

Southend SEND Area Partnership: Special Educational Needs and Disability (SEND) Self Evaluation

Date: 10 October 2024

Contents

Page 3 **Introduction**

Page 4 **Part A**

Context, the needs of children and young people with SEND, and key issues in our local area

Page 18 **Part B**

Assessment of current arrangements and their impact for children and young people with SEND

Page 31 **Part C**

Actions and Priorities for the next 12 months to improve the experiences and outcomes of children and young people with SEND.

Introduction

The Southend SEND Area Partnership consists of:

- Southend-on-Sea City Council
- Mid and South Essex Integrated Care Board (ICB)
- Commissioned Service providers including education settings, Essex Partnership University NHS Foundation Trust (EPUT) for Community Paediatrics, Public Health Services, North East London Foundation Trust (NELFT) for CAMHS services.

Collectively the Partnership works together to seek continuous improvement in the delivery of services so that it can ensure children and young people with SEND have the right support at the right time.

The Councils Cabinet portfolio holder, Southend SEND Independent Forum (SSIF), (the Department for Education funded Parent Carer Forum for Southend) Healthwatch, and colleagues from the DFE and Department of Health and Social Care sit on the SEND Strategic Partnership Board. The Board's function is to support and hold leaders in Health, Education and Social Care to account and to ensure that they are empowered to drive forward improvements at pace so that the Southend SEND Partnership strategy impacts positively on the experiences and outcomes of all children and young people with SEND.

For the Partnership, children, young people with SEND and their families is at the heart of the approach. We seek, wherever possible, to meet with, and learn from, our interactions with them. We seek to balance and interpret feedback from families and young people into broader areas.

The purpose of this Self Evaluation Form (SEF) is to help assess the performance of our arrangements for meeting the needs of children with special education needs and disabilities. This informs improvements that lead to better outcomes and experiences for children and young people with SEND.

When evaluating our work, we specifically had regard to the Ofsted and CQC judgement in March 2023 which determined that the local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND.

This evaluation aims to help us examine the impact of our SEND arrangements on the experiences and outcomes of children and young people with SEND and how we work together to plan, evaluate and develop the SEND system.

Our assessment:

- Sets out the context in which we work (Part A)
- Assesses the strengths and weaknesses of our current arrangements against the new SEND Inspection Framework (Part B)
- Sets out how the local area partnership will work jointly to make improvements over the next 12 months (Part C)

This is an iterative and living document. It will be updated regularly to reflect changes and developments. Some of our data indicators (such as SEND 2 Data) is only updated annually. Other data changes more often. Where data has been used the source has been stated and includes a mix of internal and external reporting mechanisms.

Part A

Context

Southend-on-Sea (Southend) is a unitary Local Authority within the wider County of Essex. It has held unitary status since 1998 and became a city in 2022.

Southend is the eighth most densely populated area in the UK (excluding London) and is the closest seaside resort to London. The city has seven miles of award-winning beaches and coastal nature reserves, over 80 parks and green spaces, 14 conservation areas and is home to the longest leisure pier in the world.

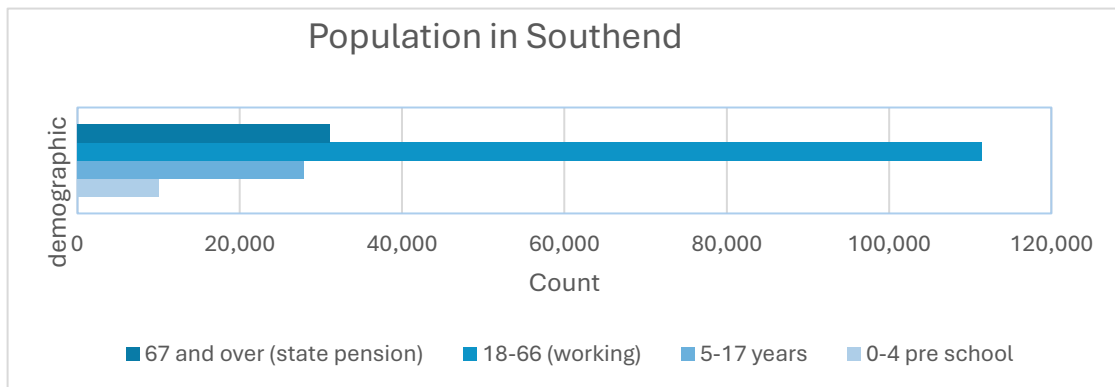
Southend is one of Essex's most deprived areas, it has a higher index of deprivation than both Essex and England as a whole. 9 areas are identified as being in the top 10% most deprived areas in England, conversely there are 13 areas ranked in the least 10% deprived.

Southend is increasingly diverse although the majority of children attending Southend schools, 70.5%, are White. The next largest groups are Asian/British Asian, 11.2%, Mixed/Dual heritage, 7.5%, and Black/Black British 7.9% *

**January schools census 2024*

In Southend, there is a population** of about 180,601, of whom:

- 51% are female and 49% male
- 21% are under the age of 17
- 17% are over the age of 67.



**www.smartsouthend.org

Education provision

In Southend there is a wide range of educational provision to meet pupil need at a universal, targeted or specialist level including 105 Childminders, 16 school based nurseries, 26 day nurseries, 23 preschools, 33 infant and primary schools, 12 secondary schools (of which 4 are selective) 4 independent schools, 5 special schools, 2 registered Alternative Provision providers, a special free school, a number of Resource Bases (Enhanced Provision) that provide targeted support for pupils with Autism, Speech, Language and Communication Needs and Learning Difficulties.

As of April 2024, 100% of LA Maintained schools (all primary phase) were judged Good or Outstanding, for all schools in Southend 97% of Primary phase, 92% of Secondary phase and 100% of Special schools also met this standard. Additionally, 99.3% of Early Years settings were judged Good or Outstanding.

An analysis of all Ofsted inspections undertaken in Southend during 2023 suggests SEND provision comes through as stronger at primary than secondary. This is linked to teachers adapting the curriculum well to pupils' needs, which is stronger at primary. This is likely to be linked to primary teachers spending significant time with one group of pupils while secondary teachers encounter numerous different pupils over a week. There is work to do on ensuring all secondary teachers use the information they have to support all pupils with SEND.

Key issue: The lack of inclusivity in mainstream settings has led to an increased demand for specialist educational placements and alternative provision (AP) places and pathways. The demand is impacting on access to education which meets pupil needs and results in poor outcomes.

After consultation with parents/carers, schools, health and social care services, Southend has funded three alternative pilot AP pathways to respond to the growing need. The LA note that the demand for specialist educational placements at the early years stage through to school-age pupils, is increasing in line with complex needs EHC plans.

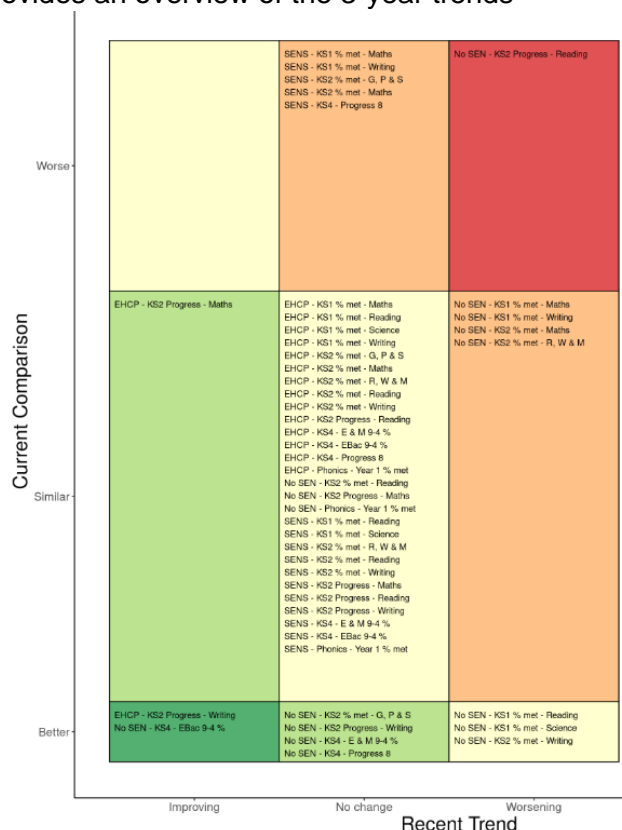
Attainment and progress

Southend City Council's Operational, Performance and Intelligence team collect and analyse a significant amount of education data to help the area understand the attainment and progress of all pupils. The published Special Educational Needs Profile provides an overview of the 3-year trends both locally and nationally.

Largely pupils with an EHCP or at SEN Support are performing the same as those nationally at Key Stage 1,2 and 4. Those with an EHCP are performing better than the national average in Key Stage 2 (writing).

Locally there are some metrics that shows worsening performance against the national average for pupils without identified SEN needs.

There are also some SEN Support metrics across the Key Stages that show that some children and young people with SEND, including those with SEN support, are not achieving as well as they could in school.



Attendance and exclusions

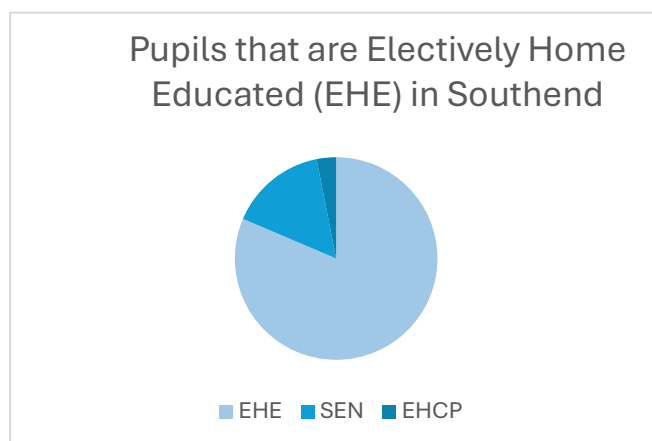
Published 2022/23 school census data reveals that 33.4% of children and young people with SEND are persistently absent from school. This equates to 1,308 children and young people and is just above than national average (32.3%).

2022/23 school census data also identifies that there were 11 pupils with SEND that were permanently excluded. This is 0.05% lower than the national average. Overall Southend has a suspension rate of 21.63%, (a total of 935 suspensions) for pupils with SEND. Although suspension rates are 1.69% lower than the national average, they have increased by 5.42% from the previous year.

Elective Home Education

As of June 2024 there are 609 pupils recorded as Electively Home Educated (EHE) in Southend. The highest reason given by parents for EHE where the child/young person has SEND was philosophical reasons (51%). Only 3 parents from this group identified dissatisfaction with the school in relation to SEND

- 115 previously identified as requiring SEN Support from their last school
- 23 currently have an EHC plan.



SEN Support

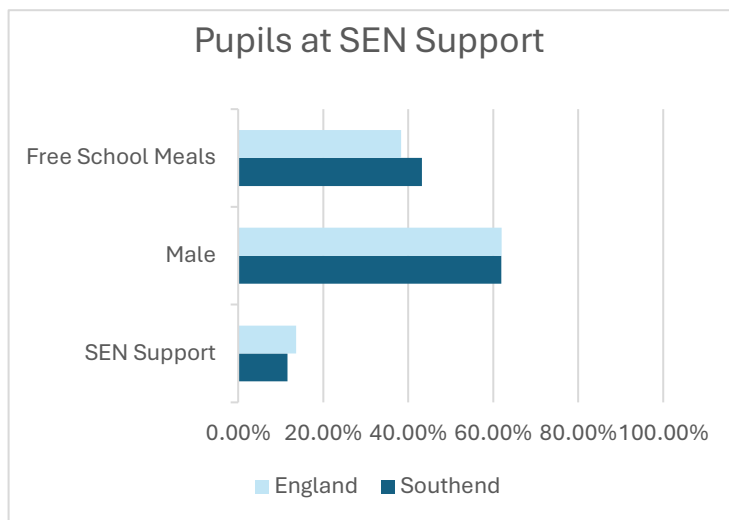
The Local Authority has produced a range of guidance and support materials to support settings in meeting the expectations of the graduated response in identifying, assessing and meeting pupil need. The SENCO Advisory Team offer support to schools and SENCo's in meeting requirements of the role and in delivering statutory and local duties. They undertake monitoring visits, offer a leadership programme and have co-produced toolkits all designed to support learners in school. SEND Statutory reviews are undertaken with selected schools through the LA risk registers/data.

The Educational Psychology Service is developing its core and traded offer with schools so that Educational Psychologists can play a role at the individual, group, and systemic level in terms of early intervention.

Data from the 2024 school census* and SEN2 reveals the two largest cohort of pupils at SEN Support are in years 3 and 5 (at 9.1%).

Additionally:

- Pupils with SEN Support eligible for free school meals is 43.2%, above the national average of 38.3%
- We know that 61.9% of those pupils at SEN support are male, which is consistent with the national picture (61.97%).
- Pupils who are categorised as receiving SEN Support in Southend schools is 11.58% which is lower than the national Average of 13.63%.

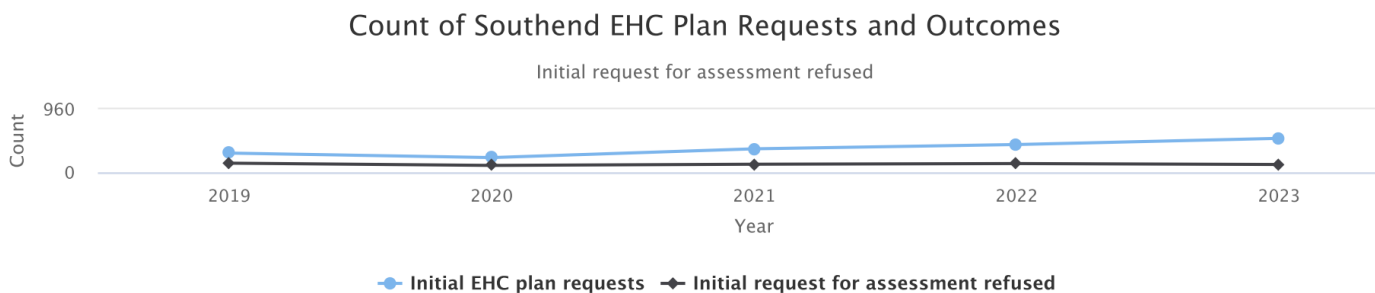


**School census data relates to children who attend a Southend school, regardless of the responsible Local Authority.*

Key issue: Early identification and intervention in Southend schools is inconsistent and does not demonstrate an effective graduated response. It is expected that the data would at least match national expectations for SEN Support identification. As a result, some children and young people's needs are not being identified correctly nor do they receive specialist support to meet their needs.

EHC needs request and assessments

The authority has seen significant demand for EHC needs assessments which has increased year on year, almost doubling from 293 requests in 2019 to 517 in 2023. The graph below shows the growth.

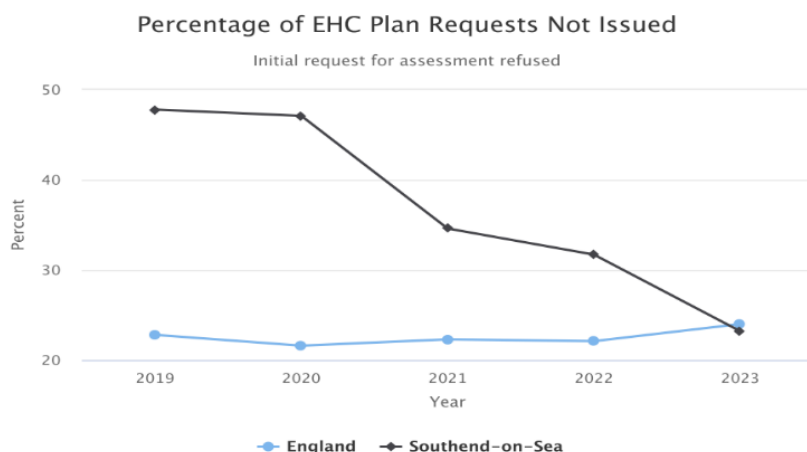


Additionally, from the period March 2023 to April 2024 the authority received on average 44 requests to assess each month.

This growth may, in part, be reflective of a lack of confidence from families that settings and schools can meet pupil need. It may also indicate that settings do not always feel confident in delivering SEN support and provision.

Historically, the percentage of requests that did not proceed to assessment was high in Southend.

In 2023 the percentage of requests that did not proceed to EHC needs assessment in Southend was 23.2% which is more in line with the national average of 24%



Key issue: A review the area’s EHC needs assessment decision-making process is needed to improve consistency and efficiency of decision making.

Increasing demand for EHC needs assessments, coupled with difficulties with retention and recruitment in the SEND assessment team and the national shortage of Educational Psychologists has impacted on staff capacity to deliver services at the expected level.

Key issue: There has been a significant decline in the authority’s statutory performance of EHC needs assessments. As a result, delayed output has led to monthly, ongoing increases in delayed assessments.

Over the past year the authority has accrued a backlog of over 200 assessments which have not meet the 20-week timeframe. As of June 2024, EHCP’s issued within timeframe is around 5%.

Increased complaints from families and schools over delays is also affecting the capacity of staff to deliver services in a timely way. A capacity review has led to the area developing priority plans to address the backlog and to focus on improving statutory completion rate.

EHC Plans

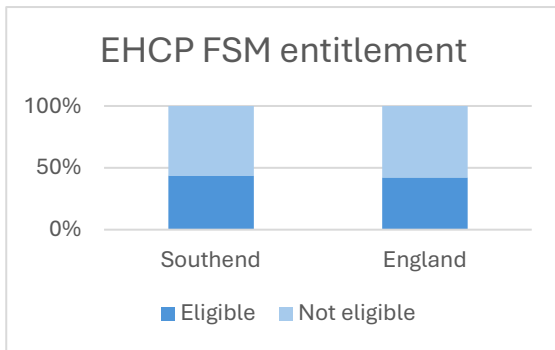
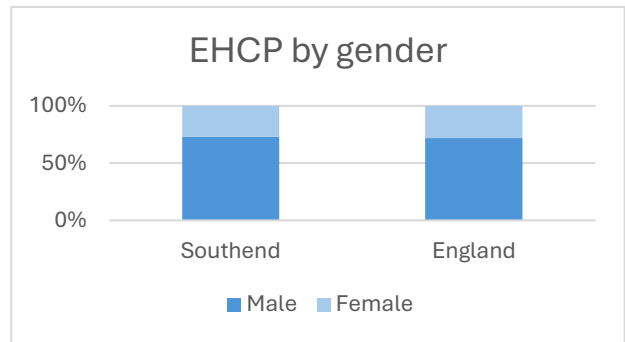
With the increase in assessments Southend has, like most Local Authorities, experienced significant growth in the issuing and maintenance of EHC plans. At the date of the last SEN2 census (18th January 2024) Southend maintained 1737 EHC plans for children and young people with SEND. This accounts for approximately 4% of the school population.

The largest cohort of pupils with an EHC plan are in year 8 (9.9%). ASC/SLCN is the main identified need for 55% of live EHC plans (947) and is the primary and most prevalent need in Southend.

84% of children and young people with an EHC plan are educated within Southend with the majority (42%) in Southend mainstream schools (including additionally resourced bases, which count as mainstream provision) and Early Years settings.

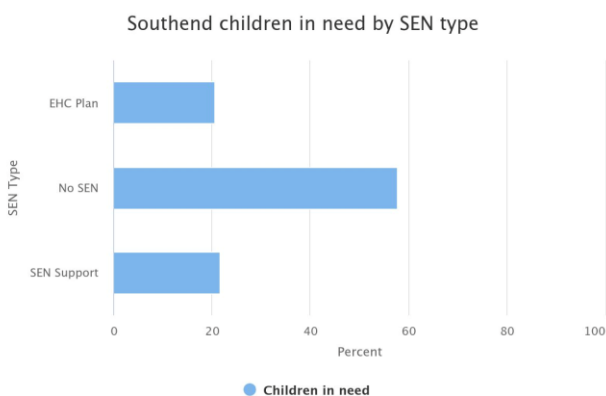
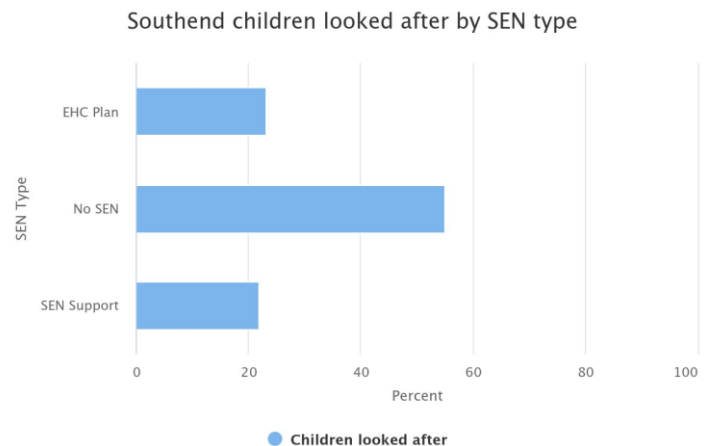
37% are educated in Southend special schools with approximately 11% of pupils with a Southend maintained EHC plan attend out of area schools.

73.04% of pupils with an EHC plan are male which is consistent with the national picture (71.96%).



Pupils with an EHC plan that are eligible for free school meals is 43.7%, compared to 42.2% nationally.

45% of Children classed as 'Looked After' have SEN, which is lower than the national average. 23.1% having an EHC plan.



In Southend 42% of children classed as a 'Child In Need' have SEN, lower than national average of around 50%. 20.5% of these have an EHC plan

Information presented in this section originates from internal IT systems, schools census and the nationally published SEN2 survey, January 2024. Figures quoted relates to all children or young people where an EHC Plan is active and Southend on Sea City Council is the responsible authority.

Whilst assessment data has improved and we understand the demographics of children and young people with EHC plans, review and audits show that the quality of EHC plans is inconsistent, as some plans do not accurately identify the pupil's needs, outcomes and provision.

The SEND assessment team work well with the child, young person family and involved professionals to co-produce the child or young person's EHC plan, but issues remain around the quality of statutory advice received from other agencies when undertaking assessment.

Key issue: Some EHC plans are not informed by multi-agency assessments that identify, assess and provide for need.

Quality assurance processes are embedded within the SEND Team and within individual services in the development of EHC plans. A Quality Assurance task and finish group has been formed to agree processes and develop an overriding multi agency quality assurance framework so that EHC plans are of consistently good quality and reflect the child or young person's needs.

EHC Plan Annual Reviews

Most schools and families understand the process of reviewing an EHC plan, however not all reviews take place in a timely manner. The SEND Team have experienced challenges in ensuring the timeliness of EHC plan annual reviews, in ensuring they are held and responded to within statutory timescales. Internal IT systems are not supporting the accurate collection of data to support challenge and monitoring. This has led to inconsistent case-management of reviews and an increase in complaints and placement challenges.

Furthermore, it is noted that professional contributions to annual reviews are not always made or sought and do not always reflect the stage the child or young person is at, nor outlines provision that takes full account of children's and young people's current and changing needs.

Recruitment and retention issues have also impacted on the Team's ability to issue amended plans within statutory timescales.

Key issue: Just over a third of EHC plans were reviewed within 12 months of the last review.

Contributions from professionals for Annual Reviews are not always timely and do not always capture pertinent information needed in relation to the child's needs and outcomes.

Key issue: Further work is required to improve data reporting in order to track activity and contributions to EHC needs assessments, plans and annual reviews from services.

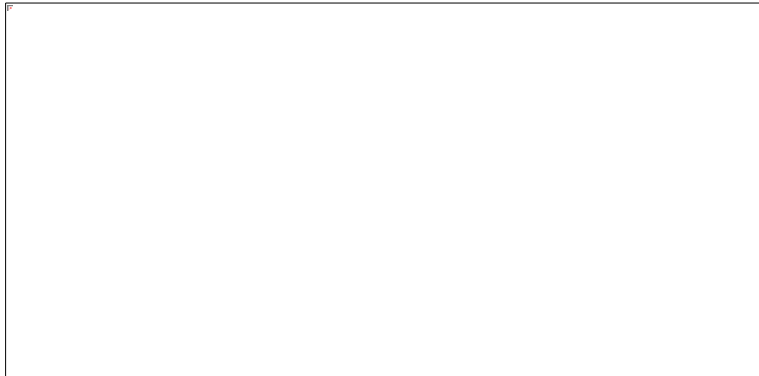
Post 16

Southend has a range of school sixth forms (both mainstream and special schools) and colleges offering Post 16 education, Apprenticeships, Traineeships and Supported Internships, AS/A-levels, vocational qualifications at all levels and bespoke packages of learning.

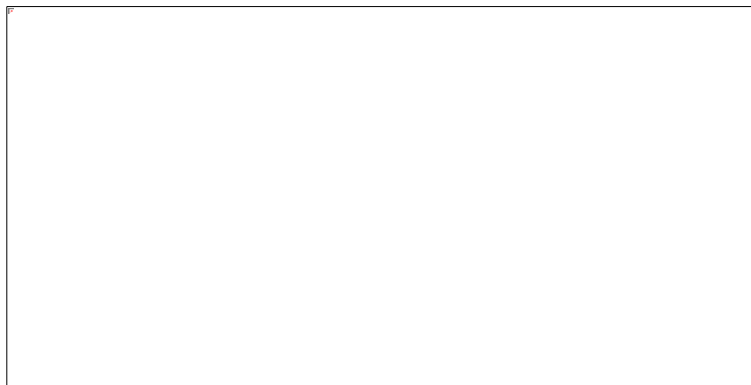
The SEND Preparing for Adulthood team attend year 9 reviews for pupils with an EHCP to ensure there is effective planning and preparation for the next stage of a young person's life.

The Connexions Service have a proactive approach in supporting all young people including those with SEND with careers guidance. They work closely with the special schools and accept referrals from other services as well as offering a drop-in service on a weekly basis.

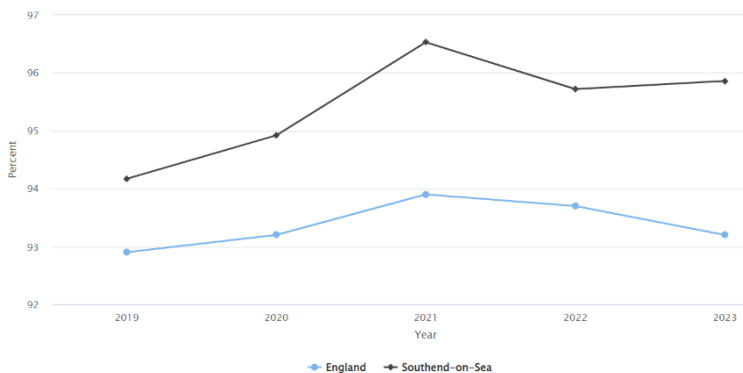
In 2023 (the latest recorded data collection) the proportion of 16 and 17-year-olds recorded as participating in education or training in Southend is higher than the national average. This is true for pupils with an EHCP, at SEN Support and with no identified SEND.



EHCP



SEN SUPPORT



NO SEND

The Proportion of adults with a learning disability in paid employment (2022-23 from the Adult Social Care Outcomes Framework) tells us that 9.59% are in paid employment, which is positive and almost twice as high than the national average of 4.76%.

Key issue: We know that the short breaks offer is underdeveloped and does not meet the growing needs of the local area.

As of June 2024, 108 children were allocated to workers in the CWD team. All children have an EHCP, with 107 of them being statutory school age. 16 children are classed as looked after (this includes section 20 (voluntary) and those under a Care Order to the Department) and 3 children are also subject to Child Protection Plans.

The CWD Team also oversees children that require support but do not need to be open to a worker as the support offered is assessed to meet their needs. 65 children are being supported by the team in relation to this.

The CWD team are reviewing systems that monitor their attendance and input into EHCP annual reviews and EHC needs assessments so that statutory duties are met.

Current data for children and young people open to CWD shows that the average school attendance rate is 87.8% with 23 children and young people recorded as persistently absent. The team works with schools to support CYP education achievement and attendance.

More work is needed to understand the nature of school absence for those young people supported by the CWD Team, however given the complexity of their needs and / or disability there may be naturally long term and ongoing health issues that impact on a pupil's attendance.

A review of Child in Need (CIN) census submitted to the DfE notes that 13% of children and young people had a disability as of 31 March 2024.

Children's Social Care teams use data about children and young people with SEND and work closely with colleagues in SEND services and settings to ensure that there is a cohesive and joined up approach in providing support.

Classification of social care support	Those with SEN Support***	Those with an EHCP***
Child in Need	2.2%	5.3%
Child Protection	0.6%	0.3%
Child Protection and Classed as Looked After	0.1%	
Classed as Looked After	1.1%	1.7%
Adult Social Care		1.4%
Youth Justice		0.5%

***Info taken from Capital performance data August 2024.

Preparing for adulthood

The SEND Preparing for Adulthood Team and Children's Social Care work together to identify Year 9 pupils with an EHCP who meets eligibility criteria for Adult Social Care using a matrix (informed by a transition assessment for those within CWD Team). This joint work informs the planning for transition support and into future Adult Social Care.

The CWD Team also link closely with all professionals involved in the young person's life from Health, Education and Adult Services and facilitate a transition for a child/young person into adult services. The work associated to the CWD team is strong and is growing in strength.

A transition protocol is in place to facilitate transfer between the CWD and Adult Social Care (ASC). Transitions planning starts at age 14 with the completion of Disabled Persons Assessment (DPA) and appropriate support/resources are put in place to monitor and support that child and their family. Referrals to ASC is completed at age 16 and a child is allocated to an adult social worker by age 17. This may be earlier when a child is looked after or when they are in receipt of a substantial care package. In 2024/25, 18 people transferred from the team to ASC.

Key issue: The work to support young people to prepare for adulthood does not always start early enough.

The area that we need to develop is transition within the wider social care department. There has been an increased focus on permanence and transitions to support this. Policies and procedures have also been updated to reflect this. Permanency planning meetings are being held and chaired by team managers and service managers. Monthly permanency summits (meetings) are being held focusing on these areas and others to remove any identified obstacles and facilitate positive outcomes for children/young people. The summits are chaired by Head of Service.

The Connexions Service have established systems in place for tracking pupil destinations (up to the age of 25 if an EHCP is in place). Monthly data is collected and analysed to draw comparisons both nationally and with other LA's.

Positively Southend young people classed as NEET (not in education, employment or training) or 'Not Known' is below the national average, with 16-17 year olds above the national average in participating in some form of education and training. The number of pupils with an EHCP in education or training in the 18-24 year age range is significantly above the national average. This indicates that there are good systems in place for young people as they move into adulthood.

However, for those young people who are classed as Looked After and Care Leavers of the same age, the figure is lower than the national average for participating in education or training, meaning there is work to do for some of our most vulnerable.

Health

ICB colleagues across the Nursing & Quality directorate ensure compliance with statutory duties in relation to SEND and prioritising work related to this above any other SEND development work. They work closely with SCC leaders in education and social care.

The ICB commissions services to meet the needs of the population of Southend, including services for young people with SEND.

The multi-disciplinary team at The Lighthouse Child Development Centre (LHCDC) provided by Essex Partnership University NHS Foundation Trust (EPUT) offer targeted and specialist services for:

- Specialised outpatient care for children and young people up to the age of 19 years of age with significant delay or concern and have, or are likely to require, the support from more than one service or discipline.
- Targeted and specialist support from Community Paediatricians, Physiotherapy, Occupational Therapy and Speech and Language Therapy.

- Neurodisability and an integrated pathway for neurodevelopmental assessment for children and young people with suspected Autism and Attention Deficit Hyperactivity Disorder (ADHD) pathways or other neurodevelopmental needs.
- Children's community nursing teams, including specialist support for epilepsy, diabetes, continence and special school nurses working directly in the special schools in Southend.

Key issue: Some children and families experience inconsistencies in levels of support and engagement whilst waiting for health need assessment.

There has been a focus on ensuring appropriate support is in place from health services for children and young people who are awaiting health needs assessments, so that early intervention reduces the risk of any escalation of concern. Over the last two years there have been significant improvements made to the experience, access and outcomes for children and young people. This is evidenced in the progress made towards improving waiting times across all service areas but especially in the waiting times for ASD/ADHD assessments.

Key issue: Further work is required to improve data reporting in order to track activity and contributions to EHC needs assessments, plans and annual reviews from health provider services.

The specialist mental health service for children and young people is Southend, Essex and Thurrock Child and Adolescence Mental Health Service (SET CAMHS). SET CAMHS offer targeted and specialist community-based assessment and treatment. The service is provided by North-East London NHS Foundation Trust (NELFT) in partnership with HCRG and includes a central single point of access (SPA) for referrals providing clinical triage leading to; advice and guidance, onward referral to specialist teams (i.e., Eating Disorder, Learning Disability etc.), locality teams and signposting to other services.

Key issue: Transition planning for children and young people with SEND accessing child and adolescent mental health services should start sooner to improve continuity of care.

Young people in Southend can access support from Progressions when they are approaching transition age and leaving SET-CAMHS but do not meet the threshold for Adult Mental Health Services. Progressions will provide short term intervention, support young people to access community services to support resilience and thriving and aim to reduce the number of young people seeking help at crisis point.

In Southend, specialist Learning Disability services are provided by Essex Learning Disability Partnership and include both children's and adult services. The LD teams are multi-disciplinary healthcare teams providing support for individuals across Southend, Essex & Thurrock. The services work closely with mainstream community health services to ensure young people receive support from the most appropriate service. However, the current services available in the area do not meet the full range of needs for young people with SEND.

Health Visiting Service 0-5 years

The health visiting service provides a universal offer of the national mandated Healthy Child Programme to all families in Southend commencing with a first contact by the health visiting service in pregnancy, and then four subsequent mandated contacts between birth and 2 years of age.

Health visitors utilise a range of assessment tools to review children's social, emotional and physical development, and work with parents to provide early support and intervention to promote children's development where appropriate. Where additional support or specialist assessment and intervention is required for a child, referrals are made to specialist services, and ongoing support and information is offered to the family until the referral appointment

School Nursing Service 5-19 years

All school age children, young people, and families with a special educational need or disability (with or without a diagnosis) are offered the healthy child programme 5-19 and have open access to the school nursing service offer.

Children, young people and families can access the school nursing service through a variety of different ways including via parent drop-in clinics in primary schools, chat health text messaging service for both parents/ carers and YP or calling/ emailing into the service. Schools/ professionals can also refer into the service with parent/YP consent.

The school nurse is available to provide support to parent and children and young people on health issues, particularly at transition points in the child's education journey. In addition, the service has a specialist school nurse for inclusion, who is the allocated school nurse for health promotion/advice and support for children and young people attending the Alternative Provision's in Southend.

Area Partnership Leadership and Commissioning

Whilst the Partnership works collaboratively and strengthened governance mechanisms monitors and oversees the delivery of services, it acknowledges there are gaps in the system that may impact on children and young people with SEND. Specifically, there is much work to do around the collection and use of data to inform commissioning but also to support rigorous and effective self-evaluation.

The completion of a Joint Strategic Needs Assessment is underway and will support leaders in this respect both operationally in tracking progress and strategically in further understanding the needs of our children and young people.

Key issue: The area does not have accurate data sets across health, education and social care to support self-evaluation and inform joint commissioning. A Southend joint commissioning group needs to be re-established.

The MSEICB and SCC are in discussion about establishing a joint commissioning forum.

Feedback

Southend SEND Independent Forum (SSIF) work closely with leaders across the partnership to ensure that feedback and information shared with them by parents and carers supports an

understanding of wider community issues and the impact on families as they use and navigate services.

The feedback shows that families are concerned about issues we have identified in this evaluation: namely SEND Support in school, EHC needs assessments and the EHCP annual review process, in addition to waiting times.

Positively parents and carers appreciate knowledgeable and family focused staff who understood their child's and family's needs. They felt this led to better outcomes for all. Parents and carers also reported that support groups, coffee mornings and opportunities to meet other families helped them to understand the system and feel less isolated.

SSIF work closely with the SEND Local Offer Team to ensure there is better communication with families, so they understand the support available and actions undertaken to address challenges.

With their contributions SSIF supports the Area Partnership plans to ensure that parent carer voice informs strategic planning.

Key issue: Whilst there has been some good work across the area with children and young people with SEND their voice is not embedded in strategic decision making.

Part A has set out the context and identified that key issues in our local area. In the next section this evaluation will consider the quality and impact of services and joint working, against the new Inspection Framework.

Part B

Assessment of current arrangements and their impact for children and young people with SEND

1) Children and young people's needs are identified accurately and assessed in a timely and effective way

<p>What we do well</p>	<ul style="list-style-type: none"> • The multi-agency core referral team (MACRT) is well established and meets on a fortnightly basis to discuss referrals for the under 5's into the Child Development Centre. • The Early Years Team hold a fortnightly Play and Development group at the Family Centres. • The Development and Play Children's Service (Jigsaws, which is part of the wider Lighthouse Child Development team) offer specialist support to families from maternity to age 8. • An established weekly meeting between the Specialist Health Visitor for children with additional needs, the Educational Psychologist specialising in Early Years and the Early Years SEND Team, discuss next steps for children referred into the early years' service, and consider requests for the SEN Inclusion Fund. • NELFT provide targeted support in Southend through schools Mental Health Support Teams (MHST). Targeted support is currently offered across 10 mainstream school settings and one further education setting as part of a national pilot. • A Better Start Southend (ABSS) offer Specialist Health Visitors Perinatal/Infant Mental Health identifying and supporting mothers with low to complex mental health needs and early intervention in Southend wards • Neurodevelopmental pre and post diagnostic workshops are delivered to provide accessible support to everyone who identifies as autistic/ADHD • The introduction of a nurse-led ADHD service and QB Test Technician at the Lighthouse Centre who work closely with the Community Paediatrician Service. • Improved the experience of "waiting well" for those waiting for neurodevelopmental assessment from the Lighthouse Service. • There is an effective children's therapy triage system. • SET CAMHS assessments are completed within better-than-expected performance indicators • Monthly Multi-Disciplinary Team meetings with CAMHS and the Lighthouse Child Development Centre to ensure joint working and roust support for children with SEND. • Primary care teams undertake annual health reviews for young people with a learning disability in a timely way. • SENCO Advisory Team offer advice and support to schools and SENCo's in meeting expectations of the role, statutory and local duties, and the graduated response. The team lead monitoring visits, offer a school leadership programme, and toolkits and strategies to support learners in school. • SEND Statutory reviews are undertaken with selected schools through the LA risk registers/data. • The Health Visitor offer a targeted pathway for those children that have specific needs. • The school nursing team deliver The Healthy Child Programme and six high impact areas of the healthy child programme (HCP) to all children aged 5-19 including those who are electively home educated. • 100% of the 2 -2 ½ year old assessments within the Healthy Child Programme include the use of the Ages and Stages Questionnaire (ASQ-SE). • All children and young people under the Virtual School have termly reviews of their Personal Education Plan. • Lighthouse Child Development Centre introduced closer collaborative working relationships via joint monthly multidisciplinary team meetings (MDT) that include community Paediatricians, clinicians and SET CAMHS Community Psychiatrist to discuss children and young people with neurodevelopmental aspects of a child presenting with possible autism/ADHD or mental health cases. • Children and young people open to Children's Social Care have timely assessments that assess the holistic needs of them and their families.
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	<ul style="list-style-type: none"> • Transition between children’s and adult social care is good with a joint protocol in place
Impact on outcomes	<ul style="list-style-type: none"> • Families waiting for neurodevelopmental assessment receive follow up advice and support at every given stage. • Most children and young people with SEND who are referred to physiotherapy and occupational health services are seen within 18 weeks of referral. • Lighthouse consultant-led waiting times have significantly reduced from 120 weeks to 28 weeks. • There is an improving picture on the uptake of annual health reviews. These reviews support a more individualised approach to meeting the needs of children and young people with SEND. • Children identified with development delay or additional needs are supported by the Health Visiting team who assess, provide early intervention and targeted support and signposting (where appropriate) and/or referrals to additional services. • EHE pupils access school nursing visits in a preferred location upon request. • All children referred to the Early Years SEND Team via a Section 23 or setting referral are seen within 6 weeks. • Early Years pupils supported by the Early Years team, The Development and Play Children’s Service (Jigsaws) and Health Visitor, benefit from personalised support plans that take into account their unique circumstances and needs, leading to more effective interventions. • Joint working with professionals at the MACRT meeting allows for early identification of needs and timely interventions for children in the Early Years. • Holistic planning through weekly meetings with the Specialist Health Visitor the Educational Psychologist and the Early Years SEND Team support effective next steps for individual children through timely and appropriate interventions. • The SEND Play and Development group allows professionals the opportunity to observe children in a setting with peers and assess their needs in an environment other than at home. • Children and young people referred to SET CAMHS are assessed within 8 weeks of referral. • 2 -2 ½ year old assessments using the ASQ-SE focuses on social-emotional development and behaviour in young children. • The educational progress of Looked after Children is closely monitored with further support offered if needed. • Children and young people who have a diagnosis of or are in the process of an assessment for neurodevelopmental conditions like attention deficit hyperactivity disorder (ADHD) receive better coordinated support as the nurse-led ADHD service and QB Test Technicians work closely with the Community Paediatrician Service. • Children and young people who do not have a diagnosis, if they are on the waiting list or if they do not wish to be diagnosed, and those, who against expectations, do not meet the criteria for Autism, are provided with support before diagnosis (for seeking needs/strengths-based assessment or identified based assessment) which is integrated with needs/strengths based post-diagnostic support.
What do we need to do to improve?	<ul style="list-style-type: none"> • Strengthen early intervention in early years settings through specialist advisory support work. • Increase Speech and Language therapy support for children and young people who attend mainstream settings. • Expand the Educational Psychology core offer to schools to address systemic level issues, such as staff wellbeing, policy development, and targeted group support. • Increase the traded uptake of the Educational Psychology Service in schools to focus on early intervention at the individual, group, and systemic level. • Development of an Emotional Wellbeing Service for all schools • Rollout Emotional Literacy Support Assistant (ELSA) training.

	<ul style="list-style-type: none"> • Improve the timescales for providing Educational Psychology statutory advice • Undertake EHC needs assessment within statutory timescales.
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2. Children, young people and their families participate in decision-making about their individual plans and support

What we do well	<ul style="list-style-type: none"> • The EHC needs assessment process continues to involve children and young people and their families at an individual level regarding the assessment of their child and in drafting the plan. • The views of children and young people, and of parents and carers, are captured more systematically as part of the EHC needs assessment processes. • Stakeholders are encouraged to feedback on their experiences of Educational Psychology involvement for EHCP assessments and other work • Schools routinely consult with children and young people with SEND and with their parents and carers as part of the EHC plan review process • Children and young people who are classed as 'in need' or 'looked after' actively participate in meetings about them and share their voice. • Children's Social Care commission advocates for both parents and children. • Social Care work directly with children and parents to ascertain their views which are inputted into assessments and plans. • Every child and young person classed as 'looked after' have an Independent Reviewing Officer and within court, a guardian is appointed. • Care plans are co-produced with children, young people and their parents where possible. • The views of all parents and pupils are sought as part of any Inclusion Panel referral and are fully considered when agreeing alternative provision placements and resources to support further interventions.
Impact on outcomes	<ul style="list-style-type: none"> • Families co produce EHC plans leading to greater satisfaction and reduced appeals and mediation meetings. • Families feel more confident and have trust in assessments and personalised plans. • Children and young people classed as 'looked after' or 'in need' have their voice heard and their views are included in their plans. • Feedback from parents and pupils on their experiences and outcomes when accessing LA commissioned alternative provision is mostly good or better. • Children's Social Care assessments regularly include voice of CYP, family and those significant to them.
What do we need to do to improve	<ul style="list-style-type: none"> • Engaging parents and accessing the voice of Electively Home Educated pupils. • A consistent and robust approach to EHCP Annual Reviews. • The short breaks offer needs to meet the growing needs of the local area and support individual choice.

3. Children and young people receive the right help at the right time

What we do well	<ul style="list-style-type: none"> • The Special Educational Needs and Disabilities Information Advice and Support Service, the Local Offer Team and the Parent carer Forum engage widely with families across the city to help parents and carers to navigate the local offer and access the right support in a timely way. • School staff appreciate the guidance and support they receive from the local authority SEND team to help identify and support children and young people with SEND at an early stage.
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	<ul style="list-style-type: none"> • Waiting times for ASD assessment have reduced despite increasing demand. • Work on pre and post diagnostic assessment support is progressing: <ul style="list-style-type: none"> ○ The Lighthouse ASC team are now hosting a series of post-diagnosis support group sessions across a wide range of community venues. ○ Work continues with the development of The Essex Autism Project with children, young people, their families and professionals involved. ○ Regular sharing of additional service and support via Southend SEND Partnership e-newsletter (Pier into Southend). • EPUT has ensured their web pages have information about routes to referrals, assessment and treatment pathways. Resources are also available to provide support and advice for families whilst waiting for assessment. • Mid and South Essex Health SEND Champions forum formed. • Southend Essex and Thurrock (SET) Child and Adolescent Mental Health Service (CAMHS) website has a number of resources available to support a range of difficulties as well as clear information on referral routes and what to expect next. This includes voluntary sector services such as online counselling, for example KOOTH • Children and young people with SEND access a range of services that are available to meet their social and emotional health and well-being. • Schools have received additional £5 million of funding to support inclusive practice. • 3 Alternative Provision (AP) Pilots have been commissioned to support children and young people with additional needs who struggled to maintain their placement. • The Development and Play Children’s Service (Jigsaws, part of the wider Lighthouse Child Development Centre Team) work jointly with the Early Years SEND Team to offer specialist support to families from maternity to age 5. • The Early Years SEND Team offer a SEAS (Southend Early Autism Support) course twice a year for parents/carers. It is also offered to professionals. • The school nursing service has developed resources which are inclusive to support children with SEND needs and provide a signposting resource to local support services.
Impact on outcomes	<ul style="list-style-type: none"> • Families awaiting a diagnostic assessment understand the process, receive regular communication and are offered monitoring calls support and strategies. • Families receive a consistent offer and are effectively communicated with at key points of the health assessment referral process. • Families receive accurate advice and support on SEND issues from SENDIASS. • Children and young people with SEND access a range of services that are available to meet their social and emotional health and well-being • Children and young people accessing alternative provision pathways are fully supported with a reintegration to mainstream. • Children and young people have the support they need in schools and Early Years settings, through additional funding whilst they undergo EHC needs assessment. • More children and young people with SEND to engage positively in learning through alternative provision. • The Development and Play Children’s Service allows parents to speak with professionals to discuss useful strategies and interventions to support their child and also gives them the opportunity to network and meet other families. • Parents/carers report they have gained a better understanding of autism, and feel empowered and confident to utilise practical strategies and skills for supporting their child by attending the SEAS course. • Families understand and can better navigate the SEND system and know where to obtain advice.
What do we need to do to improve	<ul style="list-style-type: none"> • Improve the timeliness and quality of EHC needs assessment and EHC plans. • Ensure there is robust systems for sharing information with CAMHS when EHCPs are being requested or reviewed.

	<ul style="list-style-type: none"> • Track the impact of the revised early help and family centre offer on children and young people. • Review the area's EHC needs assessment decision-making process. • Ensure there is consistent support to families waiting for health need assessment across all pathways as some experience inconsistencies in levels of support and engagement whilst waiting. • Ensure parents and carers and professionals understand how to access the range of services that are available from education, health and social care, so they can access the right support at the right time. • Improve access to services for individuals with LD & Autism so that the DSR service is not used as a gateway. • Ensuring parents, carers and schools are informed about recovery progress in regard to EHC assessment delays. • Create an Early Years' Strategy, which meets new statutory duties and supports early intervention. • Reduce suspensions and persistent absence from school for pupils with SEND. • Settings that are more inclusive and identify additional needs at the earliest opportunity. • Pupils are referred to inclusion panel at the right time to access early interventions rather than at crisis point with risk of exclusion.
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4. Children and young people are well prepared for their next steps, and achieve strong outcomes

What we do well	<ul style="list-style-type: none"> • There is strong partnership working to identify and support children and young people with SEND who are at risk of missing education or who are not engaging with education or training. • SEND PFA Team and children's social care work together to identify Year 9 pupils with an EHCP who meets eligibility criteria for Adult Social Care using a matrix (informed by a transition assessments for those within CWD Team) • SEND Preparing for Adulthood (PFA) coordinators have increased their attendance at Year 9 annual reviews to provide guidance and training to SENCos. • Connexions Service engage well with young people in alternative provision and EHE in addition to the introduction of a SEN Careers Guidance Champion for the Connexions service who offers additional advice, support and guidance to young people with SEND. • A targeted Careers fair held at central library for vulnerable young people in Southend for young people identified as NEET, SEND, EHE, LAC and 16+ Care management. • Robust transition processes and guidance supported by the Early Years SEND Team ensure that settings, schools and families jointly plan transitions for children with EHC plans and those on SEND Support going into reception. • Rollout of the EPUT, Good Practice Transitions, Ready Steady Go programme. Transitions workshop is part of the parent/carers programme. • A protocol in place between adult and children services for transition. • The health visiting service work in collaboration with preschool settings, therapists, and paediatricians and specialist nurses to support the development of an individualised personalised plan for children and liaise directly with the school nursing team to ensure that support is available for a child and family at school entry transition.
Impact on outcomes	<ul style="list-style-type: none"> • Children and young people with SEND who are at risk of missing education or who are not engaging with education or training are identified and supported to be successful in continuing their education once they leave school.

	<ul style="list-style-type: none"> • Joint working informs the planning for children and young people who require transition support now and into future to adult social care • Better quality information in Year 9 Annual Reviews supports effective PFA planning with EHC plans amended and issued to reflect PFA outcomes. • PFA planning prepares SEND young people for meaningful adult lives with opportunities for them to pursue purposeful employment and community involvement. • Ready Steady Go Programme supports the lifelong challenges facing children and young people with neuro-disability and neurodevelopmental conditions as they make daily, life stage transitions to ensure more continuity of support and greater wellbeing. • Children offered support by the Early Years SEND Team settle into school quicker and parents/carers are more confident that their child will receive the support they need from the outset. • Schools receiving children supported by the Early Years SEND Team are able to plan effectively for the child, ensuring continuity in learning and better learning outcomes for the child. • Young people are effectively supported into post 16 education destinations and career pathways, evidenced in lower numbers of young people who are NEET. • The proportion of 16 and 17-year-olds recorded as participating in education or training in Southend (with or without SEND) is higher than the national average. • The Healthy Child Programme underpins the assessment of the health and development of children in their early years to identify children's needs at the earliest possible stages of their development milestones.
<p>What do we need to do to improve?</p>	<ul style="list-style-type: none"> • All EHC plans that accurately reflect the child or young person's stage and phase of education. • The timely processing of all annual reviews. • Health and social care advice confirms provision or support (where appropriate) to support the outcomes identified in children's and young people's education, health and care (EHC) plans • Educational Psychology assessments carried out within statutory timeframes • Preparation for adulthood begins early and pathways to training and employment are well understood. • Children's Speech & Language Therapy, Children's Occupational Therapist & Physiotherapist will contribute to annual reviews in a timely fashion. • Developing supported internships. • Support improved identification of young people who are deemed eligible to transition to Adult Social Care. • Raise awareness and offer training for school staff about eligibility criteria for young people to transition to Adult Social Care and include other partners across the LA and Partnership. • CWD Transition assessment document being redeveloped in line with the views of children and young people.

5. Children and young people are valued, visible and included in their communities

<p>What we do well</p>	<ul style="list-style-type: none"> • Children and young people with SEND are beginning to be more involved in the wider decision-making of the area, such as by taking part in the Southend Youth Council. • Children and young people involved with Children's Social care are consulted on aspect of policies which are being co-produced. • Children and young people involved with Children's Social care developed a welcome pack for those new into the care system. • The HAF programme is fully inclusive, with positive feedback from parents and schools.
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	<ul style="list-style-type: none"> • Lighthouse Centre engaged children, young people and families to participate with sensory garden design. • CAMHS continue to work with children, young people and their families to identify different support required. • The Virtual School encourage their children and young people to engage in a variety of opportunities offered both within school and the wider community. • Virtual School staff lead on events for children and young people, such as NEET training days, Make Happen events and our Celebration Awards events. • 6 EHE young people (4 of which are recorded as SEND) took part in the Youth Health Champions project and held a community event for over 100 people during Mental Health week 5-9 Feb 2024. • The EHE Team supported home educated pupils with community access to literacy workshops, Mindful Art classes, crochet & knitting, Forward Motion/Bikeability sessions and art classes.
Impact on outcomes	<ul style="list-style-type: none"> • Children and young people who are involved in the youth council are positive about the impact of their work. They say that adults listen and act on their ideas. • 80% of EHE pupils returning to formal education were classed as SEND. They reported positive experiences since returning to school. • All EHE pupils who attended, passed the Royal Society of Public Health Youth Health Champion Level 2 Award which is equivalent to a GCSE. • EHE young people feel included in their community as the EHE Team deliver opportunities for young people to develop skills and life experiences, in addition to the core curriculum. • Personal Education Plans for looked after children details hobbies and interests and promotes the importance of extra-curricular clubs within school. • The Virtual School use PEP information to inform events and development of opportunities for young people. They also share this information with our colleagues who lead Children in Care Council to ensure that children are engaged in interests and relevant activities, best suited to their interests and needs. • All Virtual School events and opportunities are shared with Social Workers and Designated Teachers within schools, to ensure that activities are promoted, and that young people have access to the abundance of support and fun activities that are out there within their community. • More children and young people with disabilities are taking up the offer of short breaks. • There is a high level of take up in many of the HAF activities. Children and young people with SEND tell us that they feel included in activities. • In 2023/24 there were 8 organisations accessing the Main Access Grant. In addition, there are 96 children making use of our community access grants. 157 children and young people are receiving respite care, plus 16 who are classed as looked after.
What do we need to do to improve	<ul style="list-style-type: none"> • Widen and develop the range of activities available where children and young people with and without SEND interact. • Although parents and carers and children and young people with SEND are positive about some of the wider opportunities that are available to them within the local community, there are not enough clubs and activities available to children and young people with SEND, including during the school holidays • Children and young people who are involved in the youth council feel it would be better if the needs of children and young people with SEND were more widely understood across the community in which they live.

6. Leaders are ambitious for children and young people with SEND

What we do well	<ul style="list-style-type: none"> • The LA has increased financial support for children and young people with SEND through additional support for interventions, inclusive practice and Action Research. • All Southend City Council departmental service plans set out clearly how they listen to the voice of children, young people and their families in formulating their service priorities. • The use of data and other management information (such as our knowledge of schools) drives our decision-making processes. • SEND Strategy and Strategic Action Plan is in place. • There is revised Governance and reporting structures in place. • A schools SEND Forum has been established. • Membership of the SEND Partnership Board revised. • In 2023/24, over £500k in capital grants was successfully allocated to improve and develop inclusion and SEND provision across their settings
Impact on outcomes	<ul style="list-style-type: none"> • There has been a 50% increase in capital grant applications for 2024/25 with almost £630k allocated to schools. • Action research projects identified evidence based teaching practices, interventions and support to improve provision and included: <ul style="list-style-type: none"> ➢ ‘The Sanctuary’ – an alternative provision to reduce anxiety and support young people with ASD to improve outcomes. ➢ Exploring how quality first teaching can improve SLCN in early years. ➢ The Neuro-Ambassadors Programme: developed to improve employability skills for neurodivergent learners. ➢ Exploring SEND assessment using the Bexley SEND Assessment toolkit across 5 Southend schools.
What do we need to do to improve	<ul style="list-style-type: none"> • Embed new processes to build confidence in the system. • The senior leadership teams need to get better at quality assurance and holding services to account. • Re-establish a Southend focussed Children’s Commissioning Forum

7. Leaders actively engage and work with children, young people and families

What we do well	<ul style="list-style-type: none"> • Leaders in health, education and care work closely with Southend SEND Independent Forum (SSIF) the Parent/Carer Forum, ensuring they are invited as equal partners to policy development. • Key area leads across the partnership work well with SSIF to provide community support and advice to SEND parent carers via the new SEND Network and termly SSIF Seminars. • In response to feedback the new accessible Livewell platform hosting the Local Offer was launched in July 2023. • The local area partnership has worked to ensure parents and carers and professionals receive clear and reliable information about how to access the range of support and services that are available. There are improved communications to stakeholders from across the SEND Partnership via the SEND Network and the SEND Partnership monthly e-newsletter (Pier into Southend). • SEND Champions have been nominated from local groups and organisations via the SEND Network. • Feedback obtained via the SEND Network shaped a project plan scoping out the development of roadmaps to support families navigating the SEND system. • SEND Surgeries are now held in local schools and settings which provides greater access for families.
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	<ul style="list-style-type: none"> The Virtual School Team work closely with families and Foster Carers to ensure that any issues are identified, and support is provided to the adults that live with and work with looked after children.
Impact on outcomes	<ul style="list-style-type: none"> SEND Network members receive up to date communications from the Area Partnership to disseminate amongst their membership. The community are better informed of local area news and updates. There are over 2000 Subscribers to the SEND Partnership e-newsletter (Pier into South-end). 30 nominations for SEND community champions have been received. 3 Roadmaps are being developed in conjunction with the Parent Carer Forum Seminars between February – June 2024 and will provide families a visual tool to navigate services. 3 feedback and co-design sessions were held in developing the look and feel of the Local Offer. With Half termly Your Local Offer Your Way sessions and participants supporting amends to 29 pages and created 5 new pages on the Local Offer. The updated Local Offer feedback survey has evidenced greater satisfaction from users. 100% of parent-carers attending SEND Surgeries this academic year stated that the surgery was helpful to them. The collaborative and approachable style of working from staff within the Virtual School has enabled stronger relationships with children & young people, Foster Carers and wider families.
What do we need to do to improve	<ul style="list-style-type: none"> Building trust with parents and carers by improving service delivery across the local area partners. Using the voice of children and young people with SEND to inform strategic decision making. Continue to develop opportunities for children, young people and their families to engage and feedback their experiences.

8. Leaders have an accurate, shared understanding of the needs of children and young people in their local area

What we do well	<ul style="list-style-type: none"> Revised the membership of SEND specific meetings across the SEND partnership to widen multi-agency representation and to include schools and parent voice. Strengthened reporting from key area leads to SEND specific meetings and the Health and Well-Being Board. Leaders in Health, Education and Social Care have aligned services to ensure that Alternative Provision and SEND is an integrated system. The review of the Integrated Care Board has been completed with roles identified that support the SEND and Children's agenda. Created a Headteachers SEND Forum that supports wider consultation and feedback with regards to service improvement. Improved the collection of data and analysis to track educational outcomes of children and young people. SSIF is making a strong contribution in sharing the experiences of children and young people with SEND and their families. SCC data team has updated the existing education/social care data to include reports on early identification of SEND at early years settings in comparison with schools. Completed the annual refresh of the publicly available SEND data tool, which incorporates a large variety of education-based published SEND data and allows Southend to be compared against other authorities.
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	<ul style="list-style-type: none"> • A SEND Joint Strategic Needs Assessment that includes data across education, health and social care has been drafted.
Impact on outcomes	<ul style="list-style-type: none"> • New governance arrangements have led to clearer functions for reporting and tracking progress against strategic action plan across meetings. • SEND Strategic Board members have clearer oversight of the delivery of SEND Services and the impact of them. • Leaders in Health, Education and Social Care are held to account on the delivery of services. • There is greater stakeholder engagement through the creation of the SEND Headteachers Forum, SEND Network and Educational Strategy Group. • SSIF remain equal partners to policy development and strategic planning. • Leaders have been empowered to take improvement actions. • Schools are now more engaged with the shaping of services and have a better understanding of the wider picture. • Data from education teams at the council is being shared through SEND meeting to outline service delivery and impact.
What do we need to do to improve	<ul style="list-style-type: none"> • The availability of a new health data dashboard so that senior leadership teams can hold services to account. • Data related to the All-Age Dynamic Support Register and Care Education Treatment reviews needs to be included in the area's joint data set, and shared formally through to the Strategic Partnership Board • Data Quality Improvement Plans (DQUIP) will be required to ensure timely and accurate reporting. • Clearer joint needs assessment focused on SEND so that identified gaps can be responded to through joint commissioning. • Improve the collection of SEND statutory service data.

9. Leaders commission services and provision to meet the needs and aspirations of children and young people, including commissioning arrangements for children and young people in alternative provision

What we do well	<ul style="list-style-type: none"> • Additional special school places commissioned outside annual commissioning cycle to meet increasing demand. • Reviewed the city-wide training requirements and offer as part of the Inclusion Review and led to the development and improvement of Outreach Support Services for SEND. • Strengthened the Early Years and Childcare Service with the appointment of additional Early Years advisory teachers. • 46/53 Southend schools have engaged with relational practice and trauma informed training. Each school was provided with a specific programme, suitable to their strengths and needs. • Relational practice training has also been delivered to professionals in Children's Services, Education, Inclusion and Early Years departments and Southend parents and carers. • 28% Southend Schools have Mental Health Support Teams (MHSTs), in place. • The Kids Autism Hub was commissioned by the Mid & South Essex, Suffolk & Northeast Essex and Hertfordshire and West Essex ICBs for young people who have newly received a diagnosis of autism or who are on the diagnosis pathway, and their families. • The Autism Keyworker Service has been developed as a response to the NHS Long Term Plan. • Educational outcomes for children at LA commissioned alternative provision places are better than national figures. • Prioritised the delivery of Autism Education Trust' (AET) Schools Good Autism Practice for teachers and support staff and ARBs.
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	<ul style="list-style-type: none"> The local authority awarded Small Capital Bid Grants to successful schools that included the development of sensory rooms, SEND specialist classrooms, nurture Base, sensory garden spaces, wellbeing intervention rooms, life skill kitchen areas and accessibility adaptations to school buildings.
Impact on outcomes	<ul style="list-style-type: none"> Additional Specialist Support Services and the increased offer to schools, children and young people with SEND will support the Early Years Foundation Stage (EYFS) Key Stage outcomes to be in line with or better than national expectations. The Early Years Integrated Service including Family Centres increases support for settings and for SEND identification. Most schools are in the process of reviewing or changing their behaviour policies to reflect relational approaches which will strengthen inclusive practice and support schools to meet the needs of children within mainstream settings. Children's Services staff trained in relational practice provides consistency for families. Inclusive practice across schools increase access to education and reduces suspensions and modified learning plans. MHSTs support mental health and wellbeing of pupils and students, working closely with pupils, families and staff to promote positive mental health and improve emotional wellbeing as well as providing targeted mental health support, early on, where needed Data has highlighted the need to improve inclusive provision within mainstream schools, creating greater capacity for specialist provision in both mainstream and special schools. Data has indicated the greatest identified need was for support for pupils with Speech Language and Communication needs. Health data has identified the importance of support services for those who are neurodiverse. Significant investment is being made in developing a Specialist Teaching Support Service to support schools and settings. Families will have more options for the education of their child. The Kids Autism Hub helps around 10% of young people and their families understand more about autism and the different ways autism can affect people, offering a range of guides, resources and direct support. All autistic children and young people, and/or those with a learning disability aged 0-25, in the community with the most complex needs, will have the offer of a designated keyworker to reduce the number of autistic children and young people and/or those with a learning disability in inpatient settings or at risk of being admitted (to Mental Health hospital).
What do we need to do to improve	<ul style="list-style-type: none"> Develop a consistent approach to place planning. Develop a commissioning strategy. Invest in early intervention. Education data reveals that the greatest need was for support for ASC and Social and Communication needs. Review our SEND estate to create more specialist provision in both special schools and Additionally Resourced Provision. Rollout our relational practice to health teams Revise the current inclusion and exceptional SEN funding model to ensure consistency and increase uptake. Invest in a new Specialist Teaching Service from September 2024, an Education Well-Being Service and a Speech and Language Education Support Service Enhance access arrangements in schools and settings for children and young people with SLCN and other therapy needs. Embed Southend attendance at multi agency DSR meetings for CYP and adults. Ensure SEND Partnership Board has feedback from LD/A HE Board and NHSE re DSR oversight and escalation.

	<ul style="list-style-type: none"> • Further develop, commission and implement permanent alternative provision places for all ages including sixth form.
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10. Leaders evaluate services and make improvements

What we do well	<ul style="list-style-type: none"> • Leaders have been empowered to take improvement actions with an ambitious transformation programme and service reshape. • Small Capital Bid Grants used to award £1 million to schools over 2023/24 and 2024/25 to strengthen SEND provision. • Completed an inclusion review of alternative provision options, the effectiveness of the SEND graduated response, how children and young people with SEND are educated successfully alongside peers in a mainstream school, and exploration of practise, service provision, modelling, and training to meet the growing social, emotional, mental health, anxiety and related medical needs of children and young people in Southend. • Service data from health, education and social care is now shared individually through SENDAP Operation Group with escalations to Board • The local area partnership has consulted on the local area's strategic priorities for improvement. • Increased the use of data in decision making. • Secured more investment in SEND services. • Increased support to Early Years, school-based settings and for SEND identification. • Created a SEND Forum as a venue to keep schools abreast of our plans, but also to consult with, and hear from, them with regards to service improvement • Southend Inclusion Review led to the creation of 3 new alternative provision pilots. • Developing an ELSA Network in partnership with EPS and Health
Impact on outcomes	<ul style="list-style-type: none"> • Significant service changes will support children and young people with SEND. • Quality assurance of plans takes place within individual service areas. • Data analysis guided where investment was needed for a new teaching service. • Schools are now more engaged with the shaping of services and have a better understanding of the wider picture. • With parents, co-produce resources and facilitated parent support groups, in addition to school's universal offer with a particular focus on SEMH.
What do we need to do to improve	<ul style="list-style-type: none"> • Quality assurance of EHC plans. • Timeliness of EHC needs assessments. • Timeliness of annual reviews • Accurate data that supports Health and Social Care colleagues to deliver on statutory duties for EHCNA and AR's • Improve system wide understanding of therapy provision as specified in EHC Plans. • Performance and data teams across the partnership develop a joint dashboard with all information feeding into a central repository. • Data from the Learning Disabilities/Autism Health Equalities team to be shared back through the partnership via the members • Develop a more efficient system for administrating statutory EHCP processes. • Ensure SEND team capacity to meet demand is in place. • Ensure multi-agency panels and decision making is effective and efficient.

11. Leaders create an environment in which effective practice and multi-agency working can flourish

<p>What we do well</p>	<ul style="list-style-type: none"> • Revised membership and functions of the SEND & AP Operations Group • Established a schools SEND forum • Regular reporting to Health and Wellbeing Board and the Growing Well Board • Effective multi-agency working between education, social care and the police helps reduce identified safeguarding risks for children and young people with SEND. • Agencies involved in the support of children and young people with SEND work well together. There are several examples of close and integrated working • Joint work on addressing Speech and Language need with Integrated Health Board. • Education, health and social care teams and the Parent Carer Forum engaged with DfE “Rise” programme to work on coproducing an Outcomes Framework. • An ICB wide approach to an all-age Dynamic Support Register (DSR) is in place. • Systems for supporting children and young people through the use of care, education and treatment reviews (CETR) are developing well. • CAMHS have established weekly multi-agency triage neurodevelopmental referrals and monthly joint CAMHS case discussions meetings. • Creation of a Southend Employment forum, including local FE colleges, business leaders and the chamber of commerce in conjunction with a Business Enterprise event. • An Early Help Framework for professionals so that the wider local area is aware and communicate their service offer and provide outcome data to support evidence of impact. • There is strategic oversight for senior managers through attendance and contribution to multi agency decision making panels. • Child in Need plans and plans for those who are Classed as Looked After are multi-agency and includes health and education components. • Autism Keyworkers are identified for all children/young people that meet the criteria. • Colleagues in education, health and social care work collaboratively with the SEND local offer team in respect of information and attendance at SEND Surgeries.
<p>Impact on outcomes</p>	<ul style="list-style-type: none"> • There are clearer governance structures in place across agencies with improved strategic oversight from leaders at SEND Strategic Partnership Board, Health and Wellbeing Board and the Growing Well Board. • There is improved collaboration on addressing operational challenges and solutions through the revised membership of SEND & AP Operations Group • Effective partnership working through DSR meetings ensures that children and young people’s mental health needs are met by a multi-disciplinary team in the community. • Multi-agency DSR meetings identify children and young people at risk of admission to a mental health inpatient setting • CAMHS multi-agency meetings and joint case discussions support children and young people with assessments and strategies to each individual health need. • Southend Employment forum brings improved placements and job opportunities for Young People with SEND. • Leads in education, health and social care work collaboratively in decision making panels to unblock obstacles in relation the outcome for the child or young person.

	<ul style="list-style-type: none"> • Virtual School has a visible presence within a range of services and proactively engages with professionals from the right service in a time efficient way which reduces any drift or delay to the learner.
What do we need to do to improve	<ul style="list-style-type: none"> • Multi agency reviews of EHC plans to ensure a comprehensive review of a young person's needs and how these can best be supported through a joint, multi-agency approach. • Co-production to develop individual EHC plans with sufficient contributions from health and social care. • Improve collaborative working with schools.

The priorities identified in part B help the area to plan more effectively and inform improvements that will lead to better outcomes and experiences for children and young people with SEND and now forms part C.

Part C

Actions and Priorities for the next 12 months to improve the experiences and outcomes of children and young people with SEND.

The SEND Area Partnership is ambitious to make the changes necessary to improve services. We will do this by focussing and prioritising our efforts to ensure that the key issues emerging from this SEF dovetail into the Strategic Action Plan and other plans, both corporate and service- driven. Operational priorities and actions are detailed in the action plan, specifically the year 2 milestones (to July 2025) and associated workstreams.

The following over-arching priorities are:

Leaders in education, health and social care are empowered to drive forward improvements at pace so that the Southend SEND Partnership strategy impacts positively on the experiences and outcomes of all children and young and people with SEND

- SCC and ICB will implement a Southend specific Children's Commissioning Forum. This will report jointly into the Growing Well Board and the Area SEND Partnership Board.
- The Growing Well Board will refresh its terms of reference to ensure SEND Service improvement continues to be a priority
- The Education Strategy Group, Children Services Improvement Board and Southend Safeguarding Partnership Board will oversee the impact of the early help offer across the city.
- Stakeholder from the Southend SEND Forum and Early Years Forum will report on the impact of early intervention in education provision and work in partnership with SCC services to drive delivery.

The local area partnership should evaluate the quality and impact of services and joint working more effectively, to inform improvements that lead to better outcomes and experiences for children and young people with SEND.

- The Speech and Language Central Support project will report on the effectiveness of early identification and support to children in early years settings and in primary and secondary schools. It will evidence its impact on improving the knowledge of workforce in schools and the impact on the educational experience of children and young people with speech, language and communication needs in mainstream schools.
- The Central Specialist teaching service, the emotional well-being team and Early Years Services will report on their impact in adding to the capacity of the workforce in schools and settings to identify and support children and young people. Services will demonstrate the impact of their support and training offer and, where appropriate, direct impact on children and their families.
- The Area will implement a co-designed inclusion charter across all Southend settings and establish a measure of engagement as to its effectiveness in enabling provisions to commit to inclusion expectations and implement these in practice.
- The Area will co-produce a Preparation for Adulthood strategy to strength commitment, pathway awareness and knowledge across the system.
- The LA will review its inclusion and SEND panels to improvement efficient and effective decision-making and the deployment of resources so that arrangements and support to children and young people can be swiftly provided.
- A review of the short breaks offer/practice will be completed to inform the future offer.

Local area partnership leaders should improve the effectiveness of joint working to support the co-production of EHC plans and annual reviews so that at each stage the provision that is planned takes full account of children's and young people's current and changing needs.

- The LA will implement a reorganisation of the SEND Assessment and Review Service so that parents and providers have timely and effective officer support throughout the statutory SEND processes, during assessment and annual review phases.
- The LA will implement the recommendations of the SEND service audit review, including use of IT systems, improved monitoring and case-management.
- Targeted EP and LA officer resources will be in place to ensure swift improvement in meeting Statutory timescales is made.
- Statutory advice giver services will implement monitoring and quality assurance processes in regard to EHCPNA and Annual reviews and will report progress to the SENDAP Operations Group

Local area partnership leaders should ensure that they share accurate data across health, education and social care to support rigorous and effective self-evaluation and inform joint commissioning

- Accurate data sets across health, education and social care to support rigorous and effective self-evaluation and inform joint commissioning will be available and shared at SENDAPs and the Board.
- Progress on a shared data dashboard will be evident with clear implementation timescales in place.
- Complete the Joint Strategic Needs Assessment so that informed decisions in regard to service provision and commissioning across the area can be made.

The local area partnership should ensure that appropriate support is in place from health services for children and young people who are awaiting health needs assessments, so that early intervention reduces the risk of any escalation of concern.

- Rollout of the Neurodevelopment digital referral, advice and guidance portal, MyCareBridge
- To identify and implement a reporting mechanism on parental experience whilst waiting

The local area partnership should make sure that parents and carers and professionals receive clear and reliable information about how to access the range of support and services that are available.

- Improved information will be provided through the use of roadmaps supporting parents to navigate the services on offer in Southend.
- SEND champions across the area will be in place.
- The Local Offer Team will provide a report on the impact of the local offer SEND communication plan.
- A SEND Youth Engagement lead to support children and young people's voice in Southend will be in place and evidence of CYP voices will be present in area wide strategic developments, including PFA Strategy.