

Joint Local Area SEND Inspection in Sefton

Statement of Action April 2017

Inspection Date 21st – 25th November 2016



Foreword

Welcome to the Special Educational Needs and Disabilities Improvement Plan 2017 - 2018. This plan sets out how we will address the 5 areas for improvement identified in the SEND Inspection outcome letter dated 22 December 2016.

We want all children and young people in Sefton to have a positive start in life and to be safe and achieve their potential. In order to do this we need to put children and young people at the heart of all our activity and focus on listening to them.

The Improvement Plan has three key objectives:

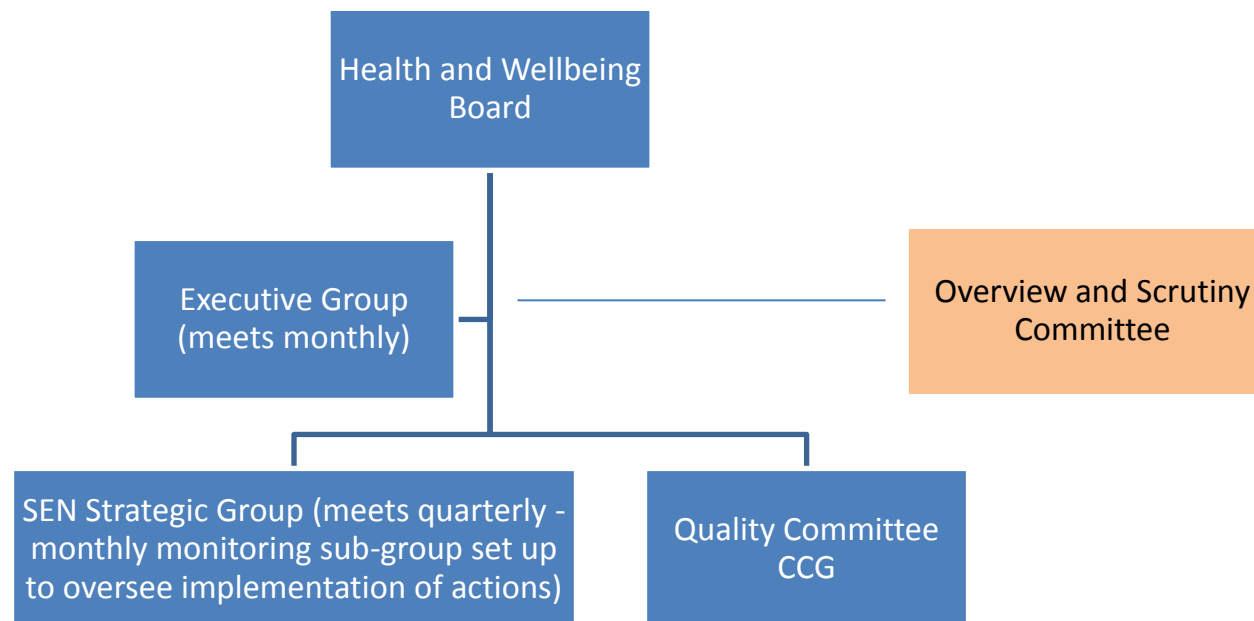
1. To ensure the local area is effective in identifying children and young people who have special educational needs and/or disabilities
2. To ensure the local area is effective in assessing and meeting the needs of children and young people who have special educational needs and/or disabilities
3. To ensure the local area is effective in improving outcomes for children and young people who have special educational needs and/or disabilities

We are committed to embedding a culture of continuous learning, support and challenge. Our staff, schools, parents, young people and partners are passionate and committed to working together to drive this improvement.

Following the inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action was required because of significant areas of weakness in the local area's practice.

The Statement of Action is focused on actions designed to address the concerns identified during the inspection and on activity to continually improve services. The Statement is in the form of a plan which will evolve over time in response to feedback from children, young people, partners, staff and external review and challenge. Our plan will be regularly reviewed and scrutinised to ensure we are achieving the desired impact we need for children and young people to reach their full potential.

Implementation of the Statement of Action will be the responsibility of the Local Health and Wellbeing Board which has representation on it from both the CCG and the local authority and governance arrangements are as follow:



Challenge and Scrutiny will be provided by the Children’s Services and Safeguarding Overview and Scrutiny Committee

We look forward to working with all partners and stakeholders over the coming year as we put this plan into action

Fiona Taylor

Dwayne Johnson

Written Statement of Action

<p>Action 1</p>	<p>To improve the poor progress made from starting points by pupils with a statement of special educational needs or an EHCP at key stages 2 and 4</p>
<p>Story behind the action</p>	<ul style="list-style-type: none"> • Pupils in key stages 2 and 4 who have a statement or education, health and care plan (EHCP) do not make enough progress from their starting points • Many EHCPs are too generic, not focused on outcomes and have targets that lack clarity • The progress from starting points of key stage 2 and key stage 4 pupils with a statement of special educational needs or an EHCP was below the national average in 2014 and 2015. This remained the case for key stage 4 pupils in 2016. • The proportion of key stage 2 pupils with a statement of special educational needs or an EHCP achieving the expected standards in reading, writing and mathematics has been declining since 2012-13. The difference between this proportion of pupils and the proportion nationally who achieved the expected standards has widened from 4% in 2012-13 to 9% in 2014-15 • The proportion of SEN support pupils achieving the expected five GCSEs at grades A* to C, including English and Mathematics, at key stage 4 has been below the national average since 2012-13 and shows no sign of improvement. • Robust systems are in place to help prevent exclusions. There are clear guidelines given to headteachers and governors around the exclusion of pupils who have special educational needs and/or disabilities. High needs funding is used well to support crisis situations. There is also an effective managed transfer system, which is used to move pupils to alternative schools when appropriate. • A significant number of parents report that there is a lack of consistency between schools in the support that they offer to children who have special educational needs and/or disabilities. There is exemplary practice in some schools in Sefton but this has not been harnessed and shared with other settings to help ensure that needs are met more consistently in all schools. Action plans to drive improvement in weaker schools are not robust enough and do not set clear enough targets for rapid improvement. • The number of adults with learning disabilities in paid employment is too low and remains well below the national average. Leaders are making improvements, for example with supported internships, but this development is not yet available in all areas of Sefton. Parents also report that there are limited opportunities for young people to engage positively in the community post-19 • The 'Aiming High' group provides effective support for children and young people who have special educational needs and/or disabilities. This support helps to improve children and young people's wider outcomes, such as keeping healthy and developing independence. • Supported internships have been successfully introduced in one college in Sefton, an initiative which has received funding from

	the local area. This initiative helps to build confidence, teaches interpersonal skills and shows young people how to deal with the public. These young people are aspirational and confident about leading successful adult lives.
Our Ambition	<ul style="list-style-type: none"> Children and young people with SEND achieve the best possible educational and other outcomes such as being able to live independently, secure meaningful employment and be well prepared for their adult lives.

WHAT WE WILL DO TO DEVELOP CONSISTENTLY GOOD PRACTICE

Ref.	Areas of work	By Whom	By When	What we will see	Links
A1.1	Establish practices to ensure robust and ongoing understanding of progress data for pupils with SEND to enable more focused response for individual schools and / or pupils				A3.1/ A4.1
A1.2	Ensure capacity to establish and maintain a data base to monitor progress of pupils with Education Health Care Plans	Service Support Manager & Business Intelligence officer	July 2017	The Local Authority will have developed data base for pupils with Education Health Care Plans to enable them to systematically track progress over time	
A1.3	Joint work with school improvement partners in evaluating progress for pupils with SEND and setting targets for improvement.	Team Leader for Inclusion & Special Schools	Ongoing	The Local Authority will have a good understanding of school performance across specialist provision and mainstream schools	
A1.4	Share data and intelligence relating to pupil progress with Teaching Schools in order to determine where (and how) to target their expertise to improve pupil progress.	Teaching Schools & Team leader Inclusion	Ongoing	Schools working in collaboration with the Local Authority in driving improvement and progress for pupils with SEND	
A1.5	Develop standardised tracking matrices throughout the authority in order to gain a common understanding of methods used by different schools.	Schools & Team Leader for Inclusion	August 2018	The local authority will be able to interpret school based data and offer meaningful challenge and support	
A1.6	Increased oversight the progress of pupils educated outside of borough with Statements or Education Health Care Plans	Lead SEN Officer	October 2017	Data base includes pupils educated outside Sefton and they receive the same offer as pupils educated within Sefton	
A1.7	Increased oversight of progress of pupils who are home	Co-ordinator	October 2017	Data base includes pupils who	

	educated with education health care plans	complementary Education		are electively home educated and they receive the same offer as pupils educated within schools in Sefton	
A1.8	Data evaluated annually and published. Statement of Action adjusted accordingly to target resources and maximize impact where it is most required. Data will include comparisons between Sefton's performance and national and statistical neighbours. Analysis will include comparators between different types of schools in Sefton and their location within the authority.	Head of Schools and Families	September 2017	There will be a transparency of data which will be shared to enable parents to make informed choices and the local authority to explain how resources will be targeted	
A1.9	Data analysis shared with schools, and individual schools notified if targeted for improved performance.	Head of Schools and Families	November 2017	Resources will be targeted to accelerate progress when schools or individual pupils are identified for more focused support.	
A1.2	Outcomes for children with Education and Health Care Plans are expressed as quantifiable end of key stage expectations. Provision outlined to describe how school will ensure outcomes are met.				A3.1/ A4.1/ A5.1
A1.2.1	Training for key local authority practitioners in identifying long term quantifiable curriculum based outcomes; and indicators that demonstrate progress towards them. Focus also on preparation for adulthood,	Team Leader for Inclusion with schools	February 2018	School based practitioners and Local Authority Officers have shared understanding of aspirational expectations for students with SEND from their starting points	
A1.2.2	Case worker to attend annual reviews for pupils in primary provision, at key transition points, to support schools in the determination of next steps and effective provision	Lead SEN Officer	June 2018	Outcomes for primary school pupils with SEND will include end of Key Stage expectations across the curriculum	
A1.2.3	Case Worker to attend annual reviews for pupils in secondary provision, at key transition points, to support schools in the determination of next steps and effective provision	Lead SEN Officer	July 2018	Outcomes for secondary school pupils with SEND will include end of Key Stage expectations across the curriculum	
A1.2.4	Inclusion Consultants to support schools in identifying specific outcomes and provision for pupils receiving SEN Support		March 2018	End of Key Stage expectations are detailed on SEND support plans alongside key indicators that mark progress required in order to achieve expectations.	
A1.2.5	Methods established to quality assure suggested outcomes	Team Leader	October 2018	Sefton will develop a culture of	

	and tracking mechanisms to ensure that progress will compare favourably to national comparisons at the end of Key Stages.	Assessment resource and provision planning. DfE oversight		high aspiration for pupils with SEND and an equitable offer across a range of schools.	
A1.2.6	Consultation with parents and training for practitioners to ensure that plans are co-produced with parents across all schools. Include gathering an understanding of how parents or carers would evaluate meaningful progress.	Lead SEN officer	October 2017	Parents and carers are routinely provided with the opportunity to be actively involved in the setting of outcomes for children with EHCPs	
A1.2.7	Regularly collect feedback from parents and young people following reviews.	Lead SEN Officer	January 2018	Feedback from parents and pupils evidence satisfaction with process	
A1.2.8	Re-visit the protocol for transition to Key Stage 3 to provide training to all settings and target support for pupils most at risk of not making progress in their new settings.	Team Leader Inclusion	November 2017	Feedback from pupils, parents and schools following transition to secondary provision relate a positive experience.	
A1.3	Provision in special schools and mainstream schools is effective and pupil progress towards expected outcomes is tracked rigorously				A3.1/ A4.1
A1.3.1	In response to parental suggestion there will be a requirement that schools must discuss with parents manageable and effective ways in which they can help their child achieve outcomes set at reviews for EHCPs. .	Lead SEN Officer	October 2017	Feedback collected from reviews indicates that parents feel empowered to support their children in achieving outcomes set	
A1.3.2	Schools provide Sefton with tracking data for pupils with education and health care plans. The data is rag rated by schools to indicate whether the child is on track to achieve annual outcomes and end of key stage expectations.	Team Leaders Inclusion and Assessment Resource and Provision Planning	April 2018	Local Authority officers intervene if pupil is not making progress and signpost support. Evidence of accelerated learning because of intervention.	A4.4.
A1.3.3	Mainstream schools inform Inclusion Consultants if pupils with SEND are not on track to achieve expectations at termly planning meeting. Inclusion Consultant evaluates support and offers written advice to accelerate learning.	Co-ordinator Pupil Progress	October 2017	Diminishing Difference between progress for Sefton Pupils accessing SEN support and pupils nationally evidenced across key stages overtime	
A1.3.4	Workshops and continuous professional development opportunities provided to support schools in tracking progress and identifying key progress indicators, including peer support between specialist and non-specialist settings	Co-ordinator Pupil Progress	November 2017	By July 2018 at least 85% pupils will be regularly achieving academic outcomes set at their termly reviews.	

A1.3.5	Evaluation of tracking processes used for holistic development, such as social communication, emotional resilience, independence, etc. Good practice from specialist provision shared across authority,	Team Leaders Inclusion and Assessment, resource and provision mapping with schools and parents	February 2020	Plans indicate more focused and equitable approach to tracking holistic development.	
A1.3.6	Information made available to parents to ensure they have a good understanding of the review process and their part in it.	Lead SEN Strategy Officer	January 2018	Feedback from parents / carers will indicate their understanding of process and progress data being shared. Any dissatisfaction will be addressed.	
A1.3.7	Audit of provision for young people accessing further education. Extension of offer to include more opportunities, such as supported internships	Lead SEN Strategy Officer	February 2020	Improved offer for young people in further education with focus on preparation for adulthood.	
A1.4	Effective Intervention if pupil does not make expected progress				A4.1
A1.4.1	School based tracking data collected and used to determine where to prioritise resources and support for individual pupils and schools.	Team Leaders Inclusion, SEN and Assessment, Resource and Provision Planning	November 2019	Progress data for pupils at the end of KS2 and KS4 will have improved and there will be evidence of a diminished difference when Sefton's pupils are compared to children with a similar profile nationally. Support targeted when this has not been achieved	
A1.4.2	Audit of skills undertaken to determine whether practitioners have skills and knowledge required to accelerate progress for targeted cohorts. Training programme identified and initiated across settings and practitioners	Team Leader Inclusion and Pupil Progress & complex needs Co-ordinators	December 2019	Systematic development of expertise. Sharing of good practice. Examples of impact on pupil progress in targeted settings.	
A1.4.3	CPD opportunities for Inclusion Consultants to improve their knowledge of effective proven interventions for targeted cohorts	Pupil Progress and Complex needs co-ordinators	November 2019	Examples of effective targeted support and impact progress for individual targeted pupils	

A1.4.4	Named professional to support schools when individual (or cohorts) of pupils are identified as not making expected progress	Team Leaders SEN and Inclusion	January 2020	Achievement of targets set for targeted schools evidenced by a diminished difference when compared to national comparators.	
A1.4.8	Schools causing concern protocol to be used if additional resources are required to secure impact required.	School Improvement	ongoing	Availability of a range of resources to ensure all schools meet the needs Sefton's SEND population	
A1.4.9	Ongoing and targeted CPD programme identified to support schools and colleges in the development of an effective offer for pupils with SEND	Team Leader Inclusion & Co-ordinator Pupil Progress	Ongoing termly offer	The difference between Sefton's progress and the national average at the end of Key Stage 2 and 4 will diminish annually and will be in line with the national average by July 2021	
A1.4.10	Case studies developed for pupils whose progress is not conventional or following a linear direction.	Co-ordinator complex needs Schools	July 2020	Explanations for pupils not achieving in line with national averages collected and used as CPD opportunities	

Action 2	To address the poor operational oversight of the DCO across health services in supporting children and young people who have special educational needs and/or disabilities and their families
Story behind the action	<ul style="list-style-type: none"> • The designated clinical officer (DCO) is not providing effective operational leadership of SEND across health agencies. Many health practitioners are unaware of whether their work with children and young people is part of an EHCP. • South Sefton clinical commissioning group and Southport and Formby clinical commissioning group have incorporated the function of the DCO into the role of chief nurse. The job description is in draft form and awaiting final sign off, despite this arrangement being in place since the reforms began. There is a lack of operational leadership of SEND within health services across Sefton. Many health professionals are unaware of the role and function of the DCO. • Records demonstrate the positive impact of health visitors and school nurses in identifying and coordinating support to families of children who have special educational needs and/or disabilities. Appropriate referrals are made in a timely manner and interventions are successful in addressing need and supporting progress. • In response to local demand, sensory workshops are provided by occupational therapists. An individual action plan is written and this informs parents of strategies to better support their children. Parents have an opportunity to share their experiences with other families and have the opportunity for one-to-one time with a qualified occupational therapist. As a result, parents have a greater understanding of their children's sensory processing difficulties. • Children under three who have been identified as needing specialist assessment by more than one practitioner from speech and language, physiotherapy or occupational therapy are referred to the speech, physiotherapy and occupational therapy team. The first assessment is undertaken jointly by all three therapy teams. This offers a coordinated approach to care that supports the 'tell it once' approach for these young children. • Referrals are made to physiotherapy from special care units for babies born before 32 weeks. Children are assessed and offered monitoring for up to two years. Those families are then offered open access to any future appointments.
Our Ambition	<ul style="list-style-type: none"> • Health and other professionals understand how their practice contributes to improving outcomes for disabled children and young people and those with SEN. • Relevant adult health services and GPs are aware of their duties and responsibilities. • The Local Offer accurately reflects available services. • That children and young people in Specific Circumstances (those that may require additional or special consideration due to the complexity of the other statutory systems that support them) are appropriately taken into account in the wider system.

WHAT WE WILL DO TO DEVELOP CONSISTENTLY GOOD PRACTICE

Ref	Areas of work	By Who	By When	What we will see	Links
A2.1	Establish robust DCO/DMO arrangements that meet the key requirements of the function: <ul style="list-style-type: none"> • Oversight – across all health professionals delivering healthcare to individual CYP and those with SEND. • Co-ordination to ensure robust Local Offer, mediation arrangements and aligned health assessments. • Strategic contribution to the development of Joint Commissioning and participation & engagements Strategies. 				A1.2/ A3.1/ A4.1
A2.1.1	Seek regional best practice and other models for delivery of DCO/DMO functions	DCO & CCG lead	April 2017	DCO/DMO has oversight and good understanding of health services that support children and young people with SEND, leading to improved performance and outcomes. DCO/DMO arrangements fully meet the expectations and requirements of national guidance, in particular CDC handbook.	
A2.1.2	Initiate a regular programme of engagement and dialogue from current DCO function with key health provider services.	DCO & CCG lead	March 2017		
A2.1.3	Formalise DCO functions and responsibilities into Chief Nurse Job Description	CCG	April 2017		
A2.1.4	Benchmark current DCO arrangements with Council for Disabled Children guidance.	DCO & CCG lead	May 2017		
A2.1.5	Reduction in unwarranted differences in waiting times and service improvement for health services will be managed with the new provider of community paediatric services through existing robust contract management arrangements.	DCO & CCG Contract and Quality leads	May 2017		
A2.1.6	Produce options appraisal for local DCO/DMO functions.	DCO & CCG lead	June 2017		
A2.1.7	Commissioners to continue to work with providers and regulators to ensure a joint approach to quality surveillance of SEND health provision leading to necessary improvement.	DCO & CCG lead	April 2017		
A2.1.8	DCO to increase oversight of key health providers through regular meeting with SEND Provider Operational Leads.	DCO & CCG lead	June 2017		
A2.1.9	Agree implementation plan for preferred local DCO/DMO model * <i>this will determine subsequent actions which will be included in future updates of the action plan</i>	DCO & CCG lead	August 2017		
A2.1.10	Development of DCO/DMO SEND assurance dashboard with key performance and quality indicators/outcomes.	DCO & CCG lead	October 2017		

Action 3	To improve the lack of awareness and understanding of health professionals in terms of their responsibilities and contribution to EHCPs
Story behind the action	<ul style="list-style-type: none"> • Health visitors are delivering the full healthy child programme. Over 93% of children in Sefton are receiving their two-year development check to help identify any emerging development needs. This check includes an assessment of the child’s social and emotional needs. • Families with school-age children are supported well by school nurses. There is an effective core programme of Reception class screening for vision and hearing, national child measurement programmes at Reception and Year 6, and immunisations. These programmes, coupled with drop-ins for parents at high schools on a weekly basis and primary schools on a monthly basis, support the timely identification of needs • There is a well-established process in place for detecting hearing impairment and visual impairment in new-born babies and there are further opportunities for the identification of needs when children enter school through the school nursing service. The support offered by the hearing and visual impairment teams is well regarded by parents. • Health practitioners are not routinely contributing to EHCPs. As a result they are often not aware of the references to health in plans, even when they are the named professional contributing to the plan. • Children looked after who receive support through either SEN support or with an EHCP are not routinely notified to the children looked after health team. This means that important information which would inform reviews and the EHCP planning processes is not available. • Children looked after are not benefiting from the use of the strengths and difficulties questionnaires (SDQs) to measure and track their emotional health and well-being. This is a significant gap in identification and ongoing assessment of their needs. • Health practitioners are not routinely invited to contribute to EHCPs. Clinic letters are sometimes used to inform the EHCP without the knowledge or consent of the professional writing it. Health practitioners are then not given the opportunity to comment on the draft plan to endorse how their information was interpreted. In addition, finalised plans are not being routinely shared with all health practitioners. This weak practice does not support the effective meeting of needs. • Very effective support for pupils who have special educational needs and/or disabilities exists in health which is often conducted alongside other professionals. However, this is too often outside of the EHCP process. Inspection evidence highlighted case files where health practitioners were working very effectively to deliver clinical interventions but were unaware if a child was supported by an EHCP and had not been asked to contribute to multi-agency planning. In many cases, health practitioners are not aware if an EHCP is in existence. While there have been awareness-raising sessions for health practitioners on the SEND reforms, practitioners have not received any training around writing outcomes for EHCPs. This is reflected in the poor quality of contributions seen in plans.

Our Ambition	<ul style="list-style-type: none"> • In order to identify, in a timely way, children and young people who have special educational needs and/or disabilities, we will use information from early health checks and health screening programmes • The DCO will support the development of relationships between key organisations and groups of professionals to ensure they understand their own roles and responsibilities in providing support to disabled children and young people and those with SEN. • Health professionals will contribute their knowledge and expertise to help develop SMART outcomes in EHCPs. • The health provision in an EHCP will be commissioned by health services • Criteria will be set around when health professionals are required to attend face to face or multiagency planning meetings with clear expectations as to the purpose and benefits of this. This will also include, where attendance is not possible, a process for sharing information between relevant professionals.
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WHAT WE WILL DO TO DEVELOP CONSISTENTLY GOOD PRACTICE

Ref	Areas of work	By Who	By When	What we will see	Links
A3.1	Ensure health professionals are aware of their responsibilities in respect of SEND and understand how they contribute to EHCPs:				A1.3/ A2.1/ A4.1
A3.1.1	Initiate a regular programme of engagement and dialogue from current DCO function with key health provider services	DCO & CCG lead	April 2017	Health providers will be aware of their duties under the Code of Practice.	
A3.1.2	Identify and agree SEND Operational Leads within relevant health services/providers	DCO & CCG lead	May 2017		
A3.1.3	In partnership with provider SEND Operational Leads agree and initiate the robust forums/structure to ensure two-way communication with the DCO.	DCO & CCG lead	May 2017	Frontline health professionals report improved engagement and involvement in EHCPs.	
A3.1.4	Establish a robust process for routinely sharing EHCPs with all health professionals involved with SEND children or young people	DCO & CCG lead	July 2017	Health provision in EHCPs impacts positively on outcomes for children and young people with SEND.	
A3.1.5	Identify training needs of key health services, prioritizing writing outcomes	DCO & CCG lead	August 2017		
A3.1.6	Initiate SEND training programme for key health services	DCO & CCG lead	October 2017		Health provision in EHCPs is

A3.1.7	Current good practice recognized and utilized to improve practice of key workforce.	DCO & CCG lead	November 2017	specific and measurable.	
A3.1.8	Sample audits of plans to ensure they are in line with expectations and best practice for writing EHCP outcomes	DCO and Head of Schools and Families	Ongoing	Health provision in EHCPs is in line with expectations and best practice	
A3.1.9	Engage with Regional work to establish and share best practice for writing EHCP outcomes	DCO and Head of Schools and Families	Ongoing		

Action 4	To address the weakness of co-production with parents, and more generally in communications with parents
Story behind the action	<ul style="list-style-type: none"> • Development of the local approach to the SEND reforms was co-produced with parents who sat on the Steering Group and all working groups. The local offer was designed by parents and young people. Sefton's Parent Carer Forum is a member of the SEND Strategic Group. • One of the ways all parents, carers young people and children are invited to contribute directly to their EHC assessment is via a pupil or parent, carer profile. The format of this was coproduced with parents. 100% of parents, carers, young people and children have been encouraged to have their views included in this way. The vast majority of families and young people have actively participated in the development of their EHC plan. • By September 2016 forty eight families had returned evaluations of their EHC assessment process. 100% responded that their views had been understood and their child's views had been captured. The full report is available on the local offer. • Parents have been closely involved in the development of the local offer which has made it more user friendly and well regarded by the parents that use it. • Co-production with parents, especially in health and care services, is weak. There are some recent examples of effective co-production, but too often, plans are presented to parent representatives for feedback, as opposed to parents being involved at initial planning stage. • Although individual families have started conversations with the local authority and the CCGs, very few families have taken up the offer of a personal budget as part of an EHCP. The policy and guidance for personal health budgets is in place, but frontline health practitioners are directing requests for uncommissioned specialist therapy services through the NHS complaints procedures. This is confusing and frustrating for families. • Communication with parents in the local area is poor. Many parents report that they are not informed when there are changes in provision, such as amendments to transport arrangements and support services for children and young people with autism. This causes anxiety and confusion. • There is a lack of support for parents further to the diagnosis of a special educational need. A significant number of parents report that they have to find out what support is available for themselves or they find out from other parents. Despite delivering a clear marketing campaign, many parents are not aware of the local offer as a starting point to find out about what services are available in Sefton. • Parents have an opportunity to share their experiences with other families and have the opportunity for one-to-one time with a qualified occupational therapist. As a result, parents have a greater understanding of their children's sensory processing difficulties
Our Ambition	<ul style="list-style-type: none"> • The local area engages well with children and young people in the identification, assessment and provision of their needs. This includes how well children and young people understand their needs and how involved they are in setting targets for their own progress and to what extent they have co-ownership of both the process and decisions that affect how their needs are met.

	<ul style="list-style-type: none"> • Families have the necessary information and support to help them engage in assessing and meeting their children’s needs. • The local area engages with children and young people, and their parents or carers, to inform decisions about the strategic commissioning of services. • Parents involved in planning the content of the Local Offer, deciding how it should be published and reviewing the Local offer, including enabling them to make comments about it. • Parents will be fully aware of the planned support and interventions and will be involved in reinforcing or contributing to progress at home. • Parents understand that personal budgets, including direct payments, are available to allow them to arrange provision themselves.
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WHAT WE WILL DO TO DEVELOP CONSISTENTLY GOOD PRACTICE

Ref	Areas of work	By Who	By When	What we will see	Links
A4.1	Communication with parents is effective				A.1.3.8/ A5.1
A4.1.2	A form will be sent to all parents of children receiving additional support within schools to gather information from them on the best methods for parents to receive timely information	Head of Schools and Families	May 2017	Parental complaints will lessen More parents/carers will have engaged in identifying best ways for them to receive information	
A4.1.3	Appoint to vacant post with responsibility for parental liaison and communication	Head of Schools and Families/ Team Leader (Assessment, Resource & Provision Planning)	July 2017		
A4.1.4	A database is set up and maintained to capture responses.	Lead SEN Officer	September 2017	Database owner agreed and monitoring is in place	
A4.1.5	New channels of communication will be set up as a result of the information gathered in the forms	Lead SEN Officer	September 2017	Parental confidence will increase Parents will feel involved and engaged in discussions/ decisions about area changes and services that affect them and their children	

A4.1.6	A review of how any future changes are communicated will take place and the learning from the review will be implemented. Parents/carers will be involved in this review to enable transparent review	Lead SEN Officer	July 2017	A dip sample (audit) of changes to transport will take place quarterly and include how the changes were communicated. Feedback from parents Annually transport team will communicate timely and effectively any changes to individual children's transport arrangements	
A4.1.7	Training and development for frontline health practitioners will include policy and guidance about personal budgets in order that they can assist families in accessing the budget as appropriate	DCO/ Lead SEN Officer	October 2017	Feedback from training sessions. Increased interest in personal budgets from families	A3.1.5/ A3.1.6
A4.1.8	Regular meetings of SEND Strategic Group on which parents are represented to have a strategic view of SEND.	Head of Schools and Families	December 2016	Minutes of meetings	
A4.2	Co-production with parents is strong				A.1.2.7 A.1.4.7
A4.2.1	Set up a task and finish group where parents/carers and professionals work together on developing a co-production charter and associated 'kite mark' for Education, health and social care to sign up to.	Lead SEN Officer	June 2017	An action plan for co-production will be produced and will include monitoring methods as agreed by the task and finish group Joint working and collaboration becomes the norm in Sefton with parent/carers fully involved through representation in discussion and changes within SEND provision	
A4.3	Parents are fully aware of the planned support and interventions and will be involved in reinforcing or contributing to success at home				A.1.4.6 A.1.4.7
A4.3.1	Communication of planned support is reviewed and any learning about improving the communication is implemented.	DCO	May 2017	Audits of case files to ensure that the communication is as agreed. Feedback from parents	
A4.3.2	High needs action plans will be discussed in detail with families.	School SENCOs	May 2017	Feedback from Parents	

				Plans signed off by schools	
A4.4	Make sure that children and young people are at the heart of the SEND reforms and shows how the views and experiences they share will shape how support and services are designed and delivered in the future.				
A4.4.1	Young people involved in designing services and support which is appropriate and relevant to helping them. We will continue to ensure we engage a wide cohort of children.	Lead SEN Officer	March 2017	https://www.youtube.com/watch?v=CNsgMw7hluQ&feature=youtu.be	
A4.4.2	Developing a young person's version of the Local Offer and the Sefton 'SAVVY' app.	Lead SEN Officer/ Sefton SAVVY Development Group	March 2017	https://www.youtube.com/watch?v=ETxp3g9x6OE https://play.google.com/store/apps/details?id=rockit.app.seftonsavvy	

Action 5	To address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand
Story behind the action	<ul style="list-style-type: none"> • Children and young people living in north Sefton who have complex health needs benefit from a commissioned continuing healthcare (CHC) nursing team. They also act as key workers to provide continuity of support for families. This is recognized as best practice in the SEND code. • Sefton has only recently formalised an approach to joint commissioning for special educational needs and/or disabilities which has been endorsed by senior leaders across the local area. The CCGs acknowledge that progress has been hindered by the legacy of historical commissioning and, where possible, new contracts are being negotiated with a requirement for more robust data collection on need and outcomes. Although there are recent successes of joint commissioning, including the integrated 0 to 19 family nursing service and the local area’s emotional health and well-being strategy, leaders understand that they have been slow to act. • There is a lack of strategic vision for speech and language services across Sefton, which is contributing to a reactive approach to meeting the communication needs of families. Referrals to speech and language therapy are exceeding the capacity of an already stretched service, and this is leading to increased and unacceptable waiting times. Waiting times are further exacerbated by a lack of cover for long term sickness and maternity leave. • There is inequality between the north and south of the local area, meaning families in Sefton have access to a different level of service and support depending on where they live. This is particularly relevant to children who meet the criteria for complex health needs and for those children who are waiting to access occupational therapy. Children referred for occupational therapy who live in the south of the borough are currently waiting up to 24 weeks to access services. This is too long. If a child is referred for support and they live in the north of Sefton, they are usually seen within nine weeks. This disparity in provision is unacceptable. • There is no published autism pathway in Sefton. This lack of a clear pathway for diagnosis is adding to the confusion and general dissatisfaction of some parents with services across Sefton. Parents are already facing unacceptably long waiting times to access community paediatricians, speech and language therapy and in some cases occupational therapy. Leaders are aware of the negative experience of families, which has been ongoing for over two years. Plans to address these issues are not robust enough. • Once children have a diagnosis of autism or attention deficit hyperactivity disorder (ADHD) they are able to access the local autism/ADHD nursing service. Families are offered an assessment of their support needs and the team works flexibly with families to provide packages of care, for example around behaviour support, continence, managing emotions and anxiety • There are well-established processes in place to support the accommodation and care needs for those young people who are transitioning into adult social care where specialist provision is identified as a need • In response to local demand, sensory workshops are provided by occupational therapists. An individual action plan is written and this informs parents of strategies to better support their children.

	<ul style="list-style-type: none"> • There is a flexible approach across Sefton to promoting direct referrals by practitioners working with children where a more specialist assessment is needed. For example, health visitors and school nurses are able to refer to therapies and community paediatricians directly. This means that delay is minimised between identification and referral for specialist assessment. • There are well-established processes in place to support the accommodation and care needs for those young people who are transitioning into adult social care where specialist provision is identified as a need. • Local services have responded positively to an increase in children being diagnosed with pathological demand avoidance (PDA). Some practitioners have very recently accessed specialist training, recognising that these children need different support and care management. • Young people transitioning into adult social care who have an Alder Hey consultant paediatrician are held on a transitional exception register. Where there is no identified care pathway to transfer into adult services, young people can still be admitted to the hospital via the accident and emergency department, post-19. This ensures that these young people continue to receive the specialist care they need.
Our Ambition	<ul style="list-style-type: none"> • Co-ordinated assessment between agencies with clear roles, responsibilities and accountability in assessing and meeting needs • Jointly commissioned specialist educational, medical and therapeutic services to improve outcomes for children and young people • Consistently high standards of outcomes in EHCPs - regular assurance panels will be held, where the DCO and local authority SEN officers review a selection of EHCP to quality assurance plans and capture unmet needs/ gaps in commissioned services. • Services commissioned to meet the reasonable needs of the children and young people with SEN or disabilities for who we are responsible. • The provision specified in the EHCP will be made available to the child or young person including agreement between the partners of their respective responsibilities for funding this arrangement to ensure that the service specified are commissioned.

WHAT WE WILL DO TO DEVELOP CONSISTENTLY GOOD PRACTICE

Ref	Areas of work	By Who	By When	What we will see	Links
A5.1	Effective arrangements in place for joint commissioning of SEND services from a population basis to individual packages:				A4.1
A5.1.2	Establish a Children's Integrated Commissioning Group with the local authority, Public Health, CCG and education.	Local Authority/ CCG	February 2017	Clear Joint Commissioning SEND Strategy in Place.	

		commissioning teams		<p>Improved understanding of local SEND needs.</p> <p>An agreed Neuro Developmental pathway is in place about which services and support can be reconfigured.</p>	
A5.1.3	Establish Regular assurance panels will be held, where the DCO and local authority SEN officers review a selection of EHCP to quality assurance plans and capture unmet needs/ gaps in commissioned services to ensure equality of access/appropriate waiting times.	DCO & CCG lead	May 2017		
A5.1.4	Discuss with provider of all relevant services (after transaction from current arrangements) to identify and agree ways in which access times can be improved, specifically re: Neurodevelopment services including autism, ADHD and aspergers	DCO & CCG lead	May 2017		
A5.1.5	Commission a Strategic SEND Needs Assessment to capture current local needs for SEND support services	DCO & CCG Lead	May 2017		
A5.1.6	Reduce unwarranted differences in services provided and access times between different part of the borough, through regular performance reporting into integrated commissioning structures	DCO & CCG Lead	May 2017		
A5.1.7	Produce proposed new Neuro Developmental pathway (which includes pathways for autism, ADHD and aspergers) for consultation and engagement	DCO, LA & CCG lead	November 2017		
A5.1.8	Co-produced draft SEND Joint Commissioning Strategy, informed by the SEND Needs Assessment and reflective of national guidance and best practice. This will in turn shape future commissioning and service redesign.	DCO, LA & CCG lead	December 2017		
A5.1.9	Following period of consultation and engagement produce final SEND Joint Commissioning Strategy for governance approval.	DCO, LA & CCG lead	January 2018		