

TITLE:	SEND Peer Challenge
FOR CONSIDERATION BY:	Children’s Select Committee
REPORT DATED:	11 September 2023
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1. Purpose of Report

1.1 To provide an update on the Special Educational Needs and Disability (SEND) Peer Review

2. Context

2.1 Independent, external evaluation and feedback from the sector has endorsed peer challenge as an approach that promotes learning from a sector-led improvement perspective. All local authorities and their partners are responsible for improving outcomes for children and it is recognised that an external and independent view can help to accelerate or consolidate progress. The Local Area Partnership agreed that independent evaluation of our self-evaluation framework, progress against our strategy and improvement plans and would assist in preparation for a future Ofsted and CQC Local Area SEND Inspection.

The LGA was approached as they are experienced in peer reviews and had developed a SEND Peer Review offer. The peer team was sourced specifically to address the areas of focus highlighted by the local area partnership. The team consisted of senior colleagues with significant experience of leading and managing children’s services within local government and NHS, supported by an experienced LGA challenge manager.

2.2 The peer team

Peers were selected on the basis of their relevant experience and expertise and their participation was agreed with the partnership. The peers who delivered the peer challenge were:

- **Lead Peer - Local Government** – Barbara Peacock, LGA Associate SEND Children’s Improvement Advisor

- **Lead Peer - Health** – Sam Barron, Strategic Lead for SEND, Northumberland County Council, DCO North East and North Cumbria ICB
- **Operational Peer SEND** – Andy Lawrence, Head of Service: 0-25 Together, Hertfordshire County Council
- **Education Peer** – Sharon Buckby, Head of Inclusion and Virtual School Headteacher, London Borough of Brent
- **Jonathan Trubshaw**, LGA manager

2.3 The process

The peer team prepared by reviewing a range of documents and information, in order to ensure they were familiar with the Local Area Partnership including Council, ICB and health partners, strengths and the challenges they are facing. The team spent four days onsite during which they:

- Heard from over 110 people, including: children, young people, parents, lead members, local authority senior leadership team, chief nurse of the ICB, senior health partners, front-line practitioners and managers and partners
- Read background documentation
- Reviewed a small sample of EHCPs
- Undertook visits to settings; observing learning and talking to professionals.

Shortly before the peer team's visit a small sample of 16 EHCPs was reviewed by two peers, who were not members of the on-site team.

This report provides a summary of the peer team's findings. By its nature, the peer challenge is a snapshot in time.

3 Scope and focus

3.1 Five areas of focus were identified for the peer challenge, which are listed below:

- The impact and effectiveness of the local area partnership
- The early identification of SEND/support through a graduated approach across the local area partnership
- Voice and engagement of service users and families
- The neurodevelopmental pathway in Wiltshire – process and lived experience for children and young people in Wiltshire
- Joint commissioning arrangements across the local area in Wiltshire.

During the on-site work the peers identified several cross-cutting issues that were covered separately, these are covered in this report.

4 Executive Summary

4.1 The local area system for children with Special Educational Needs and Disability (SEND) is clearly values led. There is an emphasis on joint working and coproduction that actively seeks to meet the needs of children, young people and their families.

4.2 Wiltshire is the fifth largest local authority geographically, with a population of about 510,000, - just over 20% of which are under 18 years. 17.7% of these have identified Special Educational Needs (SEN) and 5068 children and young people have an Education, Health and Care Plan (EHCP) (May 2023). Wiltshire has the largest military settlement in the UK with around 30,000 personnel and their families.

4.3 The strategic leadership for SEND is visible and developing, with a SEND board that is jointly chaired by the Council and the Integrated Care Board (ICB). There is strong political support for the SEND agenda and resources have been allocated to support its delivery, from both the Council and the ICB. Parents and carers are well engaged through an active and well-established parent carer forum that has over 4,200 registered members and is a key strategic partner, participating at board level. There is a clear strategic awareness of the need for continuous improvement with agreed joint actions. However, some of these actions now need to be taken forward at pace with each of the three elements – education, health and care – demonstrating their impact.

4.4 There is a range of good procedures and initiatives to support the early identification and early support of SEND. Family hubs have recently been agreed and the Designated Social Care Officer is relatively new. There is clearly a system-wide commitment to SEND and the impact will need to be continually monitored by the SEND board. The graduated response and particularly mainstream secondary schools' participation, appears to be inconsistently applied and needs a greater focus to ensure it provides an effective route to support early identification and early support at the right level to meet needs.

4.5 The voice of young people and their families is gathered in a variety of ways, not least through the parent carer forum. Coproduction is used to create processes and products that best reflect the needs of those who use them, including the redesign of the EHCP form to present the voice of the child more clearly. There are opportunities to increase participation from parts of the community who may find it more difficult to be heard including those from military families who may move more frequently than the rest of the population and those children who do not communicate verbally.

4.6 The neurodevelopmental pathway has been coproduced and there is some evidence that a focus by the autism diagnostic panel is having a positive impact on assessment times. The approach of Child and Adolescent Mental Health Services (CAMHS) that all children receive support no matter what their diagnosis or need will be

a potential area of strength going forward as this new approach becomes embedded in day-to-day practice and more widely understood across the system, including with children, young people and their families.

4.7 Along with the above there has been significant work undertaken with parents and carers to produce the approach taken with young people to prepare them for adulthood. Recent developments take into account the lived experience of children and their families. However, there are still some reported gaps in the ability to access ongoing therapy services when young people transition to adult services.

4.8 There is a clear ambition to work closely together across the local area system and jointly commission services as efficiently as possible. The SEND board should move quickly to strategically identify and communicate how joint commissioning is conducted in Wiltshire and produce a jointly agreed outcomes framework to monitor the impact for children and their families of the work undertaken.

5 Main Findings

The impact and effectiveness of the local area partnership

5.1. The strategic leadership of both the Council and the Integrated Care Board (ICB) is forging an increasingly integrated partnership that is driving improvements. Meetings are jointly attended, and joint decisions are clearly articulated.

The peer team is impressed with the work undertaken by all partners in establishing the SEND board and the efforts being made to ensure that it is working well. The board is co-chaired by officers from the Council and the ICB, with members providing high levels of support and high levels of challenge to ensure that action on decisions is taken.

Wiltshire has an established parent carer forum that is included as an equal partner on the SEND board. The peer team was impressed with the registered membership of over 4,200 and the forum's awareness that there is still more to do to reach all parents of SEND children. Regular training and support events are communicated in a variety of ways, including weekly newsletters. However, some of the parents and carers that the peer team spoke with said that they were not consistently sighted on the local area partnership ambitions for SEND. There is an opportunity to work even more collaboratively to keep parents as fully informed as possible.

There is a commitment from local authority, health partners and special schools to deliver outcomes for children and this is clearly seen through their active engagement in the System of Excellence. This forum has driven forward the specialist place expansion that has included the merging of three special schools into Silverwood School and the development of additionally resourced provision.

There is an improving approach to data collection and its presentation that supports the desire to demonstrate impact and outcomes. There are plans to develop a single

dashboard for the SEND partnership and this now needs to be delivered at pace so that the impact of the work being undertaken can be looked at from an integrated perspective.

There is clearly a lot of effective collaboration between partners to address the issues of SEND. However, at this stage of the SEND board's development the peer team is uncertain as to who acts as the system "conductors" for SEND. There could be greater clarity on who has the overarching view of SEND across education, health and care, and is responsible for directing responses to gaps and ensuring these are delivered at pace, so there is even greater focussed challenge with partners being even more firmly held to account.

There is a clear commitment to writing a new revised SEND strategy with well-presented governance arrangements. The reasons for the new strategy are well articulated, as is the decision for extending the deadline for the next version to enable time for greater coproduction. The local area partnership has drawn up plans to include Alternative Provision (AP) in the next iteration of the strategy so that it more fully covers the complete spectrum of the approach to SEND and provides clearer strategic oversight and challenge.

Health waiting lists, across a range of therapies, are too long and this is especially needs addressing for the 16-25 provision. Articulating your collective understanding of demand and sufficiency of provision will help identify any gaps and provide evidence for the on-going allocation of sufficient resources.

Inclusion of children with SEND within mainstream schools and settings appears variable. A more consistent approach should help provide the greatest range of options to meet the needs of children and their families.

5.2 The early identification of SEND/support through a graduated approach across the local area partnership

The peer team is impressed with the two Designated Clinical Officers (DCOs) and the high impact that their work is having in bringing the health emphasis into the system. The Designated Social Care Officer (DSCO) is newer in post and is already driving positive change in emphasising the care element of the system.

The sensory support services are well-resourced and reported as being highly thought of by parents.

The system wide investment in early identification was seen to be taking place across all three elements of the structure to support SEND – education, health and care. There is commitment from councillors and senior leaders from across the local area system to invest resources to ensure that early identification and support is being made available, learning from the positive experiences of this in children's social care. During the peer team's visit the Council agreed to support the initiative for Family Hubs and accordingly allocated resources to provide an additional level of support for families. There has also

been increased joint funding for Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS) to meet the growing needs and demands. A new SENDIASS contract was awarded to an external voluntary organisation in April 2023. Adequate analysis and systems for acting on information from SENDIASS will need to be in place, so that the emerging themes and learning are responded to.

System learning and development events to promote SEND identification are taking place. These are being delivered by a range of partners including DCOs, DSCO, educational psychologists, parents and carers, so that events are undertaken and aimed at all levels of the system.

There is a positive, tiered approach for Health Visitors' undertaking the 2.5 year check. A triage approach is used to ensure action is taken where it is most required and additional time is given to the children with most need. Health advisors are being introduced to help refine the statutory EHCP process to ensure that all children and young people undergoing an EHC needs assessment will have a medical assessment.

The guidance and support to adequately identify and meet needs of autistic children and their families could be strengthened. Schools and other organisations should be more familiar with the strategies and resources available to support children with autism. The peer team heard about a number of adolescents, with an autism diagnosis and some waiting for a diagnostic assessment, struggling within mainstream secondary schools. This should be seen as part of the graduated response and linked to wider support with its implementation more widely endorsed.

5.3 Voice and engagement of service users and families

It is clear to the peer team that the system as a whole recognises the need to continuously develop their engagement with children, young people and their families so that the voice of service users is heard. There is an ambition to do more and build stronger relationships so that services and processes reflect what you are being told.

The peer team is impressed by the Young Pioneers - they provide clear advocacy and influence. One of the Young Pioneers said, "*Our aim is to create real ambition for young people to start a revolution - life first, services second*". The initiative provides an opportunity for some of those who may otherwise be socially excluded to have a voice and a means for them to be heard. The children in care council is actively inclusive and provides another forum for young people to express their voice.

It is clear that the Council continues to invest to support youth engagement. The "Growing up" initiative has been shaped by input and involvement of young people. The Council recognises that on-going communications are required to ensure the good work being delivered is understood by as wide an audience as possible.

The peer team heard that SENDIASS include children and young people's voice in all mediation.

It is positive that 100% of the children with disabilities and complex health needs looked after in residential special schools had a communication plan. This is an example of the effort that has been put into ensuring that the most vulnerable children and young people do have a voice.

The Council holds 'Meet the Leaders' sessions, so that young people can ask questions and receive first-hand responses – demonstrating a recognition and importance of themselves as individuals. The sessions include a 'You said We did' element to demonstrate how the concerns of young people are listened to and addressed.

The Council is redesigning section A of EHCP. This is now encouraging even greater emphasis on describing the young person and their aspirations and provides the individual child and families with more opportunity to include their own input.

There was clear passion from all those attending the SEND board that they represent the voice of children and young people. There is also an opportunity for children and young people to represent themselves and enhance the overall clarity of 'voice'. The Young Pioneers provide an opportunity for the board to hear about the lived experience of young adults. The board should assure itself that non-verbal children are fully communicated with and that they are also seen to be heard.

5.4 The neurodevelopmental pathway in Wiltshire – process and lived experience for children and young people in Wiltshire

The peer team heard from a wide range of people about the culture of the local area system and the ambition to be needs led, not diagnosis led. This approach is a significant strength going forward as it speaks of the cohesive and collaborative approach to supporting children and their families, although it is not yet embedded in day-to-day practice it is supporting an important cultural change. The ability to work together through the multi-agency partnership is leading to increased effectiveness. However, the local area partnership recognises that there is more to do and that there are significant demand pressures in the system.

The neurodevelopmental pathway has been thoughtfully coproduced with young people, parents and carers. This has ensured that young people are given a way of expressing themselves within the diagnostic pathway and are provided with clear communication about what will happen and are signposted to support whilst they are waiting. The application of a needs led approach demonstrates understanding of the local population, including forces families. The approach also recognises the need for consistency across local area providers by ensuring that information given to families is consistent across respective service provider access points. This project is now in its third year, it is essential that pace is now increased to identify and communicate a sustainable support offer with effective pathways. The peer team was told that gaps existed in both early years and preparing for adulthood (PFA) phases. Communicating how things should work and testing the lived experience, including SEN Support, will build confidence and resilience within families and across the system.

The peer team heard from some mainstream schools and parents that they are not yet feeling the impact of the changes in access to the pathway. More could be done to communicate the changes, increase understanding and manage expectations, and to ensure there is consistency in application of the pathway.

5.5 Joint commissioning arrangements across the local area in Wiltshire

The local area partnership is focused on understanding the lived experience of children, young people and their families. There is clear ambition to maximise the collaboration of partners and build on the strong informal arrangements so that they are even more clearly supported through the formal joint commissioning processes.

ICB leadership is committed to meeting the statutory requirements around SEND and is also actively engaged in the SEND agenda. There is strong ICB representation at the board and joint engagement in taking forward its business. The SEND board is driving the approach to joint commissioning. However, more could be done to articulate the joint commissioning arrangements and the outcomes that these lead to. Some partners were able to describe the part of the commissioning arrangements they were engaged in but not how the whole functions together. A clear statement of what joint commissioning is and how it functions in Wiltshire would be helpful.

The peer team were told that the short breaks offer is in the process of recommissioning, with the new scheme scheduled to be in place for April 2024. The Council works closely with parents and carers on the development of the offer and receives high levels of satisfaction (over 95% are satisfied or very satisfied with the scheme). The Council is currently reviewing the communication of the offer as part of the recommissioning process, which will be co-produced with parents and carers to ensure that it continues to meet their needs.

Currently there appear to be different methods for measuring impact of jointly commissioned SEND interventions. These need bringing together into one agreed tool, saving time and resources in data collection and analysis. With one agreed tool the SEND board can more readily hold partners to account and celebrate achievements more widely. The local area partnership has stated that the Joint Commissioning Group will develop a more consistent approach and use the Strategy to support the articulation of the approach to measuring impact.

5.6 Cross-cutting issues

Wiltshire Council has three committed, engaged and passionate elected members, who together with the local area's senior leaders champion the support for children with SEND and their families. The political arrangements may not be what is usually seen elsewhere, they are specific for Wiltshire and appear to work well. Roles are defined with beneficial links into adults and active engagement with the community to reflect lived experience, whilst maintaining a clear understanding of who holds the statutory responsibility. The three elected members involved with SEND should all access the

training available to ensure that their knowledge is equally held and continues to be kept up to date.

In the peer team's view, the ICB has made impressive progress and gained traction around SEND. There is a palpable values-based culture through and across the local area which is shared by all partners, including parents and carers and this provides a strong base from which to further develop the whole system.

Across the system people are open, enthusiastic and positively welcome challenge. The local area partners have a commitment to invest in and develop staff and the peer team heard a few examples of professional curiosity driving improvement, including where children's social care completed the nationally mandated review of children with the most complex needs in residential care and then took this as a prompt to further consider those children in other settings.

The local area partnership is aware that there is a high number of unregistered AP. The local area system needs to be assured that all children are accessing their full education entitlement. The decision-making regarding the placing of children in this provision needs to be clearly set out, considering the planned outcomes for all the children in AP. There also needs to be clearer evidence of mainstream secondary school engagement in driving outcomes for SEND. A single method for collecting outcomes information which is monitored by the SEND board should help promote further secondary school engagement.

6 Key recommendations

6.1 Find your "conductor/s" and balance the education, health and care elements of SEND: be clear and give higher profile to the designated individuals who are responsible for driving SEND. Acknowledging the collaborative nature of the local area system in Wiltshire this may be more than one person

6.2 Be bold in articulating your story and drive forward ambitions already identified with pace: considerable work is being undertaken to support SEND and there are plans as to how these can be improved further. Building on the point above, this needs to be presented and actioned in a way that young people and their families know that their needs are recognized and are being addressed in a timely way

6.3 Embrace schools and settings and bring them on your journey: use the SEND board even more to bring a focus on the work of secondary schools and settings. Consider ways of greater coproduction

6.4 Coproduce a local area outcomes framework to further align commissioning activity: it is already acknowledged that there should be one dashboard, and this now needs to be swiftly agreed and produced. The SEND board should use the dashboard to monitor progress of aligned or jointly commissioned services and to evidence a clearly articulated outcomes framework

6.5 Create a workforce strategy for the whole system and across all settings:

consider the whole system workforce requirements and not just individual settings needs. Recruitment and development should be more efficiently and effectively matched to current and future needs.

7 Conclusion

7.1 The peer review process has been beneficial to the SEND and AP Partnership. It has highlighted many strengths in this area and, importantly, it has validated the partnership's self-assessment. The key recommendations have been accepted by the partnership and plans are being developed to address these.

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