayleigh
- SEND the Right Message
- Toy Library and Drop-in.
- Trust Links

## 11.2 Early Years

Early years providers are fully supported to deliver an inclusive provision through training, inclusion funding where required and ongoing support. Access to support is promoted. This includes Disability Access funding; free early education and childcare places for 2 year olds whose parents meet the eligibility criteria; free Early Education places for 2, 3 and 4 year olds; up to 15 hours' free childcare per week up for all 3 and 4 year olds; an extra 15 hours' free childcare for 3 and 4 year olds of working parents.

The Early Years Outreach Team also provides a brokerage service to support parents to access childcare. Southend Early Years Team took part in a parental engagement Family Information Service (Eastern regional) peer review workshop which improved knowledge about offers, strengthened regional networks and peer support, and provided resources.

## 11.3 Education

### 11.3.1 Schools and settings

Southend has a higher percentage of special schools and commissioned special school places than other authorities and effective pupil place planning is in place to ensure that places in specialist provision are maximised and planned for.

Experiences of parents and children in either mainstream or special schools is varied. SSIF parents talked about special schools are often seen as the most desirable to get into for meeting children's needs, and how different mainstream and special schools are.

"Every single child should have the opportunity to be in an educational setting that they can thrive in." -  
*Parent*

Southend continues to educate the majority of pupils in their own community with very few pupils (14 children, equating to 1% of EHCPs at January 2021) requiring out of county independent special school placements. However numbers of pupils attending special schools (particularly secondary age) continues to be above national and regional averages. 169 children receive their education outside of Southend, primarily in Essex.

There has been a focus on mainstream inclusion and increasing the number of mainstream resource bases available with new primary and secondary Autism resource bases introduced or in progress to meet children's needs in-borough.

Professionals reiterated the views of parents that clearer pathways for schools about accessing specialist support and early identification, are areas for improvement.

Children electively home educated (EHE) who have an EHCP are reviewed on a termly basis by the SEND Coordinator. This provides support to the family and oversight of the child's welfare but also ensures that the education continues to meet the requirements as identified in a child's plan, evidences progress and continues to be suitable in accordance with their needs. Children previously identified as requiring SEND support prior to becoming EHE have a dedicated EHE Advisor (Pupil Access Lead) who can provide support and guidance and signpost to additional resources and support through the Local Offer. All EHE families are encouraged to have an annual conversation with the EHE Advisor to review the suitability of education but where there are greater needs or suitability is a concern these are more frequent and tailored to meet the individual needs of the child and family.

Quality assurance visits by the advisory SENCO team are undertaken with schools to monitor the impact of support and professional development on individual school data and individual support plans outcomes. A termly cycle of statutory school review is in place for at least 10% sampling of schools. Monitoring follow up visits took place for four schools and improvement is evidenced in all schools. To date only one school did not meet expectations, however following support and intervention the follow up monitoring evidence good progress and school now meets expectations. In Autumn 2020, a moderation meeting took place with a focus on accurate identification of SEND (common theme identified in the reviews) 18 SENCOs attended the above session including 100% of all targeted schools (variance around the data)

### **11.3.2 Alternative Provision**

The Inclusion Service has undertaken a review of the overall commissioning for nurture placements. Schools and the Local area were consulted on the tender for a new Primary Nurture Base in the Borough. Feedback from schools, parents and the current provider was that having the base based at Victory Park was not conducive to either very young children or attractive to schools and parents and so referrals were low and often left too late (lack of early and successful identification). A few schools were identified, and further conversations had where they had surplus space due to low pupil numbers to be able operate the base from the primary school. Unfortunately, although there was initial interest, no school came forward with an expression of interest for taking this forward. Due to COVID19 the tender has been put on hold to be explored in 2021/22. in the meantime, the money previously used for the nurture base, has instead

been aligned to inclusion panel to provide access to resources to support maintaining successful mainstream placements.

It was however evidenced that there was a need for more intensive support alternative provision placements for primary at Victory Park. Demand for these places were high with long waiting lists. This resulted in an additional 10 primary places being commissioned. These can be accessed either on a part time or full-time basis according to need and children are supported back to mainstream through the Inclusion Outreach service.

The Inclusion Service continues to make regular contact with all unregistered alternative providers and in addition to the annual meeting to review health and safety policies and practice, officers also undertake assurance checks to ensure that provisions continue to be working within the law (not operating as an unregistered school) but is also expanding information on each setting to include information relating to outcomes and achievements.

### **11.3.3 Inclusion and children missing education**

The culmination of the commissioned independent review of inclusion and its' recommendations coincided with the start of the pandemic. Whilst a group of headteachers was identified to take forward the recommendations, this has been on hold during the pandemic. However, the principles that were established through the review report have been used to inform practice during the pandemic, and now in the wider return to work. Progress has been made in inclusion in the wider sense through the strengthening of the Inclusion Team.

The Inclusion Team and School Improvement Services make intelligent use of key stage performance data to inform the way it challenges and supports schools to secure effective provision for SEND. The local area has established a primary and secondary Inclusion Panel to function as a new forum for schools to seek advice and support for children and young people at risk of exclusion, missing education, under a managed move, or reintegrating back into mainstream settings. The panels consist of statutory services including the School Nursing Team and school inclusion leaders. The case discussion provides timely advice, peer and service support, signposting, actions and challenge. The aim is to support schools to increase access to education and avoid children accessing multiple settings and experience success whilst maintaining placements.

Reviewing the four cases presented to the panel during the pilot in the academic year 2019-2020, all four cases reported a positive impact and evidence improved processes for identifying the need for alternative provision and transitional planning that have resulted in improved outcomes for these children and young people.

During the first two terms of 2020/21, 20 cases have been heard at either the primary or secondary panels. Lockdown in the Autumn and spring terms has disrupted many of the plans progressing due to many children and young people not attending school consistently or specific service responses not being readily available, however all plans remain in place and officers continue to liaise with schools to provide and check on impact.

In addition, the primary inclusion panel, also has access to a resource budget, aimed at removing barriers and increasing success at keeping children within their mainstream settings. Use of this fund has gained

momentum and seeing support being provided in a number of different ways to reduce further risks of exclusion and increase hours in school.

The Inclusion Team and Outreach services have also been working to establish closer monitoring of those children at increased risk of exclusion, prioritising schools with higher than national exclusion rates. Initial data is evidencing that fixed term exclusions (FTE) are reducing both in special and mainstream schools. In special schools specifically, there was a 61% reduction in FTE during 2019/20, and further reductions this academic year. In addition, although data has yet to be published, early identifiers show similar patterns of reduced fixed term exclusions within mainstream.

The combination of information sharing through the CME dashboard, additional resource in our EHE team and embedded practice of weekly monitoring of those children with no named or registered base, led to an improved oversight of children missing education. This is having an impact as numbers are reducing from 27 children who did not have a base previously to 5 as of June 2020.

The SEN Support Advisory Team includes a new post with a focus on behaviour, inclusion and wellbeing (CME or at risk of and pupils with SEND). This advisory SENCo works closely with the Inclusion Team, and other stakeholders to lead on the associated statutory review strand and to also ensure that timely professional development opportunities and targeted intervention takes place.

From September 2020, a new member of staff with QTS and SENCO experience was appointed to the Inclusion Team focussing on those children placed in alternative provision, those with modified learning plans resulting in reduced hours in school and a specific caseload for Electively Home Educated (EHE) children with identified SEND. This officer, along with SEND Coordinators for home educated children with EHCP's have a shared oversight on all EHE cases with identified SEND needs. This extra capacity has allowed us to audit EHE cases with an EHCP for regularity of contacts and current status of education (suitability/unsuitable). In addition, all EHE children are asked to meet for an annual conversation to explore progress, achievements, and suitability of education.

This officer also reviews the impact and outcomes for children on modified learning plans where they have received less hours of education than their peers and championed the decision making and evidence of progress to ensure plans are monitored and evidence impact.

Once restrictions allow, we aim to return to holding EHE events inviting children, young people and their parents to celebrate their achievements and have increased access to information, local offer and services. Previously, these events always had school nursing, SENDIASS, advisory teachers (specialising in SEND) and SEND Officers as well as a changing menu of other services to support a wide and varied curriculum offer. Due to being unable to meet up with the majority of families, we have instead increased the EHE newsletters to families from twice a year to six. An EHE Portal has been established where we aim to gain more feedback from parents to better inform practice moving forward.

The portal is currently used to consult and gain interest from parent to co-produce the parent EHE guidance and will also be a platform for securely gathering child voice as part of the annual conversation.

#### **11.3.4 SENDIASS service**

The SENDIASS service, which is now jointly commissioned by Education, Health and Social Care is well established and well used by families and was cited by professionals at the recent development sessions as a strength. The last annual report (September 2020) provides evidence of this use including 231 face to face

contacts, responding to 278 requests for support (caseloads), and delivering training and information events to 1,484 to parents, carers and practitioners.

EHCNAs, SEN support in schools, placement and tribunal appeals continue to be the most common reasons for service user contact. There was an 8% increase in requests for remote support for annual reviews and a 7% reduction in contact regarding SEN Support. The interim service review carried out in February 2020 identified an increase in contact across all areas in the first half of the academic year. During the Covid19 period, with many schools limiting attendance to pupils with EHCP's and keyworker families, fewer telephone calls were received returning the requests for support to a similar level to previous years. This data illustrates that overall, service user requests for direct support (casework including meetings) during the reporting period remains consistent when compared to previous years. The following variations have been identified:

- Face to face contact at training and information events increased by 132%.
- Telephone calls handled reduced by 15%.
- Email contact increased by 36%

The increase in indirect contact i.e. email, demonstrates a much higher frequency of contact by remote methods compared to last year but could be attributed to Covid19. This may also indicate that a higher level of support is being provided per case.

#### **11.3.5 The Advisory SEND Support team**

The Advisory SEN Support team underwent a comprehensive restructure in April 2020, with clear roles and responsibilities outlined in service level agreements including SEND Statutory reviews linked to provision and arrangements related to key themes including EHCP, SEN Support, CME, targeted intervention and support and sharing good practice.

A SEND Review Framework has been agreed for all schools. At least 10% sampling of schools is agreed to take place each term. Follow up monitoring of reviews that took place (summer term 2020) evidence good progress against recommendations given with 100% of sampled schools now meeting expectations (January 2021).

The SEND Leadership Programme was significantly redesigned in 2020 to reflect key themes identified from reviews, to allow additional monitoring targeted opportunities and support against Southend's agreed expectations for SEND (linked to outcomes of the SEND Review) and also ensure additional moderation opportunities for identified targeted schools. Any schools that do not meet expectations are 'followed up' to make sure that recommendations are actioned. 100% of schools have made required progress to date.

The Advisory SEN Support Team quality assurance has resulted in a bespoke, joined up agency (SEN Support Advisory SENCos and Outreach services) targeted intervention for at least 10 targeted primary schools. Key themes identified from SEND Reviews and schools targeted through commissioning projects informed outcomes in the SEND Leadership Programme 2020/21.

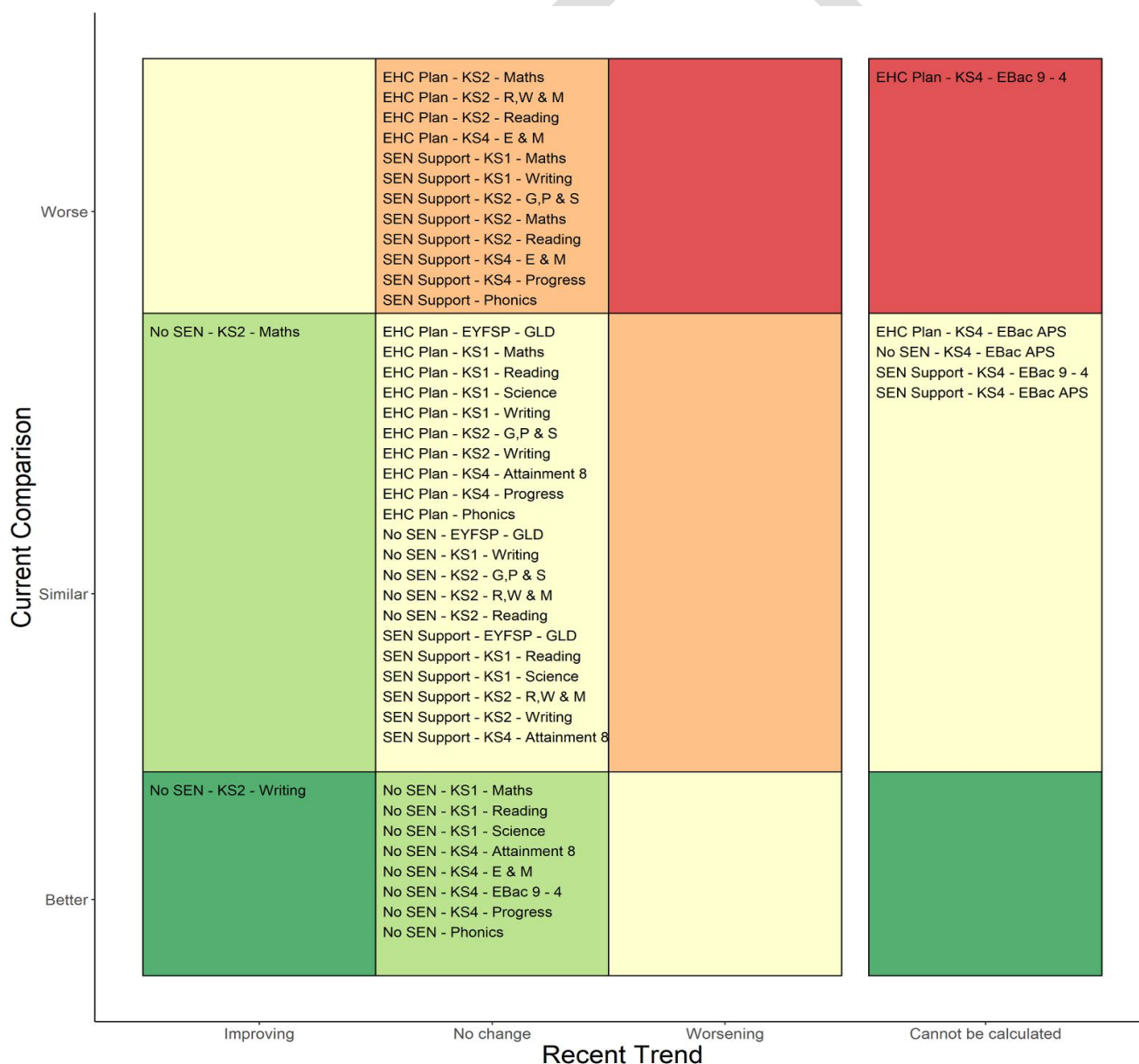
### 11.3.6 Pupil Attainment

Southend's SEN pupils have generally, in recent years, made less progress between key stages than similar pupils in similar schools nationally at all ages.

Southend has, however, consistently narrowed the gap to the national average over a three year period in EHCP pupils' KS1 reading, writing, science and phonics.

The attainment measures where Southend is significantly below England and require improvement are at KS2 in reading and maths for all SEN pupils and in grammar, punctuation and spelling for the SEN Support cohort. KS1 SEN Support pupils are below average in maths and writing and in phonics. At KS4, both EHCP and SEN Support pupils are significantly below national in English & maths, as well as in the Progress 8 measure for SEN Support.

The matrix shown summarises the change in Southend's attainment for the past three years and most recent comparison for England (better, similar or worse).





### 11.3.7 Post 16 Education Provision

Southend has a mixed economy of provision for young people Post 16. The Southend Adult Community College is now offering SEND provision in addition to their specialist centre for 19 -21 year olds. Their bespoke programme for young people aged 16+ is offered to those who may have physical, intellectual or social and emotional needs. Students who may find a large college campus too daunting, engage well and progress further in a smaller, more nurturing environment with an emphasis on supporting the outcomes of Preparing for Adulthood (PfA).

Links with partner agencies both internal and external have been strengthened to reduce the number of young people classified as not in employment, training or education (NEET). All young people and adults with EHC Plans Post 16 are enrolled on full time programmes i.e. 540 hours, unless their education forms a jointly funded package of support from education, social care and continuing health care.

Southend continues to perform well in the proportion of young people aged 16-17 with SEND who are in education and training (97.6% in December 2020, compared to 95.5% the previous year and 88.2% nationally). Similarly, there are fewer young people who are not in education, employment or training (NEET): 1.2% in December 2020, a reduction from 3.8% the previous year and below the England average of 6.8%.

Section 12 provides information about post 16 provision and preparing for adulthood.

## 11.4 Health Services

Core health services for children and young people including those with SEND are delivered by:

- Primary Care – GP practices
- Essex Partnership University Trust (EPUT) – Community specialist paediatric nursing
- Southend Hospital University Foundation Trust (SUHFT) – Emergency and acute paediatric care
- Lighthouse Development Centre (part of SUHFT) - Specialised outpatient care for CYP with significant delay
- Emotional Wellbeing & Mental Health Service (EWMHs) – Child & adolescent mental health
- Public Health – Universal 0-19 services including Health Visiting and School Nursing.

### 11.4.1 EPUT Community Paediatric Services

A range of specialist community paediatric services are commissioned from EPUT to support the needs of children and families in Southend. The Paediatric Community Nursing Team (PCN Team) provides clinical nursing care for children with complex and on-going health needs, from support with hospital discharge to care of CYP with life limiting conditions and end of life. The service is managed and delivered by nursing staff who have specialist training to care for sick and unwell children and has an 'Outstanding' CQC rating. Additional support services include an integrated Diabetes Service (in partnership with SHUFT) facilitating self/family-management and enabling CYP and families living with diabetes to make the necessary adjustments to remain well; Continence Advisory Service providing specialist treatment, management, advice and support for children and young people with a bladder or bowel dysfunction; Paediatric Asthma & Allergy Service providing assessment, advice, support and planning plus dedicated asthma, eczema and allergies training for patients and families.



The Play and Parenting service, Jigsaws, provides significant support to families from maternity to age 5, have strengthened transitions into the specialist school nursing service so that there is a direct handover once notification of the child's school place is received.

"What a couple of weeks we have had. Bedtime has been amazing, we have completely changed this around and hopefully as you can see from the sleep diaries attached, it has been working. Thank you so much." - Parent

EPUT consistently achieve the agreed service targets for waiting times.

#### **11.4.2 Lighthouse Child Development Centre**

The Lighthouse Child Development Centre, commissioned from SHUFT provides specialised outpatient care for children and young people up to the age of 16 with significant delay in more than one area of development and have, or are likely to require, the support from more than one service or discipline. The service was struggling to meet increasing demand, which has been exacerbated by both workforce challenges and the Covid pandemic. Waiting times for first and follow up appointments are long, and communication has been poor leaving some families feeling frustrated, unsupported and isolated. Demand relating to neuro-diverse conditions is growing exponentially and capacity and pathways have failed to adjust and adapt to keep up with demand. The Lighthouse has seen many personnel changes in the last couple of years leading to inconsistency, uncertainty and expectations not being met, the model is Consultant led and would benefit from a more diverse workforce to support a robust holistic approach.

Many parents told us that the long wait for appointments and assessments at the Lighthouse is an issue, with SSIF parents providing examples of a year or more on the waiting list for an appointment. Experience is varied but there is a general consensus that there are significant improvements required but, as one parent said, the Lighthouse has 'so much potential if we can nail this'.

Commissioners are aware of this and are working with the Executive team at the Lighthouse to implement a clear and transparent improvement plan to reduce waiting times and develop alternative pathways to improve both experience and outcomes. A waiting list initiative has just finished where 8 additional clinics were provided over 10 consecutive weekends, leading to an additional 400 children and young people being seen. We will continue to work with the Lighthouse team to develop sustainable solutions to improve service delivery including mutual aid support from other community partners. Ultimately, we aim to develop a new model of community paediatric care in 2021/22, working closely with EPUT and wider system partners and stakeholders.

#### **11.4.3 Therapies**

There are areas of good practice, including bespoke services delivered as part of A Better Start programme, and as recognised from CQC findings within the Southend Local Area inspection report (see spotlight below).

### ***SPOTLIGHT: Better Start Southend Let's Talk***

The Let's Talk project use an open referral system and their findings from the 23 month screen to identify children that may need further intervention by the team. The vast majority of transfers into the clinical service from Let's Talk are appropriate allowing the clinical team more time to see those children with more persistent speech, language and communication difficulties.

The Let's Talk offer is a suite of early interventions giving parents/carers the knowledge and ideas of how to interact with their children to support the development of speech, language and communication. This will ultimately prevent the transfer of children with transient difficulties into the clinical service who can better be supported at home and in their Early Years setting. Those children who are identified as needing further assessment and more specialist treatment or who are above the 3yr 11mth threshold are transferred into the clinical team as and when appropriate. Occasionally there are incidences of dual care across Let's Talk and the clinical team.

The Let's Talk team work with early year's practitioners to upskill them to support children with speech, language and communication needs and the practitioners share their learning with parents. As a result parents are receiving the same messages from the Let's Talk team and their child's setting. They also work very closely with the ABSS Specialist Teachers within the Early Years settings.

The Let's Talk team are persistent with their follow up calls to parents/carers and as a result, children that may need support from the team usually access the team at some point even if this is not when the team identify a need. This is due to the positive relationships built up over time between the family and the SLT/SLTA. Thus, there is also a reduced number of families who fail to attend appointments compared to appointments in the clinical service.

The Family Support Worker project supporting families who have a child with social communication needs is a little different. The project supports the parents/carers and not the child, the SBC SEN team support families to understand their child's needs and accessing education and the family support workers support parents emotionally and practically as they go through a journey of coming to terms with a child who has not had a diagnosis and the impact the child has on the whole family. The offer is far more holistic and is family led.

Speech and Language therapy services provide by EPUT are working well, using an approach to improve communicative ability by training and supporting those in the person's communicative environment.

However, there are currently fragmented commissioning arrangements of wider therapy arrangements across the local area, and understanding about speech and language provision in schools, which mask need and demand needs to be improved.

The Lighthouse is responsible for the provision of community based Physiotherapy and Occupational Therapy services. Demand is high and waiting times can be long, service provision into Special Schools is consistent and prioritised. There is no commissioned Sensory service in Southend, this is recognised as a priority area for development in 2021/21.

Responding to this gap, a review of therapy services is identified as a joint commissioning priority in 2020/21. Southend SEND Partnership is collaborating with neighbouring clinical commissioning within the Essex County Council (ECC) footprint to undertake a series of reviews using the 'Analyse, Plan, Do, Review' approach known as The Balanced System. The team behind the Balanced System will facilitate engagement with families, schools, settings and providers of therapy services to establish an understanding of the current 'As is' picture for Essex and Southend and identify common themes. The team will provide support with the development of options and recommendations, resulting in the creation of a model specification for the Essex and Southend system and Key Performance Indicators (KPIs) to inform and facilitate joint commissioning of therapy services going forward. With expected completion in the coming year, phase 1 mapping is almost complete, phase 2 engagement is expected to take place during the summer term.

#### **11.4.4 ASD/ADHD assessments**

We recognised that we were not sufficiently supporting the needs of children over five years of age presenting with emotional and behavioural issues without a clinical diagnosis. Provision of ASD diagnostic assessments for CYP over five years of age are not provided by local services and are commissioned from a small number of accredited external providers. Capacity is not currently available within existing local services but the intention is to build this capacity going forward. Significant progress has been made to reduce waiting times to access diagnostic assessment (from the point of being added to the waiting list) from 18 months to a current position of 4-6 months.

The local area has now prioritised the commissioning of a new Multi-Agency SEND Hub to provide both holistic family support and medical support to children, young people and families. Obtaining an ASD/ADHD/other conduct disorder diagnosis and engaging with treatment involves a number of complex steps, and our proposed pathway focuses on a single point of contact for all referrals (health, education & social care) relating to neuro-diverse presentations, for over five years of age initially. Estimates suggest this service could be reviewing 50 referrals for support in a 12-month period. Whilst it is expected not all these referrals would require support from community paediatrics, using an inclusive and holistic approach will no doubt highlight family needs which would likely not be considered within a health assessment alone.

Some parents told us they are excited about the work that we are now doing, including booklets for ASD/ADHD at the start of the journey, which they are co-producing.

Triple P Online Parenting support developed specifically for parents of children and young people with neuro diverse conditions has been extended until February 2022. Pathway access routes for Triple P have been developed and include applications for direct access from schools as well as wider system access points. However, engagement and uptake have not been proportional to the need in Southend and work is set to be undertaken to improve awareness of the resource amongst parent/carers and practitioners.

#### **11.4.5 Mental Health Provision**

Southend Youth Council undertook a survey to learn what young people in Southend want from their mental health and emotional well-being support in schools. 1,757 responses were collated into a report and *The 1757 Voices Charter* to provide clear objectives for schools to improve the well-being of pupils in four key areas: strengthening trust, having better promotion, increasing support and creating a more open and safe school environment. Work has continued through the Link Programme Cascade Framework Sessions, the Mental Health Schools Team (MHST) co-production sessions, and recent further engagement work using Local Transformation Plan funds to produce a theatre production and a film, in addition to commissioning a specific piece of work through Enable East to develop and promote the work of the MHSTs.

Social Emotional and Mental Health was the focus of the multi-professionally designed SEND Annual Conference in November 2020 as part of the SEND leadership programme. Reflecting on the pandemic and school closure challenges, in addition to the emphasis on mental and emotional well-being, there was good representation across all schools by Head teachers, Governors and SENCos (56), as well as stakeholders from Health, specialist services and education (43). 100% of the event feedback was good or better.

The core mental health service for children and young people up to the age of 18 is the Emotional Wellbeing and Mental Health service (EWMHs). EWMHs is commissioned on a pan Essex basis by the seven

CCGs and three Local Authorities within the Essex boundary. The host commissioner is West Essex CCG, a Collaborative Commissioning Agreement is in place confirming roles and responsibilities of the host and associate commissioners.

The EWMH service is commissioned to combine early intervention and prevention, with community-based assessment and treatment. The service provides a central single point of access (SPA) for referrals providing clinical triage leading to; advice and guidance, onward referral to EWMHs specialist teams (i.e. Eating Disorder, Learning Disability etc.), locality teams and signposting to other services. Southend has a dedicated hub team focused on local delivery. Local transformation plans (LTPs) funded through the NHS mental health investment standard, support improvements in children and young people's mental health and wellbeing. LTP pilot contracts have been awarded to a variety of NHS and external providers focussing on increased access, crisis support, specialist eating disorder support, digital and alternative provision etc.

The EWMH service will be re-commissioned in 2021/22, providing the opportunity to reshape the model of care based on local needs and align this to the goals and ambitions outlined in the NHS 10 year plan. There are clear expectations for a more agile service model with a stronger focus on partnership/multi-agency working with health, education and care colleagues to deliver clearly defined outcomes. At the point of contract award, we would hope to work with the new provider to develop and shape local pathways for CYP and families in Southend.

Children, young people, families and professionals tell us additional clarity is needed to understand the EWMHs offer, the SPA function is not clearly understood particularly in terms of clinical triage and onward referral to services.

South East Alliances meeting, clinical network and link programme have all strengthened local awareness of provision available and regular meetings of the Children's Mental Health Partnership ensures the agenda is kept live and continues to gather and listen to the views of children and young people via the Educational Psychology service. Key themes identified by them are topics of Educational Psychology Reach-Out webinars, with good take up of parents; particularly around well-being, anxiety and mindfulness. As a testament to the success of this approach, an Educational Psychologist involved was invited to provide expert testimony to (NICE) Public Health Advisory Committee on Social, emotional and mental wellbeing in primary and secondary education.

Delivery of the Anna Freud Mental Health LINK Programme for Schools and Colleges has facilitated an improved understanding of the provision and resources available to support CYP, families and schools with issues connected to Mental Health. An eye-catching resource pack has been developed and circulated widely to professionals, CYP and families outlining services available in line with levels of need from universal access for low level need through to crisis response.

Mental Health Support Teams (MHSTs) in schools is an NHS/Department for Education programme to support identification and early intervention for emotional wellbeing and mental health issues in the school setting. Following a successful bid to NHSE, two dedicated teams have been established in Southend working across eight schools, plus a further team working in South Essex College. The MHSTs support staff within the school setting to take a broad 'whole school approach' to mental health and wellbeing, providing early intervention and support for low level needs. An assurance group meets bi-monthly to oversee delivery and co-production is undertaken with all schools involved. Following a further successful bid, additional teams will be established in 2022/23 and beyond.

A new children and young people Mental Health Counselling service has been commissioned from a collaborative of voluntary sector providers in response to the adverse impact of covid on CYP. This much needed service provides targeted support to CYP who are experiencing increased levels of anxiety and low mood but do not meet the thresholds for core specialist CAMHS services. The service initially launched in August 2020 for a 6-month pilot, based on increasing demand and positive feedback the service has been extended to 31st March 2022. A full evaluation will be undertaken in the coming year to understand future demand/need and opportunities for ongoing commissioning.

#### **11.4.6 School Nursing**

The school nursing service has been in a state of significant redevelopment, and the team has only recently reached full staffing capacity to enable it to take on a more extended role within schools. School nursing drop-in clinics have now been established in the majority of schools, including for EHE students. In addition, all EHE children have access to the School Nursing and Immunisation Teams, with information and access to services shared through the EHE newsletter. Good feedback has been received from parents of children who are EHE about the support offered.

All parents, children and young people living and/or being educated in Southend have access to a school nurse via telephone, text, email, school, face to face appointment or drop-in in the community. Information is shared through many different types of media from School Nursing leaflet and newsletters, Livewell website page, and social media. The School Nursing Team also provided a parent helpline during the September 2020 return to school to support those parents anxious about the return, particularly when it linked the health and wellbeing of both children and vulnerable adults.

A new dedicated SEN School Nurse role has been developed to support children and young people, families and education settings with a specific on supporting transitions.

The Specialist School Nursing Service commissioned from EPUT provides support for children, young people and their families with additional and complex needs throughout their school lives from 3 to 19 years, both within special and mainstream schools. The team has a dedicated presence in all Special Schools in Southend, expansion of the team in 2020 has allowed a consistent and equitable offer to all special schools. Feedback from schools has been extremely positive.

The team of specialist nurses and assistants offers competency-based training for other health and care professionals, parents, carers and colleagues within education, enabling individuals to support young people within school and early years settings, whilst drawing up health plans in conjunction with others ensuring continuity of care.

The team also has two designated members of staff who provide respite and short breaks to children and young people who have the most complex needs.

The Children's Epilepsy Service provides support and advice for children and young people aged 0 to 18 who live in South East Essex and their parents and carers, whilst there is a primary focus on schools and education settings the Epilepsy pathway crosses over between acute and community settings providing an integrated approach to care and care planning.

#### 11.4.7 Other health services

Learning Disability health check and transition meeting held by DMO with wider Education, Health and Social Care team.

There was a gap in resourcing the provision of highly specialist speech and language provision for children with feeding and swallowing needs. As a result of needs analysis and joint working between acute and community sectors a pilot to commission local Dysphagia service provision for children with complex feeding and swallowing needs has been approved and implemented.

### 11.5 Early Help Services

SBC provides an extensive range of Early Help services for children, young people and their families to support with a range of needs including parenting, family support and youth work. All children and young people are assessed and supported according to their individual specific needs, whether that is special educational needs or disability, diagnosed or not. Working with siblings of children with SEND in a whole family approach.

A representative from Early Help is an active member of the weekly EHC panel where decisions are made in respect of the assessment process. Prior to the panel, checks are completed with the Early Help Front Door to determine if and the nature of any identified involvement with the service and contact the family to provide any community signposting or support.

Early help provide an important element of support to children and families, tailored to meet presenting needs of individuals or groups of individuals, such as:

- the parenting classes run specifically for children with ASD/ADHD when it became apparent that there was a significant increase in requests for this type of support. Feedback from parents on the latest classes has been extremely positive.
- Specialists in the service with experience of ASD and trauma, including a qualified family therapist, provide short, targeted interventions depending on need.
- Early Help professionals work closely with schools pre-diagnosis to assist them, and other professionals, in understanding feelings that a child or family may be experiencing, such as social isolation, and what support the child and parent may need, advocating on their behalf.
- Regular coffee mornings with Little Heroes to answer queries and provide advice.

Plans to strengthen the family-based support in the future include linking an Early Help practitioner directly with the SEN Team to pick up more direct work in supporting parents through their journey.

### 11.6 Social Care Services

All new referrals to children's social care are received via MASH+ and assessed against statutory thresholds and duties for social care intervention and eligibility criteria. The eligibility criteria must be met in order to receive paid services, including personal budgets which are agreed at a resource allocation panel that makes the decision on financial care packages.

The [Children with Disabilities](#) (CWD) team is small and will only assess and hold children that are severely disabled as per eligibility criteria. The mainstream social work teams may also work with children and young people with SEND.

Families have told us that the criteria for CWD team is too high and they feel this excludes too many children/young people from receiving a service. Social care and SSIF are meeting together to ascertain a better understanding of their experience with the service and identify any future developments.

A children's social care practitioner participates in the weekly EHC panel to ensure information is shared as appropriate to facilitate the decision-making process, and the service is making full use of the new Open Objects hub to share information appropriately.

The Children with Disabilities Team have supported approximately 220 children with various care packages between October and December 2020. The care packages could consist of direct payments for PA support (125), care or activities at from home (68), care or activities away from home (71), e.g. after School or holiday clubs; or overnight (short term) break away from home (25). Positive feedback about the care packages has been received when cases have been re-presented at panel with families requesting for their child's current care package to continue as it is working well.

Children's Social care maintain the [Children with Disabilities Register](#) of children and young people within Southend that currently have a disability. Registration on the list is voluntary and it does not impact on whether the child is eligible for a service from the Children with Disabilities Team directly.

## 11.7 Exploitation and Offending

The WSoA identified the need for a clearer understanding of the lived experience of a young person who has become known to Youth Offending Service (YOS) including identifying the significant factors that impact on children with SEND that led to referral. This has not yet commenced and a task and finish group will be established, led by YOS, with support from the CCG. As part of the review remit the key code of practice documentation developed by Council for Disabled Children will be reviewed and supported by local data in relation to YOS population with SEND.

## 12 Preparing for adulthood and transitions

We recognise the importance of ensuring appropriate planning and support to children and young people with SEND and their carers in the transition into adulthood as vital. We want to ensure that there is a seamless transition where every young person's needs are met, they are protected as vulnerable adults, and they can experience:

- paid employment (or meaningful activity e.g. volunteering)
- good health,
- independence and independent living options
- friends, relationships and community inclusion.

An agreed [transition protocol](#) is in place between Education, Health and Social Care to support young people with SEND from age 13 to 25. The document sets out the process which should be followed by all



professionals who support young people with SEND as they prepare for, and to get the best from adult life. We recognise that the protocol needs to be revised to be more succinct, parent and professional friendly, as well as clarifying the pathway for young people who have a diagnosis of autism without a learning disability who may not have an EHCP.

Young people over the age of 14 with additional needs which may translate into an appearance of need for care and support as they enter adulthood are identified. The case coordinators of the Preparing for Adulthood (PfA) Team can discuss individuals with adult social care teams and work collaboratively to promote strong outcomes. A Transition Worker or Adult Social Worker will attend every year 14 annual review for young adults transitioning from Lancaster School and a PfA Case Coordinator will attend every annual review held in mainstream schools or special schools in Years 11 and 14 respectively, ensuring that all young people who may not have been known to children's social care can be identified, where appropriate, to adult services. This action has resulted in young adults not previously known to CWD, being supported by adult services.

The CWD team will start the process of completing a Disabled Person Assessment (DPA) every six months starting from 14 years old until the young person reaches 18. When the young person is either 17 or 17½ years old, the adult social care Access Team identifies how needs can best be met. Over the past 12 months, The Children with Disabilities Team have successfully supported 18 young people to continue receiving support into their adulthood.

We know that transition to adulthood needs to be improved for many young people. SSIF parents told us that their experience of transition from children's services to adult services is disjointed, and we need to understand more about the experiences of young people and families, co-producing improved pathways and support. Evaluation of processes to identify individuals transitioning shows a breakdown in relation to information sharing, understanding of provision in health care professionals, and limited support in schools. However, PfA coordinators have received praise for their work in supporting parents and ensuring the voice and lived experience of the young person is heard.

A multi-agency Transition Operational Group was reinstated in December 2020 and now meets monthly to plan and implement changes. This group includes PfA Team, EWHMS, Adult Social Care, Children's Services (Early Help, Leaving Care/16+, CWD Team, Children in Need and Child Protection Teams), SEND Team, and EPUT. Current plans and activities include:

- Identifying young people over the age of 14 with additional needs which may translate into an appearance of need for care and support.
- Revising the current Transition protocol by July 2021, then implementing and embedding it.
- Identifying corresponding carers for these young people.
- Contributing to market shaping and gap analysis.
- Strengthen the forum for complex case discussion and problem solving and provide a place to escalate issues with transition or pathways.
- Support identification of appropriate transition pathways so that no one is left behind.
- Encourage sharing of the lived experiences of families and young people in accessing appropriate support.
- Improve recording on client record management systems so that there is better identification of young people who may need support.

The PfA Team in Southend on Sea works closely with the national PfA programme delivered by the National Development Team for inclusion (NDTi). In 2019, Southend was one of 22 successful grants following a joint local authority/CCG bid to NDTi. The four objectives are:

- Develop PfA outcomes from the earliest years and create a shared vision for PfA with schools and colleges.
- Focus on employment and community opportunities from 19 + by developing the PfA curriculum in schools much earlier on.
- Raise expectations of parents that young people will go into employment and when a young person goes to college to ensure there is a clear exit strategy that includes employment as an option.
- Training for schools and colleges on PfA outcomes, strengthening links to share resources, with stronger collaboration across education, health and social care. To have a clear and transparent process around ceasing plans that is co-produced and signed up by all.

Activities and their impact to date include:

- Jointly commissioning (with Public Health, Adult Social Care and Education) a Transitions Worker for the Making it Work programme. 2021/22 will be the second year of this pilot project. Making it Work now have eight young people 18-25 accessing the transition programme since March 2020 all previously classified as NEET.
- Part of the allocated SEND Preparing for Employment Grant (S31) in 2018 was used to support South Essex College initiate a Supported Internship Course for young adults. Six students enrolled on the Supported Internship Course at USP college and 13 students enrolled on the Supported Internship Course at South Essex College in September 2020
- A roll out of Systematic Instruction Training and Supported Employment Accreditation across Post 16 providers in Southend. 11 members of staff have completed training in Systematic Instruction and 4 members of staff have attained certification in Supported Employment. To ensure sustainability of the Supported Internship Programme nine members of staff now have Train the Trainer qualifications
- All new EHC plans now have a section, encouraging outcomes to reflect the four themes of PfA. This will familiarise school staff with the expectation to embed the four themes in the curriculum.
- 41 EHC plans were ceased in 2019/20 academic year, with no recourse to mediation or tribunal. Regional Benchmarking data highlights that Southend has the lowest number of adults aged 20 to 25 years with EHCPs plans and one of the lowest percentage of young people aged 16 to 19 years with EHC plans.
- Four of our special schools are part of the Enterprise Adviser Network and have their own Enterprise Adviser (Lancaster, St Christopher's, Kingsdown and St Nicholas). Our fifth special school, Sutton House, is not part of the Enterprise Adviser Network however, they are working towards the Gatsby Benchmarks.
- An event held in September 2019 brought together, parents, young people, local business representatives and professionals to discuss employment opportunities. With an attendance of over 70, parents expressed their hope 'for more meetings like this – with young people'. Unfortunately, an event planned in April 2020 was cancelled due to the Covid pandemic.

- Outcomes to measure independence and tenure for over 18s are higher in Southend than national averages over a five-year trend (SEND Profile).

## 13 Effectiveness of local arrangements

We want to ensure we have the right components to deliver and monitor the effectiveness of local arrangements. This includes our workforce having the right knowledge, skills and confidence, with opportunities to learn together across the partnership; and regularly receiving, reviewing and acting on evidence that informs learning and improvement. Our new SEND governance arrangements will help us to do this.

### 13.1 Understanding effectiveness

Understanding the effectiveness of local arrangements to improve the outcomes for children and young people has been disjointed historically. We are now implementing a new Quality and Outcomes Framework across the local area which will provide a range of qualitative and quantitative evidence on which the partnership can accurately monitor and identify positive outcomes and areas for improvement. A core element of the framework is the voice of children and young people, families and professionals. The framework will be implemented from July 2021.

### 13.2 Workforce Development

SSIF parents told us that what they value in professionals who work with them is empathy, understanding and listening. Examples of professionals who have made a difference to them, and a desire for greater consistency. Workforce development and people who work with them keeping up to date and understanding the needs of their child is really important. They specifically mentioned recognising and dealing with trauma; self-harm; self-regulation; involving children, young people and parents in design and delivery of training and development.

"Some of my child's concerns were picked up early, however that did not make our journey any easier or lead to early diagnosis. Whilst our pre school key worker was fantastic and did everything she could do with my son within the remit she had, when we transitioned up to school, that was gone. We had a huge handover session but the reception teacher had no knowledge of SEND at all, and we were not put in touch with a SENCO as we were told SENCOs do not cover reception children. My son could not even engage with the basics. When we got a SENCO, they were fantastic, and although we had that input from the SENCO we were not getting the same from teachers, health care, support services. The key is consistency, you will have some incredible members of staff that you encounter here and there, and they make your journey a little bit easier for the time that you were with them, but then you or they move on and you may end up with someone who doesn't have the knowledge about SEND generally or their specific needs. We recently had an NQT class teacher in her first job and she is fantastic with my son, she actually really gets him, after an initial wobbly period, and me spending 5 minutes at the end of the day 'educating' her about my sons disability, which as you can imagine was a bit tricky, but she is very receptive. She had little to no training of SEND but she is open to learning and listens to me. I can't stress enough about consistency and having a basic knowledge about SEND and approaches to children with SEND." - Parent

There is strong workforce development within the borough, including the SEND leadership programme. The programme was significantly revised (Spring 20 onwards) to reflect a blended approach and to meet needs related to COVID-19 and restrictions. Outcomes related to identified priorities including risk assessments, adjustments across the categories of need, mental and emotional well-being. As part of the revised SEND Leadership Programme, all schools have access to “You Can”, the Creative Learning online programme, and as such access to high quality professional development. This is very well used, outcomes shared via SENCo cluster meetings and increases Leadership competence and confidence.

Other ways that workforce development has been undertaken to improve knowledge, skills and confidence include:

- A SEND handbook which includes SEND expectations, cascaded to all schools, provides additional material to support the workforce in good practice. 100% of schools were involved in the launch event early 2020.
- Workshops on the implementation of the new Open Objects EHC Hub and its use took place August-October 2020 for professionals who would be using it, and the Local Offer website includes tutorials on both using the software and best practice in writing EHCP contributions.
- All EHC Assessment Officers, EHCP Coordinators and their managers attended external training delivered by IPSEA “SEND decision making and the Law” in December 2020. Attendees are also enrolled on the IPSEA Level One training with six months to complete the modules. This has improved staff understanding of the law and thus their practice.
- Members of the Early Years SEN Team have completed Effective Education for Children with Autistic Spectrum Disorder delivered by a local special school. They have taken this learning forward, sharing the strategies and recommendations across the parents and settings they work with.
- The Designated Medical Officer and Community Paediatrician Clinical Lead have provided training to SENCOs for the management of Health & Medication in Schools. Two protocols are being developed as a result of this training, including a new medication policy.
- Educational Psychology Service have provided 3 series of webinars providing high quality advice to parents and practitioners.
- Council Members have received training in SEND, helping them to support their constituents.
- The SENDIASS service provide training, based on consultation with parents and professionals, including workshops on SEN support/duties on schools, EHCPs and SEND law to parents, carers, and professionals. SENDIASS also host free sessions, delivered by specialist/expert speakers covering a range of SEND topics. Since launching the free programme in January 2019, 2,759 people have taken part in these events. These have been delivered using grant funding from the Council for Disabled Children. These events also allow for networking and aim for all (parents and professionals) to hear the same messages at the same time.
- Through our provider Essex Partnership University Trust, a robust induction and development program has been delivered for our school nursing service. School nursing will also participate in key induction events to highlight their role to parents and young people in transition points (R and year 7).
- Social care is making improvements to their continuous professional development offer for social workers, in particular assessed and supported year in employment (ASYE) social workers, to include SEND training. As a result of enhanced participation at the multi-agency EHC Panel, social care service

manager has identified gaps in skills and knowledge around SEND and sought training from our SEND Team.

- The Head of SEND and the DMO attended the National Development Team for Inclusion training course entitled *Leading the SEND Reforms* to bring a national perspective to the requirements across Health and Education.
- Training has been delivered to Councillors giving them an overview of the SEND Service and requirements and arming them with some key facts and figures about SEND in Southend.

By September 2021:

- The Quality and Outcomes framework will be fully implemented in the partnership, with reports to the Strategic Partnership Board meetings.
- We will consider additional workforce development requirements and opportunities.

## 14 How effectively we are improving outcomes for children and young people with SEND.

### 14.1 Current effectiveness in improving outcomes.

We have provided some evidence through the self-evaluation of our effectiveness in achieving good outcomes for children and young people, but we know we have more to do to report impact.

We believe that we are in a stronger position than we were in 2018 at the time of our last inspection. Some achievements, such as restructuring of the SEND service and implementing a new system have taken longer than anticipated. The impact of Covid, inability to recruit to a temporary commissioner post, and period without a parent carer forum were keenly felt. Despite this, we know that our pace in improving our effectiveness has not been quick enough, and that we have more to do.

We are nonetheless proud of the achievements that we have made detailed within this self-evaluation where we have recruited passionate and dedicated staff, introduced effective and transparent systems, delivered good services, generated improvements, and to help children and families realise positive outcomes.

### 14.2 Progress against our last SEND strategy

The table below provides a summary of progress against the priorities and actions in our 2016-19 strategy.

Actions	Summary
<b>Priority 1: Timely Intervention.</b> 1.1 Work with the CCG to jointly commission effective services to best meet the needs of children and young people with SEND and provide accurate and timely assessments while minimising disruption to their education. These services should support schools and settings through well trained staff and minimise delays between referral and action. Where appropriate this should be before children reach school.	Some progress in this area, jointly commissioned services in place including the introduction of the Neu Pathway. Introduction of EHC Hub to share information from parents and CYP across the partnership. A number of newly developed schemes to support early and timely intervention.

<p>1.2 Review how school based SEND provision fits into the Early Help refresh to ensure schools can access advice and support at the earliest opportunity.</p> <p>1.3 Develop protocols and procedures to improve effective information sharing and to help parents and carers 'tell their story once'.</p> <p>1.4 Work with 'A Better Start' to identify and support the roll out of successful pilot schemes to address areas where current processes do not fully meet needs.</p> <p>1.5 Develop an agreed protocol to help support children and young people who enter youth custody with SEND or whose SEND is subsequently identified whilst in custody.</p>	
<p><b>Priority 2: Partnership working.</b></p> <p>2.1 Review the EHC needs assessment process and cooperate with the CCG to increase the percentage of EHC needs assessments completed within 20 week statutory timescale.</p> <p>2.2 Monitor progress against the transition plan and modify as appropriate to ensure all statements are converted to EHC plans by April 2018.</p> <p>2.3 Develop systems and practices to support agencies working in partnership with parents, carers and young people and ensure all children and young people are included in setting up their plan and reviewing their progress.</p> <p>2.4 Continue to review and develop the local offer to ensure all services, policies and practices are included. Work with parents and young people to monitor and review this information and presentation and to help identify gaps in local provision.</p> <p>2.5 Review and develop protocols to support agencies to work together to ensure a smooth progression to adulthood for all young people with SEND.</p>	<p>Significant progress noted in this area with timescales for EHCPs significantly improved and all SEN Statements converted to EHCPs by statutory deadline. Strengthened the Multi Agency Panel and introduced a new Local Offer website, which was coproduced with parents and young people. Introduced a preparing for adulthood team to focus on pupils from year 9 onwards.</p>
<p><b>Priority 3: Quality and effective SEND provision.</b></p> <p>3.1 Ensure there is appropriate alternative education and vocational learning with appropriate qualifications for children and young people with SEND post 16 SEND within and out of borough.</p> <p>3.2 Commission outreach services to enhance support to mainstream schools so they can better meet the needs of their pupils.</p> <p>3.3 Continue to work closely with the special schools and outreach services to strengthen their leading role in developing school to school improvement for children and young people with SEND.</p> <p>3.4 Assess school training needs and broker or commission appropriate training.</p>	<p>Some progress in this area. Increased outreach offer available to support mainstream schools, further specialist provision attached to mainstream schools developing. Southend SEND Expectations coproduced and published and a revised enhanced offer through the SEND Leadership Programme. Increased and varied training offer available via Southend Learning Network, EP Webinars and SENDIASS Training offer.</p>
<p><b>Priority 4: Raise attainment and expectations.</b></p> <p>4.1 Work with providers to reduce number of all young people with SEND who are NEET and increase the offer and take up of supported internships, apprenticeships, traineeships and further education opportunities.</p> <p>4.2 Work with schools to track pupils who are at risk of becoming NEET and develop an understanding of their needs in order to commission appropriate services.</p> <p>4.3 Identify pupils who are underachieving and support schools to provide appropriate provision to enable all their children and young people make progress.</p>	<p>Some progress in this area evidenced by the low numbers of SEND NEET and unknowns. PfA Outcomes included in all EHCPs and work progressing so these can be recorded and monitored electronically.</p>

4.4 Monitor outcomes and aspirations on EHC plans to ensure settings have suitably high expectations for every child and young person and devise a way of measuring outcomes for individuals, such as the Personal Outcomes Evaluation Tool to measure effectiveness of provision. 4.5 Monitor Southend school's 'School Offer' of SEND provision or annual SEND information report and ensure this	
<b>Priority 5: Ensure value for money.</b> 5.1 Review the allocation of places and funding for special schools and units and ensure specialist places are cost effective and used effectively. 5.2 Devise a system for allocating top-up resources to ensure they are distributed equitably and transparently with performance monitoring and measurement of impact. 5.3 Work with CCG to extend choices for personal budgets and provide all children and young people with the option of a personal budget as an integral part of the Education Health and Care plan. 5.4 Monitor statutory and agreed performance targets at the SEN strategic board.	Some progress in this area. Regular place planning and commissioning ensures sufficient special school places are commissioned, very few pupils are placed in independent settings. Banding system for allocation of high needs top up for all schools approved for implementation in September 21. All statutory performance targets for SEND show favourable comparison to Eastern Region authorities.

### 14.3 Summary of Progress on our Written Statement of Action

This section summarises from this self-evaluation high level progress on the four areas for improvement identified in inspection and the WSoA. The WSoA was reframed from these four headings to seven more manageable workstreams in June 2020. This is monitored by the SEND Operational Group on a bi-monthly basis.

A) Inspection finding: the emerging leadership of the SCCG, public health, the Local Authority and education providers has not developed quickly enough to ensure precisely coordinated priorities, accountabilities and joint commissioning to improve the outcomes for children and young people.

Original actions relating to establishing and embedding roles and groups had largely been completed and superseded by a further review of governance and decision making between June and November 2020. This has strengthened the effectiveness of local area leadership, providing a better 'line of sight' by the Health and Wellbeing Board (HWBB), creation of workstream groups with oversight and decision making at appropriate levels.

Commissioning priorities were reviewed and refreshed in March 2020 and are in varying stages of progress, overseen by the Joint Commissioning Group. A commissioning roadmap and plan provides a look back at what has been achieved and aligns to the commissioning plan for the future. The commissioning framework will be refreshed this year. There have been delays due initially to identification of funding to provide Commissioner capacity and then inability to successfully recruit to this role.

Understanding the effectiveness of local arrangements to improve the outcomes for CYP had been disjointed, but there is now a greater focus on identifying and recording outcomes for CYP and the impact of services and activities.

A SEND Summit on 22<sup>nd</sup> April 2021 will agree commissioning priorities, and outcome priorities for children for the next three years and inform the development of the new strategy. A decision to delay renewal of the SEND Strategy was taken to allow a focus on undertaking critical developments such as reviewing



governance arrangements and improving the evidence base on which to base a new strategy. However, the program of development sessions included consulting services across the partnership on the formation of a new SEND Strategy which will be developed in partnership with SSIF in 2021.

Section 4 provides more detail.

B) Inspection finding: The Local Offer does not provide a service that is fit for purpose to meet the obligations in the code of practice. Local partners in health, social care and education, including schools, are not proactive in promoting co-production of the local offer. They are not ensuring that the local offer is adapted according to the views, needs and achievements of the children, young people and their families.

The Local Offer website has been significantly improved following a parent-led redesign in 2019, with clear processes for ensuring it remains up-to-date and is shared with parents, carers and schools. Increased use of social media supports the sharing of timely information and the collection of 'customer' views. There had been good engagement with the previous parent carer forum who were an intrinsic part of all meetings, recruitment, and quality assurance activity.

There have been delays in setting up the local offer review group which has now had their first meeting (March 2021).

There have been good examples of engagement and co-production across the local area, such as parent/practitioner engagement events, young person engagement survey, and SENDIASS parent and practitioner training, and feedback actively informs the development and delivery of services such as Educational Psychology Service (EPS).

Sections 7 and 8 provide full details.

C) Leaders have not worked together to ensure that EHC plans provide a meaningful multi-agency approach to meeting children and young people's academic, social, health and care needs. There are no clear accountabilities between agencies to make sure that children and young people's outcomes are well assessed, planned for, met and reviewed.

Timeliness of EHCPs continues to be good, including during the Covid19 period. The capacity and competency in delivering high quality EHCPs that meet the needs of all children with SEND and their families has improved. The Council's SEN service restructure which became operational in September 2020 following delays in approval and recruitment of the right calibre staff. New quality assurance processes are now in place and the first results reported in March 2021. There has been significant progress made in building the infrastructure across the partnership to collaborate in individual EHCPs, share and manage information across the SEND partnership in the procurement and implementation of Open Objects EHCP Hub. A health-led commissioning project to improve quality and timeliness is also nearing completion, with results already being seen and identification of good practice for all agencies.

Improvements are either in place or planned in gathering and sharing information as part of assessment.

Section 9 provide full details.

D) Leaders have not developed a strategic partnership that makes sure that children and young people are in provisions that give them good-quality, full-time education. This particularly includes those educated at home, in post-16 provisions, and in out-of-borough provisions. Additionally, within the local area, too many pupils access part-time education for too long. Leaders of the local area do not know the extent of the impact of part-time programmes on the outcomes for children and young people. This lack of information is detrimental to the work of joint commissioning.

In summary, there has been significant progress made in building the infrastructure to share information across the SEND partnership, The creation of the SEND and CME Dashboard, protocols and weekly data sharing for oversight of children either placed outside of the borough or in alternative provisions. Those not on roll of a registered provision have weekly reporting to ensure children missing education is minimised and checks in place to provide assurances of safety and welfare. Children home educated with EHCPs are contacted termly by the SEND Coordinator to ensure CYP continue to have access to education as identified in their plan and is suitable and that progress is being made.

Changes within Inclusion, such as the introduction of inclusion panel and resources to support SEND in accessing education, as well as a restructure appointing additional staff to identify and remove barriers to accessing education are proving positive.

Sections 8 and 10 provide full details.

## 15 Improvement and Sustainability

The renewed SEND partnership and governance structures, together with the new strategy, will put us in a strong position to drive continuous improvement.

The new strategy, following our SEND Summit in April 2021, will simply set out our aspirations, values, how we will work together, and our priorities. Supporting this will be a new improvement plan to replace the Written Statement of Action and systems are in place for doing, monitoring, and scrutiny at a number of levels as described in the leadership section.

The work that we are currently undertaking through cross-partnership task and finish groups and other methods such as communications; voice of the child and young person; quality and outcomes will be completed in the first half of this year so that we have a strong bedrock of understanding how well we are doing which is centred around what children, their families and professionals tell us.