



SEND Update

January 2024





Agenda

- Current Context of the Local Area Partnership.
- Recent changes to the local SEND system.
- Plans for the next 12 months.
- Planned Improvements and key activities.





Current Context of the Local Area Partnership

There is now established a refreshed **SEND Partnership Board** with an experienced independent chair (first meeting December 2023).

The focus is on **strengthening partnership across the local area** . Key seniors are already engaged.

The purpose is

- to ensure SEND and Alternative provision arrangements are improved to achieve better outcomes for children and young people and that
- there is robust leadership and governance, scrutiny and accountability through the board.
- This will be the focus of all improvement work.

There has been a **diagnostic review** and some of the recommendations are already being taken forward and will be accountable to the SEND Area Improvement Board.





Recent Changes in the SEND System

Housekeeping-statutory duties: EHC Plans

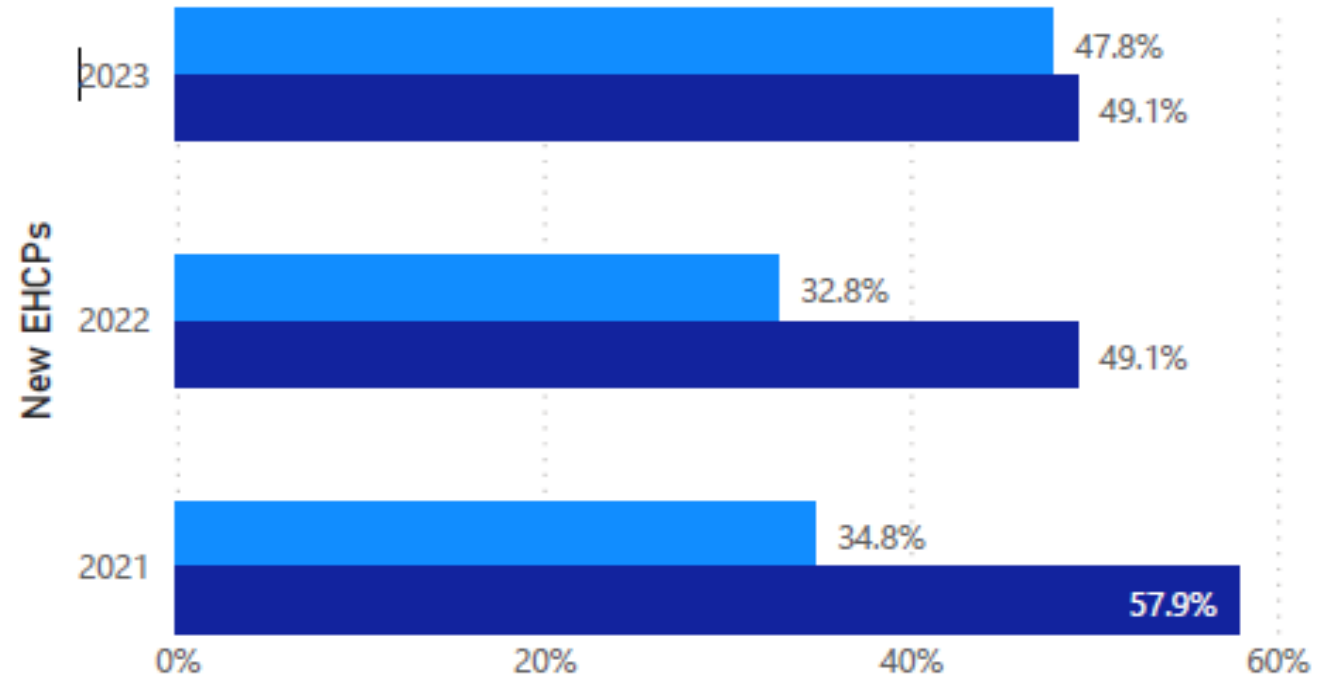
- **Quality assurance** protocol framework presented to the SEND partnership Board
 - Local Area QA group convened to QA plans-agreement on QA process
 - In-service QA implemented on regular basis(has already begun).
- **Timeliness** - System to establish timeliness of advices.
- Recruitment underway to have more leadership oversight within the team.
- Focus now on allocations around schools rather than post codes.





% EHCPs completed within 20 weeks

● % completed within 20 weeks ● National average (2022 used for 2023)





Recent Changes in the SEND System (continued.)

Housekeeping Statutory Duties: Annual Reviews

- Recovery Plan developed October '23 to address the backlog of Annual reviews.
- Work on data completed to ensure a robust account of the current situation – 70% of annual reviews are delayed (backlog).
- Backlog Team now recruited-experienced interims who have done this work before (Team of 6 plus lead-2 will oversee post-16 casework).
- Annual review recommendations now scrutinised and considered by Placement, Provision and Transport panel. Multi-agency and includes schools. Also bespoke post-16 panel





Recent changes to the Local SEND System (continued.)

- An **independent diagnostic review** has been commissioned and investment has been agreed to prioritise improvements in key areas. This will bring order and rigour to the work to be done, the priorities for implementation, and to area governance.
- **Leadership and accountability** for performance across SEND is being strengthened. Significant investment in SEND leadership and casework.
- 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 Local Area Partnership Board.





Current Context of the Local Area

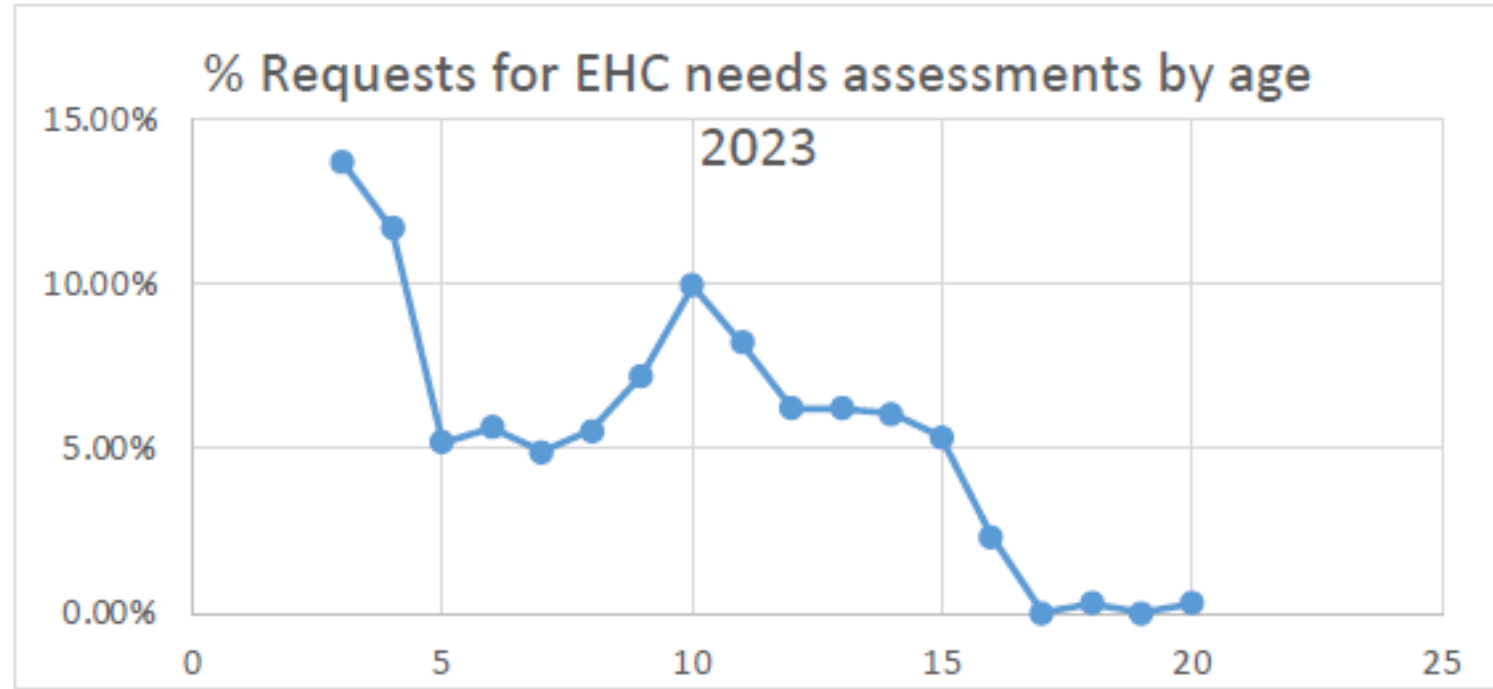
Significant **increase in plans** especially at age 4 and 11. DBV case studies show a number of children with plans could have achieved their outcomes without a plan or in a mainstream school.

- The **lack of MDT and gap in service offering are the main reasons** for this. The graduated approach is not currently embedded across the Local Area. There is a **lack of confidence in SEN Support evidenced by the increase of EHC needs assessment referrals**. We are working with schools and partners to redefine and promote the graduated response: showcasing practice; outreach support.
- 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.





Tameside data on EHC needs assessment shows:



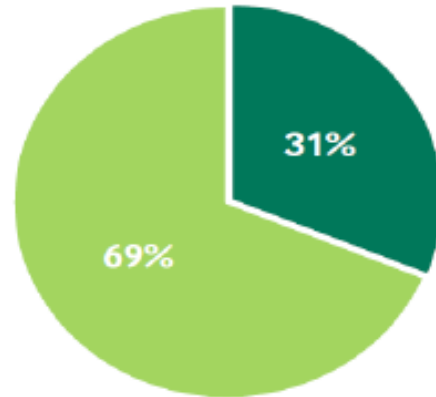


Lack of MDT response and gap in service offering were the biggest barriers to achieving ideal outcomes

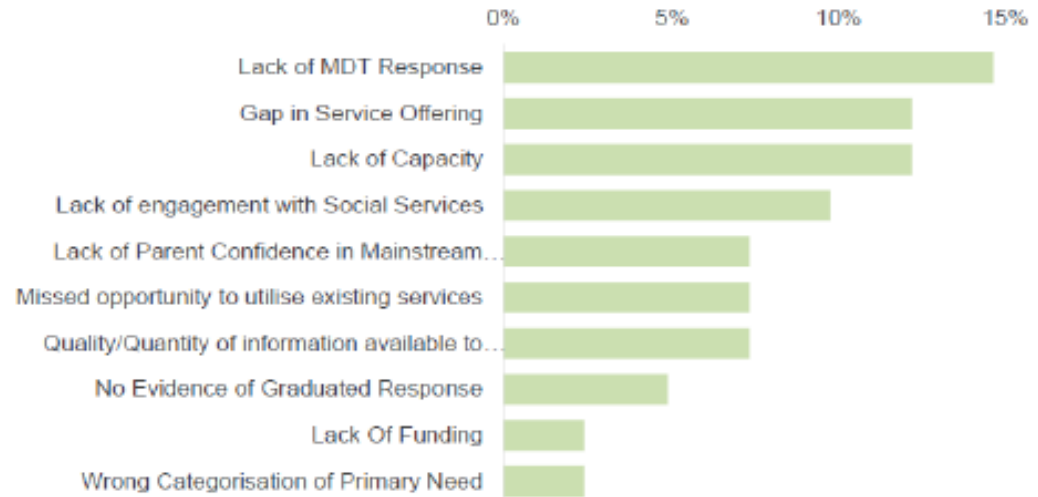


We completed 6 case review workshops in April 2023 with participants from across a range of disciplines, reviewing 32 unique cases to understand whether we delivered an ideal outcome to a CYP with SEND. We reviewed cases of CYP with a range of primary support needs a mainstream, maintained special schools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





Current Context of the Local Area (continued.)

- **Parental participation and satisfaction is improved**, as reported by the Parent/Carer Forum, but there is still some way to go. We are working on reviewing **joint commissioning** arrangements underpinned by a shared approach to outcomes for children and young people. We are also establishing a **more holistic approach to meeting needs**, linking with Family Hubs, early years, schools and education settings.
- The refreshed Local Offer website has been co-produced and is overseen by a multi-agency operational group but not yet live. **Meet the Local Offers days** have been very successful and well attended.





Current Context (continued.)

- Children's and Adult Social Care have a clear commitment to work in **partnership**. The quality of young people's transitions into adulthood has improved due to the **joint funded Transitions Social Worker** role.
- The appointment to the **DSCO (Designated Social Care Officer)** 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.
- Strengthening Alternative provision strategy and Quality Assurance of this are key next steps. **Robust Headteacher Advice** is widely shared and understood; the same approach is implemented for directly commissioned AP but work underway to ensure this is more secure.





Priority Actions

- Housekeeping
- Turning off the tap – ensuring improved SEN Support and Graduated Response
- Closer working across the partnership





Plans for the next 12 months

Area of Weakness 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.*

- The implementation of a robust graduated offer and specialist service realignment.
- Realigning the statutory service.
- Ensuring there is local area governance and leadership over statutory decision-making.
- Establishing a backlog team.
- A Placement, Provision and Transport Panel. (and a bespoke post-16 one) is now established.





Plans for the next 12 months

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

- Improve the graduated approach.
- Review joint commissioning arrangements underpinned by a shared approach to outcomes for children and young people.
- 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.





Plans for the next 12 months

Area of Weakness 3 *The local offer not being well publicised and not providing parents with the information that they need*

- We have established a multi-agency, co-production ownership board for the Local Offer, which will support in the development of an implementation plan.

Area of Weakness 4 *The placement of some children and young people in unsuitable education provision*

- 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).





Plans for the next 12 months

Area of Weakness 5 *The unreasonable waiting times, which lead to increased needs for children and young people and their families.*

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

Area of Weakness 6 *The lack of contribution from social care professionals to the EHC process.*

- 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.





Plans for the next 12 months

Area of Weakness 7 *The limited oversight of the quality of SEND provision for children and young people's education*

- 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.

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

- 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 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.





Plans for the next 12 months

Area of Weakness 9 *The poor transition arrangements across all stages of education*

- 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.





Plans for the next 12 months

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

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'.

- Established a bespoke post 16 of SEN caseworkers and leader and post-16 panel.
- Establish clear strategic leadership across education, health, and care.
- Post-16 pathways to be part of the graduated approach.
- Post-16 placements to be accountable to a bespoke multiagency post-16 moderating placement panel.

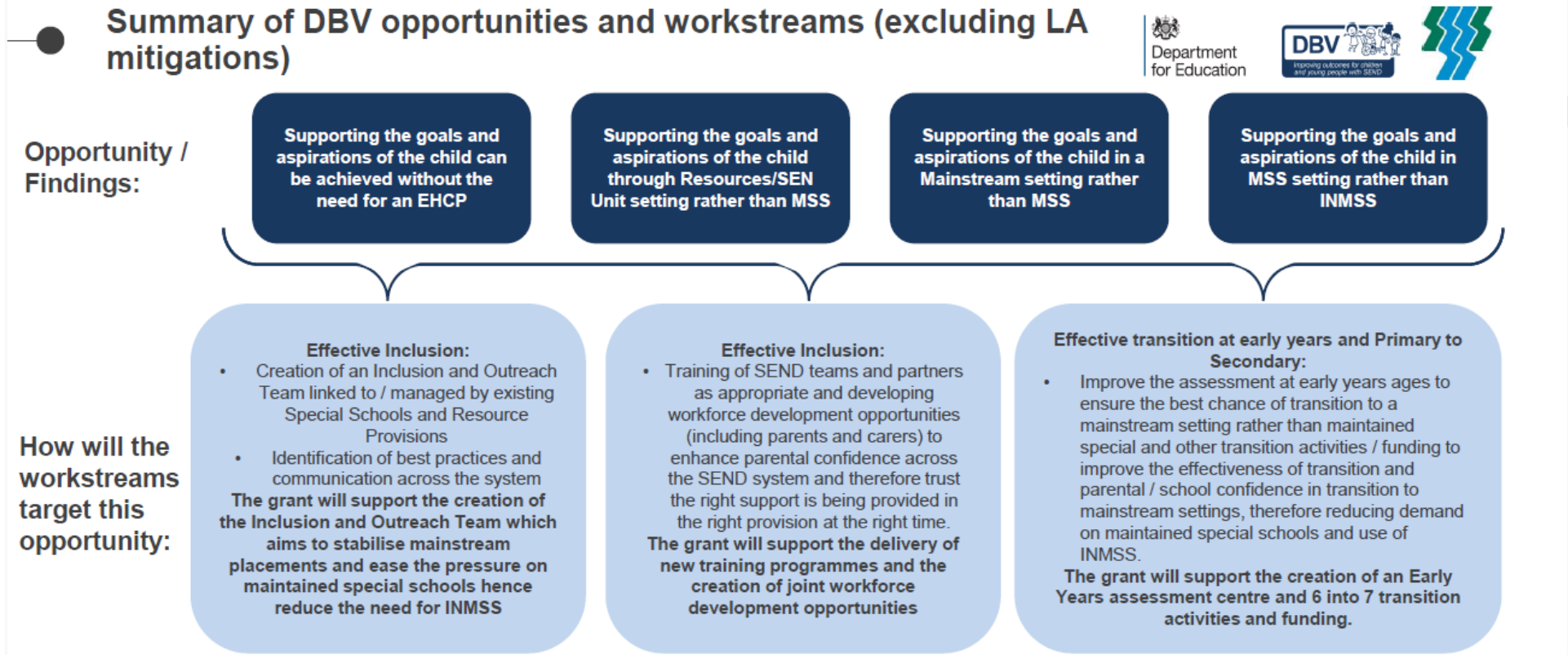
Other actions:

Develop AP strategy and oversight; finalise the SEND Sufficiency Strategy.





DBV Planned Improvements and Key Activities



Tameside & Glossop Integrated Care Foundation Trust



- £1.2m investment for therapies.
- SALT, OT and Physio – are all seen within 18 weeks for initial assessment (2yrs plus at time of inspection)
- New Children’s communication standard launched in Tameside – aimed at improving communications skills in young people <https://www.tamesideandglossopicft.nhs.uk/news-and-events/latest-news/new-childrens-communication-standard-launches-tameside>
- OT are currently working to develop a similar set of sensory standards.
- EHCP tracking team has been implemented which has forged close links with the SEN Team and has improved the EHCP process and timeliness of advice responses. (Paed advice response at inspection 17% within 6 weeks, Sept 23 92% returned within 6 weeks).
- ISCAN Microsite sharing information about the service: [Home :: Tameside Children and Young People](#)
- CYP Voice Project – mapping out the current offer in place, focusing on bringing all of the co-production work together across Tameside.



CAMHS



Greater Manchester
Integrated Care



Pennine Care
NHS Foundation Trust



- An additional investment of £1.5m for CAMHS which includes a comprehensive CAMHS service up to age 18.
- Two new leads in post May 2023 - RMH autism lead nurse pathway lead and Clinical psychologist and Psychology lead.
- Several new posts recruited to ADHD leads, LD nurse with PBS training.
- Training of 9 CAMHS staff in ADOS since July 2023 plan to increase
- Reviewing staff with SLT to ensure appropriate MDT and staffing within MAAT
- Joined up working with ISCAN and better communication between services - inclusion of OT and SALT in ND formulation panels.
- Parent/Care Drop-In Sessions with CAMHS – for families to gain advice, support and ask questions relating to the CAMHS pathways for autism and ADHD.



- Active Tameside – Voice of the Young People, support offered to 499 young people, and 221 families (September 22 – September 23). The development of services across Tameside have allowed a wider range of activities and sessions to be developed for young people with SEND to access. (Refer to Q1, Evidence 2 in SEF for Storyboard).
- Active Tameside have developed a new directory of services to share the support they offer. The SEND Participation Officer has also partnered with CAMHS to ensure parents and children are aware of the local offer and the activities and engagement opportunities within Tameside.
- Active Tameside – Delivered a ten-pin bowling festival to share the Tameside’s Everybody Can service and raise awareness of what children and families with SEND can access in their local community. (Refer to Q1, Evidence 7 in SEF).
- MECAP Family Engagement Project – Parents/carers with children ages 0-5, offering peer support groups and information sessions on EHCPs and DLA Awareness sessions. 45 parents and caregivers registered with the project. Engaged with 300 parents and caregivers through local events, outreach into the community and at peer support groups/information sessions. (Refer to Q1, Evidence 4 and 5 in SEF).
- OKE – Family activity events and workshops, families aware of other support available whilst on long waiting lists, 7 days a week contact. Currently 2000 families registered. Increase in parents confidence, self esteem, awareness, understanding and knowledge. Peer support and friendships form between parents and siblings. Massive reduction in duty calls to CAMHS once OKE started up. (Refer to Q2, evidence 6 in SEF).
- Bella’s Journey – Case Study, a young person in Tameside being supported by the Family Nurse Partnership supported by Starling Training. Starling introduction to Neurodiversity Training. (Refer to Q2, Evidence 7 and 8 in SEF).



Health Challenges and Solutions

- **Recruitment and retention of staff remains an on-going challenge – providers have been imaginative & proactive in recruitment campaigns but this remains a national issue.**
- **Long waits for ND appointments/diagnoses. This is a GM wide issue – demand far exceeds capacity. This has been escalated to GM.**
 - Services are committed to a ‘Supported while waiting model’ using the graduated response to ensure CYP’s needs **Data collection has been inconsistent and unreliable.**
 - Health SEND data dashboard has been developed and is monitored monthly at the.
- **Parental Dissatisfaction with long waits for services**
 - Parent/carer survey completed. Due to be redone March 2024
 - Oke – health navigator service implemented - Since July 2022 when the Health Navigator Service began to August 23: 664 New families are now receiving support. 10,399 contacts have been made to the Health Navigator Service.
 - MHST – 30% schools access this now, intention to extend across the borough
 - There is a range of VCSE support for families waiting for diagnoses
 - Barnardos, Kooth, Mencap 0-5, OKE 0-18, TOG MIND, 8+, Anthony Seddon 7+, Active 5+, TASCA 3+, FACT 3+, T21 0+, HOPE 0+

