
SEND

Self Evaluation

Executive Summary

2020/21

Executive Summary

Historically Tameside has **maintained an extremely low number of statutory plans**. As part of a wider improvement agenda across children's services, led by a new senior leadership team, it was recognised that this needed to be addressed. This improvement agenda has given rise to a **rapid increase in the number of plans (EHCPs) maintained**.

This improvement agenda has also overseen a considerable **improvement in the timeliness of statutory planning**. Timeliness of EHCPs completed in 20 weeks increased to 82% in 2020 when excluding exceptions from 49% in 2019 and 22% in 2018 (69% when including exceptions). The average number of weeks it takes for a plan to be completed is currently 20.4 (improved from 22.3 2019 25.8 2018).

The **COVID-19 pandemic has challenged all SEND services to work differently**. Services have continued delivery by **modifying practice** - using increased telephone contact, video and teletherapy and have prioritised caseloads by RAG ratings, risk assessments and completed regular welfare checks to **reach out to vulnerable families**. Despite these innovations **for many families the national lockdown was an extremely challenging time**. We have heard from some families that they felt communication should have been better and that support was at times too slow to arrive.

In addition and despite managing the impact of the COVID 19 pandemic we have **completed a number of key pieces of work** including; finishing and publishing an updated JSNA, SEND Strategy, Joint Commissioning Strategy and Co-Production Strategy.

Despite these improvements, the **implementation of the SEND Reforms in Tameside was inconsistent** the impact of this continues to be felt. Families **experiences of assessment aren't positive enough, waiting times for many health services are too long and the quality of assessment and of plans is inconsistent**.

JSNA Summary which informs our SEF and SEND Strategy

- In 2019/20 there were 6,045 children and young people with a special educational need or disability (SEND) in Tameside, this rises to 6,680 when you include children and young people from Glossop.
- More than half of all children and young people with SEN support and nearly a third with EHC plans live in the two most deprived deciles in Tameside.
- Exclusion rates for children and young people with SEND are significant. A third of all fixed term exclusions are Children and young people with SEND.
- The quality of education across Tameside is good according to Ofsted and Tameside does have more schools and further educational establishments rated as 'Good' compared to the England and our closest statistical neighbours.
- The number of children and young people aged 0-25 years registered with a disability or long term condition with a GP in Tameside and Glossop is 11,527. The three most commonly coded conditions in general practice are Enuresis/incontinence, asthma and depression.
- On average in 2019/20 children and young people were waiting around 64 weeks for an Autism assessment and 42 weeks for an ADHD assessment.
- There are low numbers of children and young people with SEND using personal budgets across health, social care and education. Personal budgets can offer more control, flexibility and choice over how care and 43 support needs are met.
- Different SEND areas hold their own data and there doesn't seem to be a standard data set or data sharing mechanism across the various SEND services. Consistent intelligence and data sharing across the SEND support system is important in ensuring all SEND children and young people receive the level of help and support relevant to their needs.
- Children and young people with SEND should have access to the same opportunities and experiences as their peers as embedded in the Children and Families Act 2014. It is clear from the section 'What we are doing now' and 'What we are doing next' that improvements across the system are being achieved and that the improvements to the SEND system that supports children and young people across education, health and care is moving in a positive direction.

JSNA – Recommendations which inform our SEF and SEND Strategy

Recommendations

Continue to improve the identification of children and young people with SEND across the system

Although improvements have been made, identification of children and young people with SEND across the system needs to improve further.

Commissioners should ensure that systems used by services across the health, social care and the education system enable the identification of those with SEND at the earliest opportunity to enable the monitoring of support and outcomes for this population group. This includes reducing the length of time children and young people wait for assessment and diagnosis of conditions.

Continue to improve the monitoring of outcomes for those with SEND

Although much improved continue the development of a holistic set of outcome measures for those with SEND at an individual and population level, covering health and social outcomes in addition to educational outcomes would improve understanding of the needs of this population group. These should be developed collaboratively with partners and

Continue to improve the monitoring of children and young people during transition to adulthood

While information exists on educational outcomes, further work is required to strengthen information collected on young people with SEND after they leave the school system, limiting the ability to measure success in preparing those with SEND for adulthood.

Ensure commissioning plans reflect the needs of the local population

Ensure that the information in this needs assessment - including the increasing number of children with the most complex needs, the demographics and the most common primary needs - underpins commissioning of services, such as educational psychology services

Continue improving educational Outcomes for SEND children and Young people

Continue to review Fixed Term Exclusion policies and practice to ensure schools are supported to gain EHCPs for behaviour (SEMH) where this would best support the child or young person.

Continue to review SEND support at key transition points in educational phases – reception intake, KS1 to KS2, secondary transfer, Post 16, and transition to adulthood to ensure needs are continually met.

Improving Integration and data sharing

Continue to improve integration of pathways, processes and governance between education, health and social care. Align caseloads between education health and social care to minimise data inaccuracies between systems and work toward a single child record for SEND children and young people.

Incorporate the 'Voice of the Child' across the whole SEND system

Continue to embed a meaningful approach to co-produce the SEND process, support and services with children and young people with SEND and their families across health, education and social care

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Summary of feedback from families which informs our SEF and SEND Strategy

- Promoting a culture of listening to and collaborating with families.
- Improving the available communication methods for signposting families.
- Maintain regular and routine communication with parents about child's progress.
- Prepare and plan for greater involvement of families in person-centred meetings.
- Facilitate a range of respite support for families.
- Extending the range of social activities for children with different disabilities.
- Improve waiting time for therapies.
- Involving parents and young people in early transition planning meetings.

Summary – the impact of COVID

How have services worked differently due to Covid-19?

- Services have continued delivery by modifying practice - using increased telephone contact, video and teletherapy.
- Services have prioritised caseloads by RAG ratings, risk assessments and completed regular welfare checks to reach out to vulnerable families.
- Staff rotas, estates and IT equipment provision has all been reviewed to enable flexible working, and services have had to work differently to implement social distancing guidance and redeployment to achieve flexibility to meet families needs in different ways.

What has been a challenge?

- Completing assessments – lack of equipment, new ways of assessing, lack of access to paper notes.
- Getting used to new online technology, not only the use of it but poor connections, digital inequalities and confidence of families in using virtual appointments. There has also been IG issues with security and data sharing.
- Clinic waiting lists and demand has increased with long waits for onward referrals, appointments are rescheduled, there's an increase in medicals required for LAC and SEN, and an increased in DNAs. Some families are reluctant to be seen at home which impacts on clinic capacity. Professionals are not able to see and support the developments in families, and feeling that they cant affect the waiting times.

What has worked well as a result of working differently?

- Professionals reported that there has been some positive comments from parents and families, around increased contact and teletherapy, as well as travel reductions for families. Family links have been made with those children who are usually supported in school.
- Benefits have been realised with virtual ways of working; triage is easier to do and information is more complete. It has been easier to contact families; there has been an increased number of reviews undertaken and services feel that more families are being reached with the offer of online training. Virtual multiagency meetings and MDT meetings have worked well with panels continuing.
- Staff groups have been able to work in partnership to resolve queries and seek advice, and taken opportunities to upskill families, schools and professionals.

Our SEND STRATEGY

What is our **SEND** story?

<p>Tameside & Glossop Corporate Plan 2018-25</p> <p>This is the vision for the future of Tameside, - Our people, our place, our plan for everyone in every way.</p> <p>The Plan has 3 broad themes:</p> <ol style="list-style-type: none"> 1. Starting Well 2. Living Well 3. Ageing Well <p>The Corporate Plan has 8 key priorities. SEND falls into 4 key areas:</p> <ol style="list-style-type: none"> 1. Very best start in life 2. Aspiration & hope through learning 3. Resilient families & supportive networks 4. Opportunities for people to fulfil their potential 	<p>Headline Priorities 4</p> <p>The SEND strategy has 4 headline priorities:-</p> <ol style="list-style-type: none"> 1. Increasing & improving inclusion 2. Increasing confidence 3. Involving children & young people 4. Improving accuracy & timeliness <p><i>Our Priorities</i></p>	<p>Joint Commissioning 7</p> <p>We have 7 joint commissioning intentions:</p> <ol style="list-style-type: none"> 1. To review the ISCAN service 2. To develop more neighbourhood working 3. To develop more resourced provision in mainstream settings 4. To review current transition arrangements 5. To review the integrated neurodevelopmental pathway 6. To review integrated personalised care & budgets for children with complex needs 7. To develop a comprehensive support offer to families of children that have complex needs including challenging behaviour 	<p>Measuring Performance</p> <p>We have an Outcomes Framework that shows how we're progressing on our SEND journey. The framework is aligned to our 4 headline priorities.</p> 
<p>Strategic Commission Vision for SEND</p> <p><i>We want children & young people with SEND to have the opportunity to be the best they can be and to have choice and control over their support.</i></p>	<p>Enablers and has the following 4 implementation principles: 4</p> <ol style="list-style-type: none"> 1. Neighbourhood Working is seen as an asset 2. Embracing Co-production 3. Thinking about Resources 4. Robust Performance Management data 	<p>Outcomes for Children & Young People</p> <p>We want our children & young people to feel:</p> <ul style="list-style-type: none"> • Safe • Healthy • Happy • Ambitious for their future and for them to • Develop skills for life 	<p>Improvement, Development & Action Plans (IDAPs)</p> <p>IDAP's are the operational action plans that are used to monitor the delivery of the 4 headline priorities and implementation principles. They will help us ensure that every part of the system knows what impact everyone is having on delivering our outcomes and progress with our headline priorities.</p>

Informed by our JSNA and feedback from parents and carers we have developed 4 Headline Strategic Priorities

- 1. INCREASING & IMPROVING INCLUSION** of children and young people in mainstream settings ensuring appropriate preparation for adulthood.
- 2. INCREASING CONFIDENCE** of parents and carers in services and systems across all of the partners in Tameside ensuring appropriate preparation for adulthood.
- 3. INVOLVING CHILDREN & YOUNG PEOPLE** who have SEND and their families, in decisions about their future and in the shaping, accountability, quality and delivery of services ensuring appropriate preparation for adulthood.
- 4. IMPROVING ACCURACY & TIMELINESS** with which we identify and assess children's and young people's needs including ensuring appropriate preparation for adulthood.

Each Priority has a IDAP and an identified lead officer.

There has been a considerable improvement in the timeliness of statutory assessment

The timeliness of plans has improved.

- Timeliness of EHCPs completed in 20 weeks increased to 82% in 2020 when excluding exceptions from 49% in 2019 and 26% in 2018
- When including exceptions, timeliness of EHCPs was 69% - a 46% improvement on 2018.
- Recent capacity issues have impacted on this improvement, however plans are in place to address this.

Indicator	SEN2 Jan 21	SEN2 Jan 20	SEN2 Jan 19	SEN2 Jan 18
Number of new education, health and care issued including exception cases	301	409	348	168
Number of new education, health and care issued excluding exception cases	238	304	281	117
% of new education, health and care plans (EHCP) completed within 20 weeks - including exceptions	69.4%	43.80%	23.60%	21.40%
% of new education, health and care plans (EHCP) completed within 20 weeks - excluding exceptions	82.4%	49.30%	26.30%	22.20%

Despite these improvements, the **implementation of the SEND Reforms in Tameside was inconsistent** the impact of this continues to be felt. Families **experiences of assessment aren't positive enough, waiting times for many health services are too long and the quality of assessment and of plans is inconsistent.**

OUTCOMES FRAMEWORK

- Draft outcomes framework developed.
- Next steps are seeking views from our SEND community.
- SEND quantitative data aligned to priorities.
- New outcomes framework to be ready for implementation 1st April 2021.