



# Tameside Local Area Partnership

# SEND Self-Assessment

Ver 4 - 9 Nov 2023



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# 1. Introduction: Our Vision, Journey, Priorities and Summary

**Our Vision as outlined in our SEND strategy is that 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. We want to enable Tameside's children and young people to have better education, health and emotional wellbeing outcomes.**

Tameside's corporate plan [Transforming Tameside – Our People – Our Place – Our Plan](#) prioritises Tameside children and families with priorities focussing on starting and living well:

- **Very best start in life**
- **Aspiration & hope through learning**
- **Resilient families & supportive networks**
- **Opportunities for people to fulfil their potential**

This is underpinned by the [Children's and Young People's Plan 2023-6](#) which identifies the key priorities for children and young people in Tameside as:

- **Supported Families**
- **Healthy Lives**
- **Positive Lives**
- **Building Skills For Life.**

Our current SEND strategy [SEND-Strategy-SEPT2020.pdf \(tameside.gov.uk\)](#) sets out our outcomes, guiding principles and values. It focus our work into 4 key priorities.

- **Increasing & Improving Inclusion**
- **Increasing Confidence of**
- **Involving children & young people**
- **Improving accuracy & timeliness**



This self-assessment provides evaluation of the local area approach to meeting the needs of children and young people with SEND and others who may be vulnerable, including those children and young people who access Alternative Provision. There is a refreshed approach by new senior leaders who are focusing on the impact of local area arrangements on outcomes for children and young people.). This self-evaluation will include information about improvements to areas of weakness identified by Ofsted and the CQC in our previous inspection.

To ensure there is a clear focus on the impact of local area arrangements on outcomes for children and young people, an experienced independent Chair has been appointed to oversee the refreshed SEND Partnership Board, an independent diagnostic review has been commissioned, and there is investment in enhancing skilled management.

## Our Journey

In **October 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area** to judge the effectiveness of the Local Area in implementing the special educational needs and disabilities (SEND) reforms as set out in the Children and Families Act 2014. The outcome of the inspection was that a **Written Statement of Action (WSOA)** was required because of significant areas of weakness in the area's practice, the outcome of which there has been a Written Statement of Action developed.

Tameside Council and Tameside and Glossop Integrated Care are jointly responsible for the WSOA. The WSOA action plan was accepted by Ofsted and the CQC on 1 July 2022. The Department for Education (DfE) has been monitoring progress against the plan for the last 12 months. The new leadership is keen to approach the targets in the WSOA in a more strategic way, ensuring that there is focus on outcomes for children and young people, and this impact would determine the measure of improvement.

Following the Inspection in 2021, we reviewed our improvement priorities, to ensure they align with areas for improvement identified in the Inspection Report.

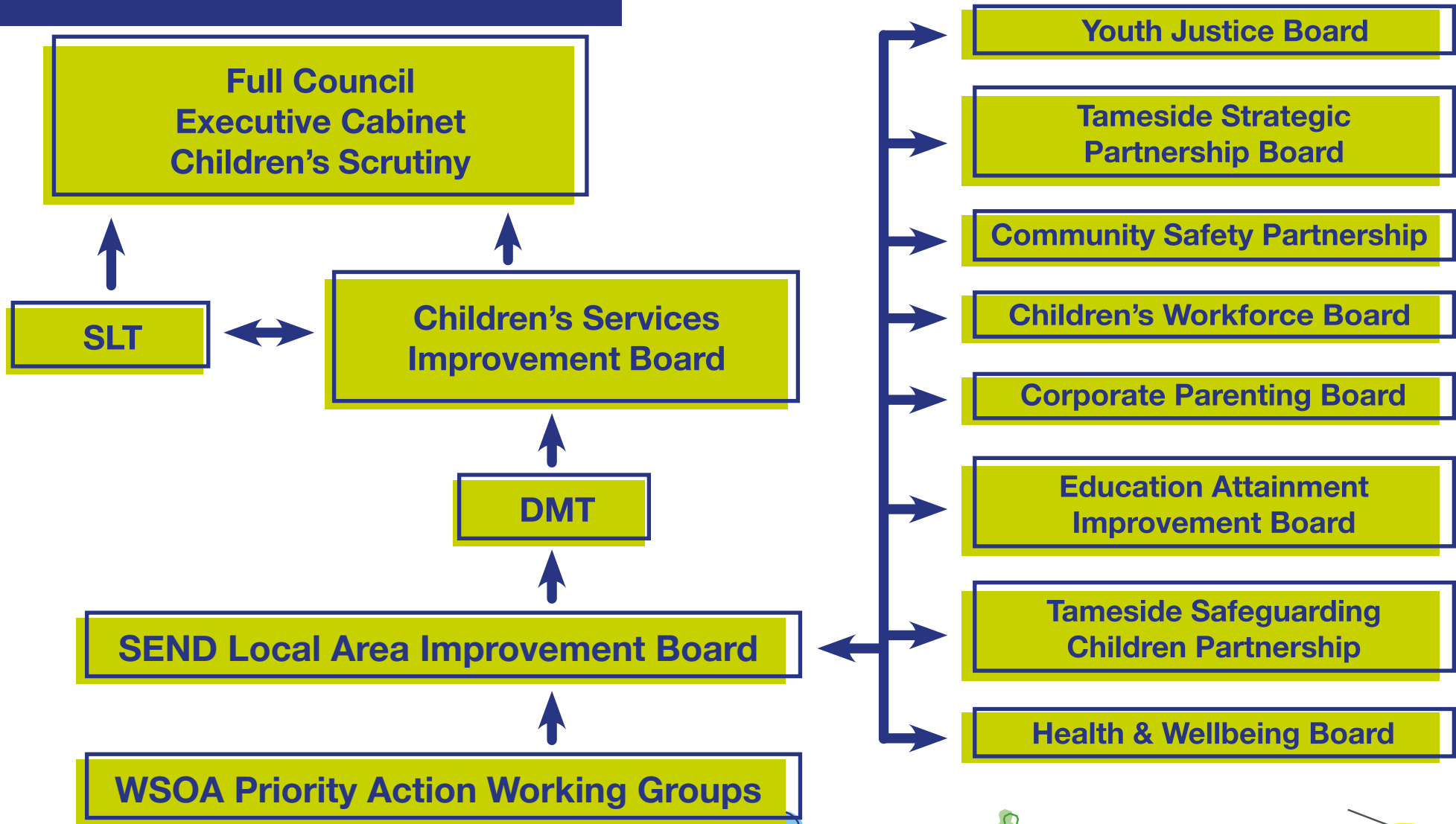


In **December 2022**, Tameside Council was invited to participate in the DfE's **Delivering Better Value in SEND (DBV)** support programme with intensive activity taking place between March and June 2022. The DBV programme sits alongside and complements existing and ongoing improvement work. In particular, to improve inclusion in mainstream schools-especially as Ofsted had identified the lack of a graduated response, inappropriate placements, and lack of oversight over SEND provision.

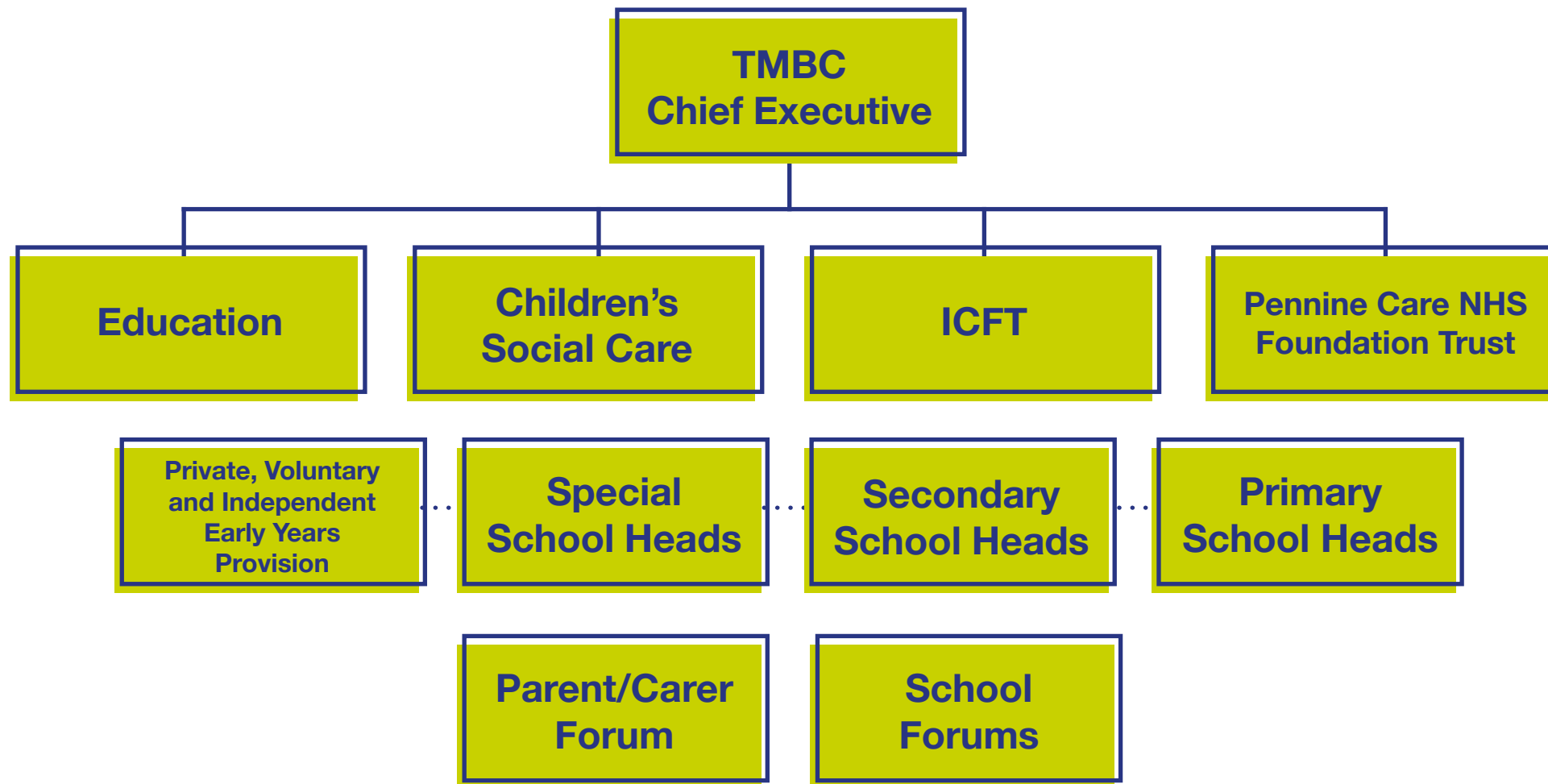
Tameside involved parents and carers, schools / settings, local partners and our front-line staff when designing our plan, whilst ensuring the programme is underpinned by a comprehensive data-driven and evidence-led diagnostic. The process has led to two key areas being identified as priorities 1) inclusion and 2) transitions. Our plans to address these priorities is outlined in this SEF.



# Governance Framework



# SEND Local Area Partnership Structure





## 2. Contextual Information

Leadership and accountability for performance across SEND has been strengthened through a refreshed SEND Local Area Partnership Board which is now independently chaired by a former Director of Children's Services with experience of leading improvement successfully.

The focus on the SEND Improvement journey is considered via a dedicated Children & Families Scrutiny Committee. There are also now monthly SEND performance sessions with the Leader, Chief Executive, Lead Member and the DCS to share progress and identify barriers and solutions. Meetings have been refreshed to enable a greater degree of scrutiny and challenge of the effectiveness of the area's SEND improvement journey. There have been some delay in establishing new arrangements at the ICB but the strengthened partnership will support greater working together for the benefit of children and families.

We have taken steps to ensure we have robust Local Area governance over SEND. There have been some recent changes to staffing and leadership in Tameside and the new leadership commissioned a diagnostic review of SEND practice and is bringing order and rigour to the work to be done, the priorities for implementation, and to area governance. Communication with parents, carers and partners about the changes, and establishing relationships is a priority. Senior leaders continue to liaise with Headteachers to share the self-evaluation and get feedback and ownership across the area.

We expect these changes to deliver rapid change for children and their families and to bring further clarity to the strategy going forward. The strengthened governance and oversight, joint quality assurance and commissioning, will ensure that plans are able to deliver the outcomes required and that pace is tracked and challenged across the partnership.





# At a Glance

## BIRTH RATE



In **2020** there were **2,475** babies born in Tameside with the borough's birth rate being **higher than the national average**. The birth rate in under 18s is **significantly higher than England**.

## POPULATION



**30%** of the Tameside population are **aged 0-24 years**. The number of children and young people living in Tameside has increased year on year for the last 10 years. The forecasted growth of our young population will need to be considered in local plans.

## PROTECTING CHILDREN



Tameside Faces significant challenges in protecting children who experience neglect, family breakdown or crisis, and has **significantly higher numbers of children who are cared for than the England average**.

## POVERTY



Deprivation has an important impact on children's lives and health. Continuing to tackle child poverty, improve educational attainment, boost jobs and local economy will be crucial to improving the health of our children.

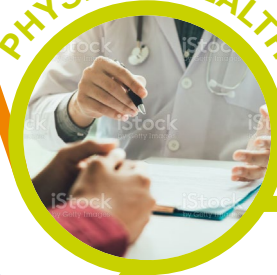


Children growing up in poorer families emerge from school with substantially lower levels of educational attainment. This is a major contributing factor to patterns of social mobility and poverty. We therefore need to be committed to improving the life chances of children from all income backgrounds, and increasing opportunity for the children growing up in poorer families.

## EDUCATION



## PHYSICAL HEALTH



High rates of childhood obesity and poor oral health demonstrate the need for focused work to improve children's diet and levels of physical activity across the borough. High levels of urgent care hospital admissions for asthma should also be a focus to improve outcomes for our children and young people.

## MENTAL WELLBEING



Tameside has high levels of deprivation, inequality and variable attainment in school. These are risk factors to the poor mental health in our children so needs a sustained focus of work.

## SEXUAL HEALTH



Poor sexual health can lead to unintended pregnancies and sexually transmitted infections. We need to ensure our children and young people grow up with a positive attitude to their sexual health and develop healthy relationships with others.







Number of children in Tameside aged 0-17

**51134**

Number of young people in Tameside aged 18 - 24

**16524**

Percentage of children classed as BME

**21.5%**

Primary pupils eligible for and claiming free school meals

Tameside  
**31%**  
England  
**24%**

Secondary pupils eligible for and claiming free school meals

Tameside  
**28.7%**  
England  
**22.7%**

Number of young people that are not in education, employment or training

**265**

Percentage of young people that are not in education, employment or training

**5.3%**



Number of pupils with a statement of Special Educational Needs or Education Health and Care plan

**2951**

All communication and language early learning goals (Communication and Language Area of Learning) is

**76%**



Percentage of children in low income families

Tameside  
**24.2%**  
England  
**19.1%**

School readiness of reception children reach the expected level of language and literacy skills

**61%**

Number of children who are cared for by Tameside

**648**  
Rate\* - **127**



Schools OFSTED good or outstanding

**Primary 96%**  
**Secondary 63%**  
**Special 80%**

Number of children receiving SEN support

**5229**

Care Leavers

**416**

\*Rate per 10,000 0-17 population is given where appropriate



### 3. Improvements in areas of weakness identified by Ofsted and next steps

#### The 10 priority areas of weakness identified in inspection were:

1. The endemic weaknesses in the quality and, due to the pandemic, timeliness of EHC plans, which lead to poor outcomes for children and young people with SEND across education, health and care
2. The high level of dissatisfaction among parents and carers with the area's provision
3. The local offer not being well publicised and not providing parents with the information that they need
4. The placement of some children and young people in unsuitable education provision
5. The unreasonable waiting times, which lead to increased needs for children and young people and their families
6. The lack of contribution from social care professionals to the EHC plan process
7. The limited oversight of the quality of SEND provision for children and young people's education
8. The inconsistent application of a graduated approach across different settings, leading to weaknesses in meeting needs across the area
9. The poor transition arrangements across all stages of education
10. The lack of strategic direction in the support for children and young people to prepare them effectively for adulthood.



# 1. The endemic weaknesses in the quality and, due to the pandemic, timeliness of EHC plans, which lead to poor outcomes for children and young people with SEND across education, health and care.

## 1. What we know about the impact of our arrangements for children and young people with SEND?

### Statutory Assessment and EHC Plans

As of October 2023, there are 2,951 children and young people with an Education, Health and Care Plan in Tameside. The number of EHC Plans has risen exponentially in Tameside. Whilst demand has increased nationally, Tameside's growth exceeds demand in other areas. There was a 32% increase in requests for assessments between 2021 and 2022 calendar years in Tameside compared to 23% nationally and 27% across the North West.

The increase in demand for EHC needs assessment were by 22.7% nationally and by 32.3 % in Tameside<sup>1</sup>:

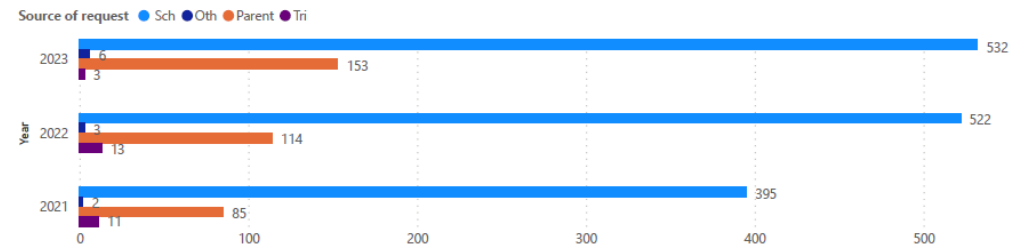
	2021	2022	+/- on 2021	% increase
England	93302	114457	21155	22.67%
North West	12795	16302	3507	27.41%
Tameside	492	651	159	32.32%

<sup>1</sup>Data source-SEN2 Tameside SEND Data

Since January 2023 there have been 620 requests for assessment and 447 EHCs issued. The majority of requests for assessments come from schools (77%). Of the 620 requests, there have been 78 refusals to assess (8%) and 5 refusals to issue. Sustaining the improvement in the timeliness of statutory assessments is at risk due to the continued increase in requests for EHC needs assessment and the pressures faced by our education, health and care colleagues to submit statutory advice within the specified timeframes.

### Breakdown of requests for assessment - September 2023

No. of requests by Year



### % breakdown of requests

Year	Sch	Oth	Parent	Tri	Total
2019	72.6%	0.6%	25.2%	1.6%	100.0%
2020	74.7%	1.1%	22.6%	1.6%	100.0%
2021	80.1%	0.4%	17.2%	2.2%	100.0%
2022	80.1%	0.5%	17.5%	2.0%	100.0%
2023	76.7%	0.9%	22.0%	0.4%	100.0%





A high number of plans are being issued at key transition points: going into primary school and going into secondary schools. The most common age for issuing plans in Tameside is 4 to 5 years old followed by 11 years old. The high number of plans in the Early Years is due to the impact of the pandemic on young children and their language and social development.

The rise in referrals demonstrates the need to ensure there is greater impact through implementation of the graduated approach and more effective use of specialist services to step up earlier identification and support for children and young people's needs, as well as service realignment. The current graduated approach needs to be strengthened and improved and we are addressing this through working with schools to develop a clear understanding of the graduated approach (e.g. SEND Conference 8 November); relaunching the 'Thrive' toolkit; and supporting best practice through a new Inclusion Outreach Quality offer/team.

Since our SEND Inspection in 2021, we have continued to improve the number of EHC needs assessments completed in the 20-week timescale, despite the increasing number of statutory requests for assessment and pressures on workforce capacity. In September 2023 the completion of EHCPs (with exceptions) was 54% and 49.4% (without exceptions), this is just above the national average. In 2021 only 34.8% of EHCPs were completed (with exceptions) and 39.1%

(without exceptions). The average number of weeks to issue a final EHCP has also reduced from 23 weeks in 2021 to 21.4 weeks in 2023, demonstrating improvement in this area. Although there is an improvement in timeliness of issuing EHC Plans there is still work to do to ensure that children and young people are not waiting for plans after the 20 week statutory period. Leaders also recognise that timeliness improvement alone is not enough, and we need to address quality through our Quality Assurance Framework.

### Annual Reviews

Tameside is responsible for monitoring and reviewing EHCPs annually and every 6 months for children under the age of 5. There is a backlog of annual reviews currently sitting at 1,333 of EHCPs where an annual review process has not been completed in full, meaning a current completion rate of 29.46%. Leaders know that the local area's arrangements for annual reviews needs to improve, and this is a high priority to ensure the right support at the right time. A robust and ambitious recovery plan is now in place with a backlog team starting work and continuing over the next five months to recover the position fully. This is complemented by a clear plan to ensure business as usual once the backlog has been cleared. Plans and progress will be monitored by the workstream delivery group and the Local Area Partnership Board.





## 2. How we know what impact our arrangements for children and young people with SEND are having

### Complaints:

In the period September 2022 to August 2023, a total of 90 Stage 1 complaints concerning pupil support services were received and 26 Stage 2. The most commonly recorded category of complaints related to service failure to do something followed by delays in the EHCP process. This is a significant increase in complaints from the previous year, Sept 2021 to Aug 2022, where there were 32 stage 1 complaints and 17 stage 2 complaints.

### Tribunal and Mediations:

Between September 2022 and August 2023 there were a total of 54 mediations. Our mediation data shows us that refusal to assess is the most common reason for going to mediation, of which 66% are overturned. Where decisions are overturned at mediation this is usually due to additional information and evidence being provided that wasn't available when the original decision was made at our multi-agency statutory assessment panel. In the previous academic year, between September 21 and August 22 there were 35 mediations. 29 due to refusal to assess, 19 of which were overturned.

- Leaders will know the impact of new SEND arrangements through evidence that more children and young people's needs are met earlier, locally and in mainstream settings- i.e.
  - A. so that there is less escalation to EHC needs assessment,
  - B. less demand for specialist placements (local and out-of-borough),
  - C. decrease in exclusion and
  - D. better outcomes overall for the SEND children at all levels.
  - E. This will also be demonstrated through increased confidence from stakeholders -specifically young people, families and educational settings-through focus groups, surveys and active participation.
  - F. Annual reviews are completed and judged to be of a quality and timely, (through the local area's quality assurance protocol) and children and young people's needs are met appropriately. Stakeholder confidence through focus groups, participation workshops and surveys. Placement panel decision-making.
  - G. Quality assurance at local area and service level demonstrated where the local area is regarding EHC Plans and annual reviews, alongside evidence of stakeholder confidence.



### 3. *Our plans* for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

Leaders are focusing on:

- A. The implementation of a robust graduated offer and specialist service realignment**, including support to schools, at pace, to ensure early identification. This will include realignment of our family hubs to ensure a step up in focus on improving school readiness, and a more holistic approach to meeting the additional needs of children and young people (61% of children currently reach a Good Level of Development at the end of Reception in Tameside which is well below national average). Consequently, escalation to EHC needs assessment would only be for those children and young people with more complex needs.
- B. Realigning the statutory service**, focusing on a more relational approach to working with schools and families, and ensuring greater capacity and skills. A restructure of the SEND assessment, review and monitoring Team is being implemented as from 1 October 2023. In part, this aims to further develop our quality commitment to re-shape the team roles to bring ownership and improved quality.

It will also provide a single point of contact for families and schools, aligned with Social Care neighbourhood working and school clusters to provide consistency and support to families and young people. This includes developing capacity and skills.

- C. Ensuring there is local area governance and leadership over statutory decision-making.** The multi-agency statutory assessment panel meets weekly and there is a re-launch of the invite for active participation of senior education leaders from schools and academies in the assessment moderating process. This will be crucial in ensuring robust decision-making in determining whether a child/young person meets the criteria for statutory assessment and whether the education setting has put in place provision which could reasonably be expected from its own SEND support resources, along with the best use of the support available at a universal and targeted level to address needs.
- D. Establishing a backlog team** of experienced interim case officers (virtual) to take forward a recovery plan for children and young people's annual reviews, ensuring that there is the right support in place. Recruitment to this team is due to be completed by mid-November 2023 and a recovery plan has been produced.
- E. Setting up a placement panel**, which is multi agency and involves the active participation of education leaders, and transport service representatives- to address the area of improvement raised by



Ofsted that some children are in inappropriate placements. This panel will make sure there has been and is the right support for the child or young person in the mainstream setting before making any decision to change placement. This panel will put robust scrutiny and decision-making into placements in specialist provision in and out of borough-for both those with new EHC Plans, and those children and young people for whom, following review, there is a request for placement change.

**F. Developing a Local Area quality assurance framework**, to oversee quality of EHC Plans, advices for assessment, and quality of annual reviews. We are committed to establishing an improved Quality Assurance protocol around EHCPs. Following our previous inspection an internal QAF developed and agreed with all stakeholders, including our parent carer forum. A framework had been completed; however, implementation of this was not executed in a timely manner. A working group has been established to review the framework and draft term of reference. This will sit under governance of the SEND Local Area Partnership Board.

**G.** The SEN team was previously separated into a statutory function and review and monitoring team. This brought challenges around cases split across workers and resulting issues with case load monitoring. From October 2023, a new SEN Assessment Team

structure has been implemented with the purpose of creating a more effective operating model.

- To increase the number of SEN caseworkers to ensure they have the focus on children and families needed to be Brilliant at the Basics – communicating with and supporting children and families and timely plan and review completion
- A structure which complements our neighbourhood model working more closely with Family Hubs and Early Help
- To enable caseworkers to be assigned to schools and education settings so that there is consistency for partners, children and their families
- To enable better working relationships between caseworkers, education, health and social care partners
- More in built supervision with the creation of two new Senior Case Officer posts to ensure that there is no drift and delay. This will enable caseloads to be monitored
- To address the increase in demand in EHCPs (we are now maintaining 2,951 plans in Tameside which is above the national average).



## Annex A 2.2. Approach to EHC Plans

### Evaluation Criteria:

- Children and young people's needs are identified accurately and assessed in a timely way.
- Children, young people and their families participate in decision-making about their individual plans and support.
- Children and young people receive the right help at the right time.
- Leaders are ambitious for children and young people with SEND

*Area of weakness 1 section end*



## 2. The high level of dissatisfaction among parents and carers with the area's provision

### 1. What we know about the impact of our arrangements for children and young people with SEND?

Since the last OFSTED inspection, we know that we have improved engagement with schools, parents and carers, young people and multi-disciplinary partners as we have introduced more rigour around our engagement processes with multiple arenas for consulting with and involving partners and children/families.

OKE reports that communication with parents and carers and with schools has improved but we know this still needs to be better. There is still frustration in the system for too many parents. The Local Area Partnership needs to respond in a coordinated way using the feedback to improve our service.

There has been an increase in parental participation:

- A SEND Local Offer Day was led by OKE in April and supported and attended by over 140 parents/carers, local authority and health services at the request of the parents via the Parent Carer Forum. Parental feedback was collated and used to inform future events and Local Offer Days. Whilst the number of children and parents engaging with us is positive, considering the high number of children receiving SEN support / with an EHCP we need to increase this further to ensure a wide range of views and needs are captured.
- Increase in Parent/carer participation due to meetings being held daytime and evenings, face to face and virtually to accommodate working parents and those parents/carers who have their own mental health issues/anxieties/neurodiverse etc or have difficulties physically attending meetings.
- Parent Carer Forum reps attend strategic meetings. -OKE has attended team meetings across all services to encourage flow or communication with the workforce, to share what is working well for parents, identify any issues and to share up to date information with the teams on the latest support available to families they work with, such as parent workshops, short breaks, and coffee mornings.





## 2. How we know what impact our arrangements for children and young people with SEND are having

There is evidence of strengthening relationships with services and organisations across health, education and social care. Tameside's Parent Carer Forum Our Kids Eyes (OKE), reports that the Parent/Carer Drop-In sessions with the SEND Team, CAMHS, Pupil Outreach Service, and SENDIASS have been successful at sharing information and that parental feedback was 100% positive.

OKE has also reported that the SEND Local Offer Days and the Parent/Carer Drop-in sessions have begun to strengthen relationships with parent/carers and increase confidence and awareness of local services available to families, but we know there is still some way to go.

There is evidence of a good working relationship with Senior Leaders and managers across all partners. There has been co-production of a Transition Protocol - currently draft - This has been well received with no negative comments from parents/carers.

The Parent Carer Forum has reported that there is more publicity, and widely shared information and updates cascaded throughout services to enable professionals to direct families to the right support at the

right time. More families know where to go for help and support. OKE report that there has been a significant reduction in 'ping-ponging of parents' around services and that parent/carers are more knowledgeable about services and where to go for help.

The Parent Carer Forum has reported an increase in and wide range of regular SEND activities in Tameside for SEND children and young people that covers all ages and abilities, such as: Mencap 0-5; OKE 0-18; TOG MIND 8+; Anthony Seddon 7+; Active 5+; TASCA 3+; FACT 3+; T21 0+; and HOPE 0+

OKE reports an increase in schools hosting SEND Coffee Mornings to support parents and share information on other services available to them and their families which shows an inclusive culture and awareness raising driven by senior leaders.

The Parent Carer Forum is reporting that the 'culture' is changing and there has been a shift and an increase in awareness raising and activity across all services, including education settings and other community groups across the VCSE. SEND is everybody's business now and a real priority which is driven by senior leaders. OKE no longer struggles to find an activity or support for parents/carers who contact the service for advice & information.





The Parent Carer Forum report that there are improved channels of communication with parents and professionals, such as the new 'SENDing You News' newsletter which the Forum contribute to, and the Local Offer website which has had a revamp until the new website is launched.

### 3. *Our plans* for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

- Strengthen multi agency involvement which has already commenced through the refresh of the SEND Partnership Board and introduction of an independent chair to embed leadership and accountability for performance by senior leaders across all partners.
- Improve the graduated approach so that children and young people receive the right support at the right time.
- Review joint commissioning arrangements underpinned by a shared approach to outcomes for children and young people.

- Establish a holistic approach to meeting needs, linking up with Family Hubs, early years and schools and education settings.
- Improve the local area approach to statutory duties in relation to EHC Plans.
- Create and implement a co-produced communication protocol across the Local Area partnership.
- Engage more widely with parents and carer groups beyond the Parent Carer Forum.
- Further develop co-production practice with parents and carers, and young people, specifically the EHCP process, annual reviews and SEN support in response to parent feedback.
- Embed voices of children and families in our Local Area Quality Assurance Framework and Performance Management Cycle.
- Young people, families / carers and professionals will have access to clear and accessible information including the Transition Pathway and Protocol that accurately reflects the transition journey.

***Area of weakness 2 section end***



### 3. The local offer not being well publicised and not providing parents with the information that they need

#### 1. What we know about the impact of our arrangements for children and young people with SEND?

We know parents, carers and young people are not aware of the services and support available through our local offer and those that have accessed the local offer find it hard to navigate, therefore this isn't having the impact we would hope for on the experiences and outcomes of children and young people with SEND.

Parent/Carer Drop-In sessions with the SEND Team, CAMHS, Pupil Outreach Service, and SENDIASS have been successful and are having a positive impact. We know this because OKE report that parental feedback has been 100% positive. We are planning more dates throughout the year ahead.

- Established a multi-agency, co-production ownership board for the Local Offer responsible for the implementation plan for Priority 3 of the WSOA
- Held 'Meet the Local Offer' virtual and in-person events
- Cornerstone were commissioned as the company to complete the design and build of the new Local Offer website
- A consultation exercise with all key stakeholders including TMBC teams, partner organisations, parents/carers and young people

- Steering Group and Task & Finish Groups established
- Content for the new website has been completed by all key stakeholders.

The annual information Day on SEND and short breaks has allowed data to be collated on the impact of our arrangements for young people with SEND as Parents have provided feedback via parent's forum-OKE.

#### 2. How we know what impact our arrangements for children and young people with SEND are having

Parents and carers feedback that the Local Offer was not easy to use. We will know if the new arrangements are successful when families are aware of and use the local offer and it helps them to find the information they need.



### 3. *Our plans* for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

- We have established a multi-agency, co-production ownership board for the Local Offer, which will develop an implementation plan
  - We have commissioned a re-design and new Local Offer website
  - A consultation exercise with all key stakeholders including TMBC, partner organisations, parents/carers and young people has taken place to agree what content we need on our new website
  - Training to be provided for staff to ensure they know our local offer.
  - Roll out of multi-agency youth voice group
- Cornerstone are now completing some final design additions and adjustments based on feedback from the Local Offer Steering Group. The key elements of these final revisions are around incorporating an accessibility toolbar to maximise inclusion and ensuring that the design and colours are appropriate for neurodivergent visitors to the site
  - Training for staff to update and upload content for the Local Offer website is being organised. This training will be completed by a core group of stakeholders/partners and we will also be provided with a training tool to train other staff as required using a train the trainer model
  - Following go-live we will deliver an ongoing marketing plan which promotes the current offer, and the relaunch of the offer following this improvement work
  - Resource and time required for the upkeep of the Local Offer website will be monitored in order to future-proof it.

*Area of weakness 3 section end*



## 4. The placement of some children and young people in unsuitable education provision

### 1. What we know about the impact of our arrangements for children and young people with SEND?

Ofsted identified that some children and young people are not suitably placed. The DBV programme research confirmed this.

*“Among the cases surveyed during the DBV project, 57% of Maintained Special School placements and 56% of INMSS placements were non-ideal”.*

DBV did an analysis of the reasons for gaps in service offering, including behind non-ideal placements:

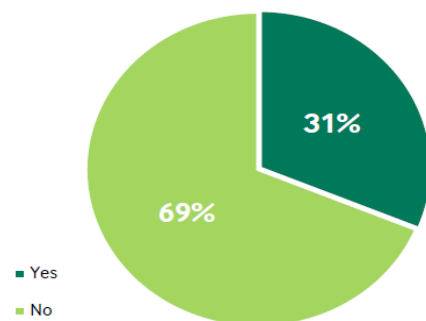
We are also aware that currently there are over 70% of children and young people to review, which would function to help understand suitability of their placement, as well as support provision.

### Lack of MDT response and gap in service offering were the biggest barriers to achieving ideal outcomes

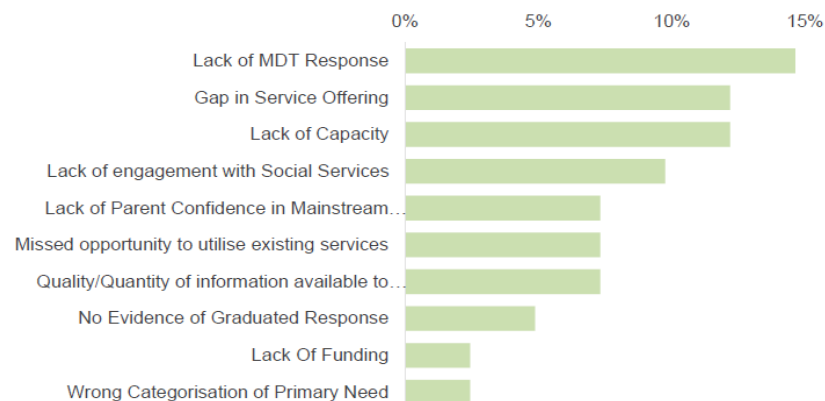


We completed 6 case review workshops in April 2023 with participants from across a range of disciplines, reviewing 32 unique cases to understand whether we delivered an ideal outcome to a CYP with SEND. We reviewed cases of CYP with a range of primary support needs in mainstream, maintained special schools and INMSS.

Did we achieve the ideal outcome for the CYP and enable them to achieve their goals and aspirations?



What themes contributed to achieving a non-ideal outcome?



## 2. How we know what impact our arrangements for children and young people with SEND are having

It is through annual reviews, as well as robust casework that we will understand the impact of our arrangements in this case. It has been identified that in addition to stepping up skills and capacity to oversee annual reviews, we also need to carry out strategic multi-agency case reviews which will inform suitability of placement.

## 3. Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

As detailed in the Diagnostic Report, we have established an annual review backlog team of experienced case officers to take forward a recovery plan, answerable to a multi-agency panel to moderate decision-making.

We will establish rigor and accountability/transparency and moderation of decision-making in-house (including a more consistent approach to casework which underpins current realignment of the team)-through:

- Robust placement decisions in an accountable placement panel.
  - We will establish a Multi-agency Placement Panel, to support the placement process to mainstream specialist provision, Special schools and independent/non-maintained. To include school leaders and specialist teachers, the Designated clinical Officer, Designated Social Worker, representatives from Early Help, Early Years and attendance -and a representative from the Transport service:
    - “It is important that local authorities take travel costs into account when planning the supply of school places. Capital expenditure, revenue costs and travel costs need to be considered together to ensure financial sustainability”<sup>2</sup>.
    - The panel would oversee:
      - o New EHC Plans
      - o Request for placement change from annual reviews.
    - Caseworkers to present:
      - o Reasons for need of placement change.
      - o The graduated response-has it been implemented? Evidence - Advices given and implemented and impact of implementation. Voices of parent/child/young person.

<sup>2</sup>Travel to school for children of compulsory school age Statutory guidance for local authorities, DfE June’23





- o Ensure financial rigour-attendance and tracking from finance.
- o Admin tracking of decisions and rationale.
- o Panel to report to DCS after each meeting-movement of children/ young people into such placements with rationale. And panel spend.
- Reviewing provision and placement through robust annual reviews. (Ofsted pointed out that there is not oversight of SEND provision. There is now in place a backlog team of experienced interim caseworkers and lead, and a recovery plan.
- Establishing a multi-agency panel (including school leaders) to carry out strategic reviews of:
  - o Placements presented as ‘unsuitable’.
  - o High-cost placements
  - o Mainstream placements with bespoke packages.
- Ensuring strategic and systematic oversight of vulnerable children and young people through:
  - o Establishing a tripartite placement panel to have oversight of those children/young people with very complex needs who require joint specialist placement.
  - o Ensuring there is joint working and a prompt responsive process for children/young people in care who need urgent placement, to ensure quality and suitability of their education.
  - o Developing greater inclusive capacity within mainstream schools and settings through robust pedagogy as part of the wider Sufficiency Strategy.
  - o Continue the promotion of short breaks survey’s to be undertaken with parents, carers, and young people to gain feedback to impact, alongside the annual information day on SEND.

## *Area of weakness 4 section end*





# 5. The unreasonable waiting times, which lead to increased needs for children and young people and their families

## 1. What we know about the impact of our arrangements for children and young people with SEND?

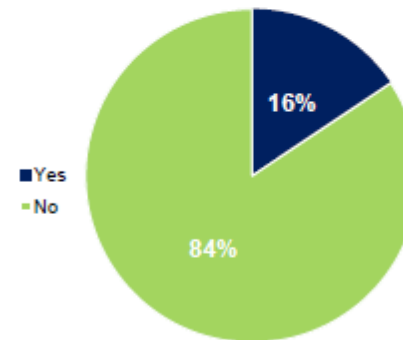
Ofsted identified that some children and The DBV project identified that the timing, (at 78% of cases) as well as the support of the setting (at 59% of cases), were key factors in impacting on outcomes for children:

Overall, lack of multi-agency response, gap in service offering and lack of capacity led to non-ideal outcomes of children and young people. These factors would contribute to waiting times:

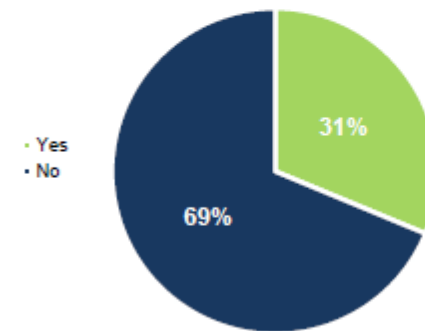
The wait times to access health professionals, and the support to families, on the neuro-developmental pathway is too long and has a negative impact on children's education and on families. The Health Navigator Service (OKE) has had a positive impact on communication with parents and carers accessing the information they need. Work is underway to improve the access to specialist support for children and families, and settings, whilst waiting for health appointments and to reduce wait times by reviewing the pathway.

Prioritising the provisions, ages and primary needs from Module 1, 32 cases were reviewed by a range of professionals across the Tameside SEND system including parents, headteachers, SENCOs and health, to understand if those CYP were receiving the ideal support for them to achieve their goals and aspirations.

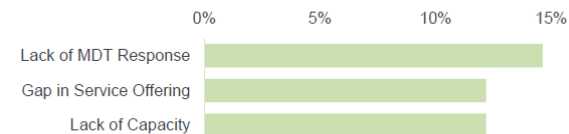
Could the support required to meet the child's needs be accessed without an EHCP?



Did we achieve the ideal outcome for the CYP and enable them to achieve their goals and aspirations?

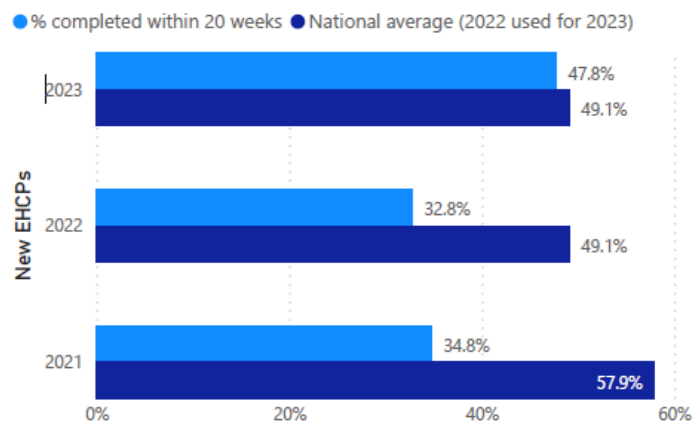


What themes contributed to achieving a non-ideal outcome?



Families access our children's centre offer and take up the Free Early Education Entitlement, but not enough children are achieving a Good Level of Development at the end of Reception, meaning they are not yet school ready. We know that weakness in the timeliness (and quality) of EHC plans impacts on those children and young people moving onto the next stage of education.

% EHCPs completed within 20 weeks



We know that there are delays in annual reviews for 70% of children and young people. Annual Reviews should be used to inform how well pupils are progressing towards their agreed outcomes. Leaders know that measures to implement this in a robust way are required.

Children in Tameside referred for Therapies are seen within a timely fashion (September 2023 Data: Physiotherapy 98%, Occupational Therapy 100%, SALT Assessment 99%, Dietetic Assessment 94% - September's data) but there are long waiting times for Neuro-developmental diagnosis. In the meantime, children are supported whilst waiting and can access a number of different interventions e.g. TOG Mind.

A SEND health family survey was carried out in March 2023, where we had 120 responses. The feedback from the survey told us that waiting times are too long; families feel they need more support around sensory processing; families do not feel like they understand the process and the responsibilities of the schools, for pathway of EHCP; and that information is not consistent or easy to access.

There are more opportunities for children and young people and parent/carers to 'Drop-In' to services for advice and help e. g. TOG MIND drop ins for children aged 8+, Family Hubs, Early Help and the OKE parent-drop ins.

Children and young people with SEND have to wait for respite as there is limited provision of short breaks which has resulted in an increased demand for statutory social work intervention.



## 2. *How we know* what impact our arrangements for children and young people with SEND are having

We would know the impact of our arrangements where:

- Waiting times reduce evidenced by data
- Children and young people achieve positive outcomes-performance measures including exclusion rates.
- Fewer children and young people are escalated to EHC needs assessments.
- Fewer children and young people would be placed in the independent and non-maintained sector.
- Stakeholder feedback demonstrates confidence in the local offer and the graduated approach
- We will know we have improved when: families report they know that there are services to access while waiting for diagnosis and families will be more satisfied with the support they receive. The survey will be circulated again in March 2024 so that we can understand what impacts our improvements have had.

## 3. *Our plans* for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

The statutory SEND Service has undergone a restructure to focus on locality/neighbourhood working. When fully resourced, the new structure will reduce caseloads from approx. 600 to approximately 230. (38%). This will support greater co-production, timeliness and quality, and overall, more robust casework and supervision. The increased capacity (the annual review backlog team working to complete all reviews up until October 31st '23), alongside the ongoing refresh of processes and practices, responding to the voices of children, young people, and their families, would facilitate improved experiences and outcomes for children and young people with SEND.

An annual review backlog team is being recruited - one lead and six additional experienced case officers to oversee annual reviews due until October 31st, 2023. This would relieve workload pressure on the permanent team who will be able to focus on business as usual.

There is focus on family hubs to be part of a wider strategic approach to meet needs earlier, linking up with schools and education outreach services, as well as with social care.



Following on from the feedback, a number of actions have been created to improve support. Key professionals have met with families to share the feedback:

- Increase support for families while they are waiting for diagnosis. Offering advice, signposting to activities and peer support, and help with parenting strategies.
- Pathway guidance to be developed to outline school, parent, professional responsibilities
- Develop info packs for SENDCOs and professionals including GPs so that they know what health support is available to access
- Children and Young People Voice Co-Production Project – this will focus on bringing all the co-production work together across Tameside.

- By developing the choice of short break care providers to meet the needs of our most complex and vulnerable children we will prevent escalation into crisis. Further liaison with Fostering Services regards recruitment of Foster Cares for disabled children to develop short break support alongside the completion of a new build 9 bedded in house short break residential unit.
- Develop the Local Offer market with more locality based short breaks provision across Tameside. By stimulating the market we would hope to see an increase in choice of short break care providers to meet the needs of our most complex and vulnerable children, preventing escalation into crisis.
- Explore with Fostering Services the recruitment of Foster Cares for disabled children to develop more targeted overnight and short break support.
- Commence works on the new nine bed residential short break facility for children with disabilities with increased capacity.

## *Area of weakness 5 section end*



## 6. The lack of contribution from social care professionals to the EHC plan process

### 1. What we know about the impact of our arrangements for children and young people with SEND?

The appointment to the Designated Social Care Officer (DSCO) role has strengthened the relationships between Education and Social Care by further developing social care input into EHC plans and promoting better communication and joined up working between SEND, Virtual School and Social Care Teams.

We know that social care input into EHC plans needs to be developed. That there is correlation between children and young people with EHC Plans who are CIN, on CP plans, and may be escalated to an EHC needs assessment and have unidentified needs.

The DBV project identified that lack of engagement of social services accounted for negative impact of children and young people, i.e. this made a significant contribution towards children/young people with EHC Plans having a 'non-deal' outcome.

Training has been delivered at regular intervals to support the knowledge with regards social care advice which is being further developed in partnership with education partners and is in the process of being rolled out online as well as in person.

The mandatory training offered rolled out to new members of the workforce will ensure that SEND is everyone's business.

There are currently 24.1% of Children in Care with an EHC Plan, and 14.7% of children and young people with Child in Need Plans also have an EHC Plan.

### 2. How we know what impact our arrangements for children and young people with SEND are having

- That there is evidenced oversight of children and young people with EHC plans who access support from early Help and social care (Data is collated)
- The DSCO is working towards a robust contribution from social care professionals which is timely and of good quality into the EHC plan which is of a quality and ensures appropriate understanding of needs and appropriate provision. Evidenced through a robust Quality Assurance process.
- That children and young people who have EHC Plans access the right support and are therefore empowered to achieve positive outcomes as set out in their plan. Evidenced through review.





- A system has been developed whereby we are able to monitor the requests for social care advice, this dashboard allows us to monitor timeliness of the Social Care Advice Returns has continued to improve management oversight Quality Assurance to ensure advice is child centred.
- The compliance of Social Care Advice Returns has continued to improve which is evidenced by the development of a data dashboard, management oversight has been built into the process which is supporting the Quality Assurance of Social Care Advice and sought to ensure advice is child centred.
- Ensure EHCP plans and reviews are input on Social Care Electronic Recording System when a child is known to Social Care. Develop a process to inform SEND Team when changes to plans in social care occur ensuring plans are regularly updated and ensure SEND Team ensure review schedules are distributed to promoted joined up care planning for children and young people.

### 3. *Our plans* for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

- We are developing a quality assurance framework to sit under governance of the SEND partnership Board which will include review of quality of advice from social care professionals.
- There will be a simple process based on a set script to make informal contact with families and assess level of care needs who have been referred for EHC needs assessment.
- There is training planned for all social care teams.
- The assessment panel is multi agency and includes representation from social care.
- Develop a workforce training and development plan for SEND, which forms part of any mandatory and induction training for all social care staff across children's Social Care and Early help and children's and adult's social care.
- The mandatory training offered to social workers will be rolled out to new members of the workforce will ensure that SEND is everyone's business.

## Area of weakness 6 section end





## 7. The limited oversight of the quality of SEND provision for children and young people's education.

### 1. What we know about the impact of our arrangements for children and young people with SEND?

We have now developed robust Local Area governance and oversight over the SEND offer through establishing the Local Area Partnership Board and Improvement Plan Delivery Groups, appointing an independent chair of the Board, undertaking an external diagnostic review of SEND, and developing a clear Improvement Plan.

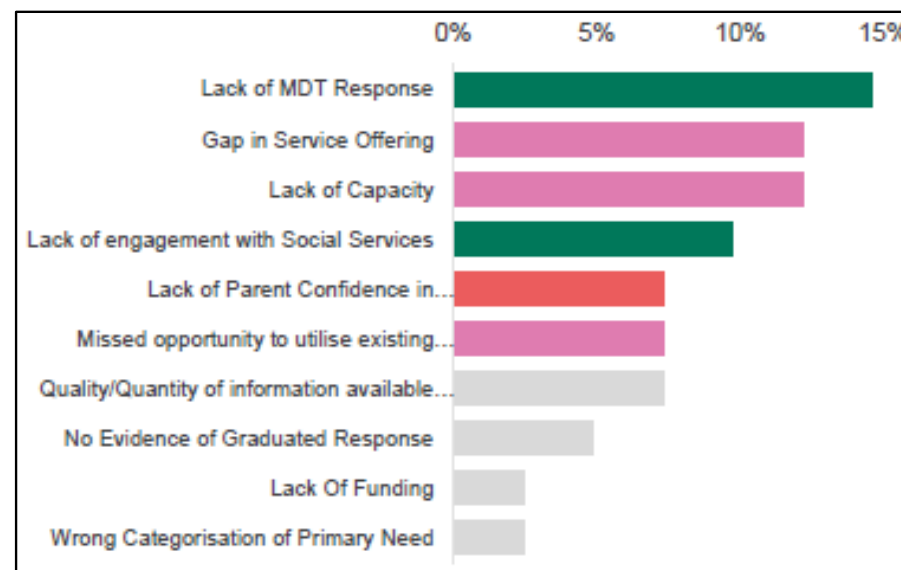
Just under one third of children and young people with EHC Plans have timely annual reviews and the review of the quality and the input of the voices of children, young people, and their families has not been systematic. Of those where review has not been completed, most schools have held review meetings. This is being addressed through the Annual Review Backlog team and the business-as-usual planning. Vulnerable cohorts are being prioritised and it is anticipated that this team will be working for five months to recover the position.

We have completed a review of our SEND Sufficiency, using both child-led and financial data to plan for the needs and demands on our specialist placements. Need for specialist places has grown beyond available capacity despite an increase in special school and resource provision.

A Local Area co-produced and agreed quality assurance framework for EHC Plans/annual reviews is currently being produced.

The DBV project identified some themes which lead to poor outcomes for children and young people-and these are linked to lack of oversight:

#### Themes contributing to children and young people achieving 'non-ideal' outcomes:



## 2. *How we know* what impact our arrangements for children and young people with SEND are having

- Strengthening the Local Area Partnership will ensure there is better oversight and knowledge of impact for children/young people with SEND
- Understanding the impact of the graduated response on outcomes for children and young people will ensure oversight at universal, targeted and specialist levels of support
- Scrutiny and quality assurance of annual reviews will be vital to understand the impact of local area arrangements for provision for children and young people on EHC Plans. Currently there is a need to redress this
- The voices of children, young people and families will portray well the impact of the Local Area's SEND arrangements.

## 3. *Our plans* for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

- The refreshed SEND Partnership Board will take forward strategic oversight of across the Local Area, not just for the areas of improvement required since the local area inspection, but across universal, targeted and specialist services.
- The leadership and governance over data evidence has recently been improved following diagnostic review, and systems are being put in place to ensure there is scrutiny -there will be regular reporting to the SEND Partnership Board.
- We are developing measures to ensure a robust multi-agency approach to decision-making about placements and developing a new SEND sufficiency strategy. This strategy includes a focus on inclusion in mainstream schools.
- An annual review backlog team is being established to take forward over 70% of delayed annual reviews. This team will report to a multi-agency panel so that decisions are moderated in a robust way and there is clear understanding of the impact on outcomes of the Local Area's arrangements for children and young people with SEND.



- There will be established multi-agency strategic reviews of casework, involving head teachers, SENCos, as well as health and social care professionals.
- We will establish a quality assurance framework to ensure there is improvement in the quality of EHC Plans and annual reviews, including robust oversight of provision in relation to impact on outcomes for children and young people.
- We will ensure rigour and accountability/transparency and moderation of decision-making through **robust placement decisions in an accountable multi-agency Placement Panel**, made up school leaders and specialist teachers, the Designated Clinical Officer, Designated Social Worker, representatives from Early Help, Early Years and attendance **-and a representative from the Transport service:** *“It is important that local authorities take travel costs into account when planning the supply of school places. Capital expenditure, revenue costs and travel costs need to be considered together to ensure financial sustainability”<sup>3</sup>.*

This panel will consider whether the graduated approach has it been implemented. Evidence - Advices given and implemented and impact of implementation. Voices of parent/child/young person.

- We will establish rigour in Local Area governance and oversight of children/young people who have needs across more than one service--education, health, and care needs, through addressing gaps in governance, performance, and data systems.
- We are focusing on exercising rigorous governance/oversight over the statutory processes (casework for annual reviews and EHC Plans).

## Area of weakness 7 section end

<sup>3</sup>Travel to school for children of compulsory school age  
Statutory guidance for local authorities, DfE June'23



## 8. The inconsistent application of a graduated approach across different settings, leading to weaknesses in meeting needs across the area

### 1. What we know about the impact of our arrangements for children and young people with SEND?

The graduated approach is not currently embedded across the Local Area. There is significant demand for EHC needs assessments, and lack of confidence in SEN Support evidenced by the increase of EHC needs assessment referrals.

The DBV project identified that lack of evidence of children, young people accessing the graduated response accounted for a negative impact on outcomes-i.e. a non-ideal outcome'. Also the need to increase inclusion in schools: *'The objective is to increase inclusion in mainstream schools, which has been identified as the biggest driver of non-ideal (outcomes that could have been achieved differently e.g. without an EHCP or without a place in MSS) outcomes across the LA, where 57% of cases reviewed during case reviews were found to have non ideal outcomes as a result.'* It was identified that there is a need to *'address the perception that mainstream schools cannot meet the child's needs'*.

The number of permanent exclusions slightly reduced in the 2022/3 academic year as in 2021/2 (71 and 73 students respectively) but did not reduce further due to the impact of the post-pandemic landscape. Comparison data is lagged but informal sharing of outcomes across

Greater Manchester suggests that this represents progress for our ranking position. This means that more vulnerable children are staying in mainstream education rather than being excluded. This is as a result of the local authority promoting a 'culture of inclusion'. Consequently, OKE reports an increase in parents contacting them about part-time timetables.

The majority (18 out of 21) of our pre-16, high-cost Independent and non-maintained schools placements are for children with a primary need of SEMH.

Health partners have a data dashboard that allows us to know what help and support is being provided to families and information and feedback from families on what the impact is on families from these services.

We know what our parents think about our services. Families are accessing advice, support and gaining help earlier to support them to navigate the system. Parent/Carer drop-in session with CAMHS practitioners have been established for parents and carers who would like to access advice, support or have questions relating to the CAMHS pathway. This represents our strategy of providing support whilst waiting.



SEND Family Support (Active Tameside): Tameside young people have worked with SEND Participation Officers to put on new activities within the community, providing support whilst waiting. The Mencap Family Engagement Project Tameside, is in place for parents and carers of children aged 0-5, 1-1 and peer support for families. We organised a festival to showcase Active Tameside's 'Everybody Can' Service and raise awareness of what children and families with SEND can access in their local community.

ISCAN Therapies receive compliments and feedback.

SEND support sessions have been rolled out into the locality's and run by the children's centres to address specific issues for Children Young People with SEND and promote mental health and well-being of families.

## 2. *How we know* what impact our arrangements for children and young people with SEND are having

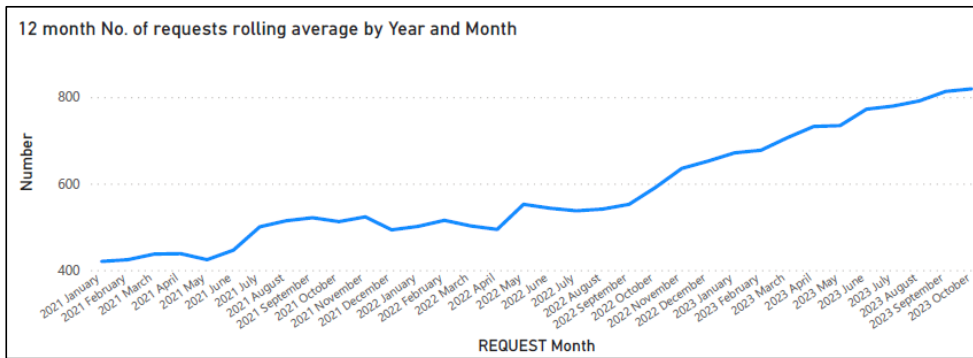
There is a perception that mainstream schools cannot meet the needs of children with plans. DBV diagnostics confirm the need to increase inclusion in mainstream schools as the biggest driver of 'non-ideal' outcomes (as opposed to good or 'ideal' outcomes) for children across the area, with 57% of cases reviewed, by multi-agency panels, having 'non-ideal' outcomes in special schools and 60% of children with plans in mainstream not needing them, according to multi-agency case review. In these 'non-ideal' scenarios, the main reasons are lack of multi-disciplinary responses, service offer gaps and use of existing services.

The increase in demand for EHC needs assessment demonstrates that there needs to be greater support earlier on for children and young people.

The DBV project found that there has been 'Rapid escalation in referrals for EHCPs pre 2023 particularly for age 4 and 5 year olds with SCLN', but that evidence suggests needs could have been met differently or within a time-limited programme of specialist support.







The Neuro-diversity pathway needs strengthening with a more holistic approach being taken, to improve the graduated offer and support timely and appropriate diagnosis and/or intervention.

The rate of exclusion and the increased demand for specialist places is also indicative of the need for greater support in mainstream settings.

Exclusion information for 2021/22 shows increasing rates of exclusions and suspensions for SEN support pupils, with figures up for permanent exclusion and for 1+ fixed-term suspensions (though 2020/21 were slightly lower due to COVID-19). Tameside is 5th amongst statistical neighbours and 9th amongst GM for permanent exclusions, and is 8th amongst statistical neighbours and 5th amongst Greater Manchester authorities for pupils with 1+ FTE.

For EHCP pupils, exclusion information for 2021-22 shows a small decrease in the rate of permanent exclusions but an increase in suspensions. Tameside is 7th amongst statistical neighbours and 9th amongst GM authorities for permanent exclusions and is 8th amongst both statistical neighbours and Greater Manchester authorities for pupils with 1+ FTE.<sup>4</sup>

96% of our primary schools are judged good or better by Ofsted, and there is inclusive practice in many schools, however there are still too many schools who are not providing a strong enough ordinarily available offer. Our Graduated Response is not clearly articulated and the THRIVE Matching Provision to Needs toolkit is not always helping schools to deliver appropriate SEN Support in schools and needs to be disseminated more robustly. Pupil outcomes are improving in some areas for SEN Support and EHCP students especially at KS1 but outcomes still need to be better.

This demonstrated that there needs to be improvement in the graduated approach so that children and young people have their needs met earlier. Also that there are appropriate curriculum pathways. Feedback from the SEND support sessions in the localities has shown that the sessions are positively regarded by those who have used them.

<sup>4</sup>SEND Scorecard July '23



### 3. *Our plans* for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

- The 'Thrive' document "which matches provision to need for school age children" will be re-launched and rebranded, demonstrating the graduated approach and that Tameside has done work on this under governance of senior education leadership. --To sit under the SEND Partnership Board and therefore Local Area governance. This work has been led by the Educational Psychology Service "in consultation with schools, settings and services." -- The Delivering Better Value project identified that 'feedback from SENCO's and other professionals varies substantially in terms of awareness and confidence to use'.
- There is the need to further involve and co-produce with stakeholders -- parent carers and young people, as well as the education, health and care workforce to ensure this is commonly owned, easily understood, and practical (able to be implemented).-- The implementation of a robust graduated response will be a good opportunity to include more children/ young people in mainstream schools as well as a robust approach to placement.
- We plan to ensure that the expectations embedded in Thrive and developed from there as appropriate are reflected in the creation of any new provisions, including any Service Level Agreement for specialist mainstream specialist provision-- resource provision, Satellite class or SEN Unit.
- There will be clear communication and establishment of expectations with senior school leaders-including CEOs and chairs of governors.
- A training package for Thrive will be developed for and with schools and settings that relates to expectations of the school inspection framework -e.g., adaptive teaching/ sequencing, -to contribute for example towards the 'quality of education' judgement, moreover, all areas-including behaviour and attitudes, personal development, leadership, and management.
- Outreach services will be aligned to disseminate and train on the graduated approach.
- We will map education, health, and care provision across the Local Area, identifying and addressing gaps in relation to meeting needs of children and young people with SEND, through an improved graduated approach, and clearly communicate this.



- Leaders have identified the need to step up support for children and young people identified with SEMH and have begun work here which will continue.
  - The Education service and the refreshed statutory assessment team will focus on mitigating the use of reduced timetables except in very exceptional circumstances.
  - A review of the Specialist Support Service Offer has been completed and we will act on recommendations to design a revised offer that supports schools and settings to embed the graduated response and meet the needs of learners at an earlier point.
  - Work is ongoing around exclusions with a partnership task and finish group to tackle the number of suspensions and exclusions in KS1 as analysis shows that children are SEND.
  - We will implement our DBV programme to increase inclusion in mainstream schools. This will improve the proportion of children and young people who could be effectively supported to achieve their best outcomes in a mainstream school.
- We will work with OKE to provide support for parents/carers to understand SEN Support in schools and the graduated response.
  - WE will ensure there is communication and establishment of expectations with senior school leaders-including CEOs and chairs of governors.
  - Align services to disseminate and train on the graduated offer-including ensuring recruitment and retention of the Educational Psychology service and support ongoing work with review of the specialist teaching services with this focused direction.
  - Work through the SEND Partnership Board to involve senior health partners in Thrive and include this in the rebranded and re-launched work.
  - Review and redefine a joint commissioning strategy co-producing priority based on a good understanding of local need and local spend.

## *Area of weakness 8 section end*



## 9. The poor transition arrangements across all stages of education

### 1. What we know about the impact of our arrangements for children and young people with SEND?

As referred to in section 1, a high number of plans are being issued for children at key transition points: at entry to primary school and then into secondary schools. The most common age for issuing plans in Tameside is 4 to 5 years old followed by those children at 11 years old. The high number of plans in the Early Years is due to the impact of the pandemic on young children and their language and social development.

‘Children at ages 4,5,10,12,13 have been identified as the most significant ages for requests for new EHCP Plans. Those children starting in Maintained Special Schools accounts for half of the current total spend on school places and top-up within the High Needs Block. The consequence of the increased strain on Maintained Special School places is that children and young people are educated away from their local community in high cost out of borough independent non-maintained special schools places.’ (DBV project).

Phase transfers are prioritised and in accordance with the statutory transfer deadlines. In 2023 we completed 97% of our transition from

primary to secondary placements on time. This was an improvement from 2022. However, only 55% of post-16 transitions were completed on time in 2023.

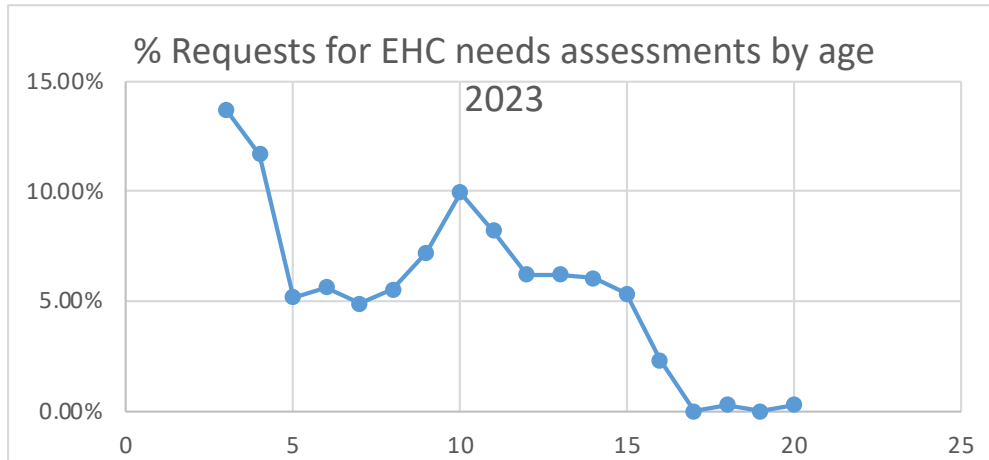
The Schools Outreach Service supported transitions with schools for children with Autism. The Early Years Quality Team supported the transition of children with EHCPs and SEN Support from private nurseries to primary school for the first time this summer. The impact is yet to be understood and will be based on progress of those children during the academic year.

### 2. How we know what impact our arrangements for children and young people with SEND are having

Analysis through the DBV project identifies a significant number of children with new EHC Plans start in Maintained Special Schools (MSS) at ages 4 and 5 which puts pressure on MSS capacity and ultimately a potential flow to the independent and non-maintained school sector. The results from the impact of SENIF funding indicate that children are able to access mainstream school after short intensive work and without the need for an EHC Plan but a good SEN Support Plan.



Tameside data on EHC needs assessment shows:



**3. Our plans** for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

- Leaders will be focusing on improving school readiness of children, so that there is prompt support to meet needs, the impact of which would be that they have better opportunities to achieve positive outcomes.

- There is current work focusing on family hubs and linking services to these to provide a more holistic offer for early support and ensure improvement in school readiness (Data needed).
- The DBV project sets out that ‘The objective is to improve the effectiveness and confidence in key transitions’. One of the goals identified is as follows:

**Effective transition at early years and Primary to Secondary:**

Improve the assessment at early years ages to ensure the best chance of transition to a mainstream setting rather than maintained special and other transition activities/funding to improve the effectiveness of transition and parentel/school confidence in transition to mainstream settings, therefore reducing demand on maintained special schools and use of INMSS.





- The DBV project work will be taken forward by the new leadership, aligned to the recent diagnostic report and the need to ensure that there is value for the spend of the grant –The aim is to reach and impact on outcomes for many children /young people as possible.-The outcome would be ‘Greater parental and mainstream confidence in transitions. Improved multi-agency working to improve the support and confidence at key transition points’
- Delivering the now established recovery plan for annual reviews through a focused backlog team of experienced interims, where decision-making is accountable to a multi-agency panel, are arrangements which will improve outcomes and experiences of children and young people at key transition points.
- Health leaders will ensure GPs are alerted at year 9 annual EHCP review so that transition is planned early enough / GPs are aware of young people who are entitled to the annual health check.

## *Area of weakness 9 section end*



# 10. The lack of strategic direction in the support for children and young people to prepare them effectively for adulthood.

## 1. What we know about the impact of our arrangements for children and young people with SEND?

There is currently a higher demand in referral for children and young people at transition stages of education as set out in section 9. This has led to an increase in placing young people post-16 in the independent and non-maintained sector (hence the budget variance of over £1 million. The spend on post-16 provision is higher than statistical neighbours. The diagnostic review has identified the need to have robust review for these young people.

There is an increase in EHC Plans for post-16 young people. There are currently 630 young people with Tameside maintained EHC Plans (compared to 467 in 2022 and 306 in 2021).

Preparing for Adulthood is not currently a common theme or focus on Tameside EHC Plans.

There has recently been completed a co-produced draft of a Multi-agency Transitions Protocol, Supporting Young People with Special Educational Needs and Disabilities from aged 12 years into adulthood.

For young people post-16 with an EHC Plan, the increase in SEMH has continued with 37.0% now having this as their primary need.

This is up from 33.8% in 2022 and 20.6% in 2021. MLD is the second largest primary need at 25.2% having been 26.3% in 2022, 26.8% in 2021 and 33% in 2019. ASD has remained at a similar level to 2022 at 19.5% (19.9% in 2022).

Children's and Adult Social Care have a clear commitment to work in partnership, funding the transitions social worker is a joint role funding equally. This has improved the quality of young people's transitions. Preparation for adulthood training has supported.

- NEET figures as of August 2023 were 6.34% the Education Employment and Skills team have secured funding from GMCA to deliver a place based approach to supporting young people aged 15-18 years of age, and those aged up to 24 years with an Education & Healthcare Plan (EHP) or aged to 21 years if care experienced, who are at risk of becoming not in education, employment or training (NEET); who are already NEET; or who are in the group referenced as 'Unknown' where the current education, employment or training situation is not recorded.
- We have growing numbers of 14-25 year olds who have an EHCP and we know that this trend will continue (1,141 this year 2202/23 increasing to 1,818 by 2027/28). There are a number of young people with complex needs in high costs placements that will transition into Adult Social Care (22 over the next 5 years).



Last year we missed our target for annual health checks for young people. Our final end of year figure was 65%, which is an improvement on 2021/22 but still below our target of 75%. To improve the transition to adulthood and start the conversation at the right time, we have a dedicated transitions social worker who is co-funded by Adults and Children's Services who links in with young people and families preparing for adulthood. They are currently working with 25 young people.

- A Tracker is in place and has been developed between Children's Services, Health, Adult Services and Finance. The Tracker is available to key stakeholders while ensuring information governance is followed. The Tracker highlights young people coming through transitions and who should be invited to our Transitions Panel. Transitions Panel meet monthly to support starting early conversations to well prepare young people and those supporting them to ensure they are sign posted appropriately.
- The Education Employment and Skills team, hold biannual jobs fairs, the last of which was 11 October 2023 and over 300 people attended. A Supported Internship offer is in place in Tameside with a partnership model between Active Tameside, Tameside Hospital and Tameside College.

- OKE also reports that there are more SEND inclusive events happening across Tameside for children and young people with SEND e.g. the Tameside Jobs Fair, which included organisations that can help SEND young people get into employment or training, such as Routes to Work.

## 2. *How we know* what impact our arrangements for children and young people with SEND are having

- Strategic and operational oversight has been strengthened which will lead to greater clarity around the impact of arrangements identified by senior leaders through a recently commissioned diagnostic.
- There is clearer information available for children and young people and their parents to understand the different options open to them when they reach key milestones (14+ 16+ 18+) including the new PfA factsheets. There is a reduction in parents feeling like they have 'fallen off a cliff edge' when their child turns 18.



### 3. *Our plans* for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

- The draft Transitions Protocol to be taken forward under Local Area Governance, reviewed as appropriate and implemented. The vision is 'of a SEND and alternative provision system which supports children and young people to successfully move through education and into adulthood, regardless of whether they have an EHCP, through the wide variety of routes available'.
- We will implement the annual review recovery plan through the experienced backlog team. Two of the case officers in the Backlog team will be experienced post-16 case officers and accountable to a SEND lead and a multi-agency panel to ensure there is a robust Preparing for Adulthood Approach. This panel will include health, social care, Education and Skills, as well as post-16 setting representatives.
- The diagnostic has identified the following actions to ensure there is robust approach:
  - Establish a bespoke post 16 of SEN caseworkers and leader.
  - Establish clear strategic leadership across education, health, and care.
  - Multi-agency audit of post-16 young people. Education, Adult social care and health partners to identify and realign capacity.
  - Ensure proactivity in planning for those young people a. aged 14 to ensure appropriate pathways and b. those aged 18 plus in settings.
  - Post-16 pathways to be part of the graduated approach.
  - Post-16 placements to be accountable to a bespoke multi-agency post-16 moderating placement panel.
  - Consolidation of ensuring all Children and Young People referred through to the Transitions Social Work team, are allocated a key worker when they reach 17 and for more complex children, when they are 16 to support preparation for adulthood and smooth transitions.
- Further plans are in place to ensure that the opportunities offered by the new Co-op Live Arena are accessible to our young adults, as well as other residents who benefit from additional support.
- Plan to develop better ways of working in order to identify learners ahead of EHCP review process and bring the referrals back to LA control.
- We intend to continue our current offer but also to add additional provision for young people with EHCP in supported internships.



- We know that feedback from our parent carer survey in December 2022, that preparing for adulthood and key information needed updating. Our PfA factsheets have been launched in May this year, these were co-produced and have received positive feedback but it is too early still to see the impact that this is having on young people's experience.
- The parent and carer survey in December 2022 showed that people viewed transitions and preparing for adulthood as confusing and unclear. As a result of this feedback, and in consultation with our Parent Carer Forum, we have co-produced PfA Factsheets that are now live on the council website. We want to embed the use of the PfA factsheets for the early conversations around preparing for adulthood in key stage 4 education and training settings and link with SENCO network.
- Transitions lead to attend SEND young people's Council.
- Further expansion by transitions lead across wider education and training sessions.
- Work is also being undertaken with the SEND Team and Education Employment and Skills team, to develop and increase the Supported Internship offer and this will be taken forward with the National Development Team for Inclusion.

## *Area of weakness 10 section end*

