



Lincolnshire Local Area Peer Review

20 – 22 March 2017

1 Methodology

1.1 The peer review team comprised of:

- Iain Peel – Lead (Service Director, Learning & Skills, Derby City Council)
- Paula Nightingale (Head of Inclusion Services, Derby City Council)
- Nicki Hodson (Designated Clinical Officer, Nottinghamshire County / Nottingham City NHS Clinical Commissioning Groups)
- Dave Nutting (Parent Carer Forum, Leicester)

During the course of the peer review, we met with:

- seven headteachers, six Special Educational Needs Co-ordinators (SENCOs) & three staff from the local Further Education (FE) college.
- Six young people and their workers.
- Three Parent Carer Forum (PCF) representatives and one parent phone call.
- 42 Local Authority (LA) officers.
- 17 health professionals.
- Eight strategic leads including the local cabinet member political lead.

In addition, we reviewed a range of data and reports in line with the key lines and enquiry and which were provided by the local area.

2 Key lines of enquiry

2.1 The peer review examined three key lines of enquiry (KLOE).

- KLOE 1: How are services helping to manage the growing demand for statutory assessment?
- KLOE 2: How effective are multi agency services in securing better outcomes for young people with special educational needs and disabilities (SEND)?
- KLOE 3: How are parents carers involved in co-production of strategic priorities?

The peer review was not an inspection.

3 Overall strengths

3.1 This is a local area with a number of strengths. These include:

- this is an area which has moved to address the special educational needs and disability (SEND) reforms.
- Strategic leaders from both the local authority and health who engaged with the peer review all had a clear focus on improvement and performance management.
- Operational links between health professionals and other services are evident.
- Young people described their involvement in the education health and care planning system as being generally positive.
- Headteachers who contributed to the peer review were very positive about inclusion outreach services provided by both the local authority (LA) and also those provided directly by special schools. Importantly, headteachers were able to describe how outreach services worked in conjunction with LA services in order to avoid duplication.
- Pastoral support plans (PSPs) have been developed and in place for approximately one year. These were intended to try to help reduce SEND exclusions and they are clearly having an impact.
- Therapists and early help services ensure that their service offer is focused on young people and managing demand.
- The PCF steering group is predominately new to their PCF roles. The PCF is now re-establishing its links.

4 KLOE 1: How are services helping to manage the growing demand for statutory assessment

4.1 A Strengths

- The local area has a wide offer of support for emotional and health well being (EHWB). This has been recently extended via a new emotional health and well-being team, a behaviour support service, multi-agency teams, educational psychologists, Futures in Mind and Children and Mental Health Services (CAMHS). This provides a clear EHWB pathway and it is important that all stakeholders know of the right pathways for the right young people.
- The headteachers and SENCOs who contributed to the review commented that the education psychology (EP) service was improving. Indeed, one Headteacher commented "... (we have had the) strongest relationships with EPs for a while". This is to be welcomed, although some SENCOs reflected that the quality of the service was

partially dependent upon the quality of the individual EP. Headteachers were positive about the new deployment system for EPs and that the additional administration associated with the request for an EP was worth investing the effort if it secured greater and better access to EPs. Whilst Headteachers did not know why the new deployment strategy came into place, they were positive about the direction of travel with the EP service.

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- The LA has invested time to ensure that stakeholders know about the graduated response. Hence SENCO briefings have been redefined as graduated response briefings. These take place across the county and are intended to address key issues across the local area.
- Headteachers and SENCOs were very positive about specialist teaching services. They describe how well the service is led. The service has been trading for over ten years and the team has doubled in that time. Schools value the services, refer to them when their interventions have not worked and when there is no clear direction as to what the school might provide next to meet the need.
- Therapists are involved from early years onwards. 0-19 year olds can be referred to therapy service for support and intervention often before the full need around SEND has been identified. The therapy teams within the National Health Service (NHS) are integrated and services refer between teams (e.g. occupational therapist (OT) to physiotherapy).
- Health visitors and early years teams are often unable to do a joint 2-2 ½ year integrated review so have devised a specific handover page to communicate difficulties to the other team. This sits within the parent held (red book) record.
- Headteachers report that speech and language therapy training (SALT) is available for teaching assistants if schools commission this. This is intended to support the development of language and communication and is part of the graduated response. A continual challenge for the LA and SALT is to ensure that schools are aware of the training or of commercial packages in order to help stem referrals to SALT.
- Pastoral support plans (PSPs) have been developed and in place for approximately one year. These were intended to try to help reduce SEND exclusions and they are clearly having an impact. For example, in half term 1 of 2015/16, eleven young people with a statement / education and health care (EHC) plan were permanently excluded from school. This dropped to two young people in the same period in 2016.17. The PSPs provide multi-agency support including early help services. A question remains for the LA to ensure that an unintended consequence is avoided by ensuring that PSPs do not add to the demand for statutory assessments by escalating assessments too quickly.

- The early year's team actively help manage demand by early support screening. The early year's team is mapping the need to distinguish between early child development, English as an additional language and possible SEND, through child focused and multidisciplinary delivery within the locality teams. The team works effectively with the Early Support Care Co-ordination (ESCO) Panel to ensure that support is allocated early to children, parent carer and settings. This joint work allows services to be clear on the needs of the child following the graduated response so that the needs are met at the right level.
- The work of the Headteacher for the Virtual School for looked after children is proactive in helping to manage demand for statutory assessments. He regularly liaises with a range of services and social workers and keeps the needs of young people as his focus.
- Therapists and early help services ensure that their service offers are focused on young people and managing demand. For example, they offer parents a range of courses such as sleep therapy, de-escalation strategies and behaviour management. Whilst no evidence was presented to show the impact of these services, they should help to prevent the escalation of some cases to a stage where a statutory assessment is requested.
- The PCF steering group is predominately new to their PCF roles. The PCF is now re-establishing its links, many of them with new staff at the LA and developing new connections with the Clinical Commissioning Group (CCG) that they have never previously been able to establish.

B Areas for development

- Early help services have much to offer and clearly contribute to PSPs. Therefore, consideration should be given to early help services attending the graduated response briefings to ensure they are conversant with latest developments.
- The LA has provided training and briefings on the pathways for statutory assessments. However the SENCOs who were interviewed reported that they are not fully clear on the pathways for assessment. This is echoed by PCF and Liaise who reported that they were not clear on the pathways for assessment and also the funding of plans.
- SENCOs, headteachers and some LA services were unclear on the graduated response.
- Schools expressed concern of waiting times for some health services such as paediatricians, CAMHS and speech and language therapy.
- A danger exists that some parent carers and providers could become confused by a duplication of advice provided by several services. For example, child or young person may access early help services, the inclusion service, the emotional health and well-being service and also an EP. Therefore, pathways should be clear.
- Further work is required with the education psychology service to ensure that they are clear as to what constitutes their statutory offer.

C Recommendations

- Reiterate the communication of the graduated assessment. This is important to manage demand.
- Ensure pathways are clear for a referral to a paediatrician. If they are unclear it will impact on demand.
- Ensure pathways are clear for a referral to clinical services.

5 KLOE 2: How effective are multi agency services in securing better outcomes for SEND

5.1 A Strengths

- Strategic leaders from both the LA and health who engaged with the peer review all had a clear focus on improvement and performance management. This was a clear strength. Similarly, other LA officers, health professionals and school and college staff all presented as committed individuals and with a clear determination to secure the best for children and young people.
- The feedback on the education psychology service was variable. Overall school professionals felt that it was improving, but still too variable. However, headteachers were very positive about the specialist teaching service with a well-known leader and champion for the child.
- Headteachers report that social care staff regularly visit special schools and know the staff and children and young people, visits to mainstream schools were less regular. However, overall relationships with social care were described by headteachers as being strong. One mainstream headteacher described how their school employs their own family support worker and whereby the LA provides the professional supervision for this person.
- Links with LA services were generally positively described by schools. For example, headteachers were positive about inclusion outreach services (both provided by the LA and schools) and SENCOs believed that the Special Educational Needs Assessment (SEN) Service was approachable. This is important if EHC plans are to meaningfully co-produced. A recent development of the SEN Assessment Service has been being clear with schools about the reasons for turning down a request for a statutory assessment. Headteachers were positive about the development and in gaining a better understanding of the reason for the decisions.

- Operational links between health professionals and other services are evident. For example, a CCG professional reported that an information sharing protocol is in place between all key partners. This could be used as a foundation upon which to build strategic planning between partners.
- The governance of the SEND reforms ultimately reports through to the Health and Well Being Board. Sitting beneath this is the Women and Children's Board and a CCG professional reported that both governance arrangements and operational working are improving via the Women and Children's Board.

B Areas for development

- When pressed, strategic leaders were unable to point to consistent strong engagement of strategic health leaders in the SEND reforms. Similarly, whilst LA data was readily provided, there was an absence of health data during the peer review.
- Headteachers were positive about the recent developments in statutory assessment refusal to assess or 'turn down' letters. However, parents/carers and Liaise were uncertain about the reasons for turning down an assessment and mediation cases may reduce if parents / carers were clearer about the reasons.
- Health and social care professionals require on going training about SEND reforms and the needs of young people. This is to ensure that they are aware of the latest research in to meeting learning needs of young people with SEND.
- The SEN Assessment Team managers and officers have clearly made a positive impact on improving timeliness of statutory assessments. However, they were unable to outline how EHC plans are monitored and how the outcomes feed through to the commissioning cycle.
- The CCGs have struggled to appoint a Designated Medical Officer or Designated Clinical Officer. Whilst CCGs could have provided another qualified person to the EHC panel, it is important that health is now represented on this panel.
- Transitioning to adults services and FE requires more work.

C Recommendations

- Secure the prioritisation of the SEND reforms by strategic health leaders.
- Strengthen the Joint Strategic Needs Assessment and commissioning cycle by the use of health data.
- Consider how to monitor EHC plans to strengthen their impact on children and young people outcomes.
- Include health on EHC panel.

6 KLOE 3: How are parents carers involved in co-production of strategic priorities?

A Strengths

- Three of the young people described their engagement in their own EHC processes. This was generally positive and they had enjoyed the opportunity to share their life's ambitions and difficulties they face in achieving them. They generally they felt that their education and courses were the right ones for their progression to their desired outcomes.
- The young people reported that amongst the courses and activities they are engaged in they were taking up travel training. Those present all felt it was a positive step in promoting their independence, building their confidence and self-esteem and they had all enjoyed the process of 'getting out of the house' more often. The training was considered very comprehensive and included how to use cash if (as had been the case with one) you lose your bus pass. Therefore, a number of the very real apprehensions SEND young people have around travel and engaging with the wider community were being addressed.
- The PCF acts as a registered charity formed from its original contact group; The Parent Carer Council. It provides direct information on its activities to approximately 2000 people. It also hosts regular coffee mornings in several key geographic points in the area from which it gathers the views of parent carers on local area plans and developments that they share with those present. The PCF steering group (all annually elected at an AGM) then uses this information to highlight issues using a 'traffic light' system of the noted areas. They report that they use this to inform or engage with policy makers, commissioners and providers to help them to identify areas for improvement. The PCF then feeds back any responses to the coffee mornings and via their website and Facebook page.
- The PCF is currently engaged in a Memorandum of Understanding agreement between themselves, the LA, 'Liaise' and Core Assets in understanding the area's information, advice and support needs and trying to develop everyone's understanding of the support required by parent carers, children and young people with SEND.
- Health providers talk about being data rich, for example, health visitors undertaking engagement events. There are examples of co-productions, such as 'Dad's Day', 'Local Films by Local Children' etc.
- CAMHS / therapists / 0-19 service all undertake a Friends / Family Test to shape services going forward.

B Areas for development

- The group reported that there was no strategic young person's forum. This aligns with your self-assessment.
- The young people explained that they were unaware why the previous young people's group had been stopped.

- One young person reported that there had been ongoing discussions about her health care support to enable her full inclusion in a number of activities for the past two years and that the issues remain unresolved. She reported that the only real conversations she had been having around transitions with adult services seemed to focus on her having the choice of which care home she moved into while her ambition was to live as independently as possible.
- No examples were forthcoming from young people about co-production
- The PCF felt that 'Health' (NHSE/CCG/Public) have been difficult to engage with and they were unaware of any integrated systems of engagement between them and other areas involved in SEND provision for the local area, or integrated system for personal budgets. However it was fed back that there had been an engagement piece of work undertaken with the PCF and the CCGs.
- Questions were raised about whether there was a disconnect between many of the areas of support from education, health and social care, most notably in the additional areas of transitions from children's to adult services across the area that they had expected the Children and Families Act and Care Act to have resolved. However PCF was confident about the future and that engagement between the PCF/LA/CCG/voluntary services was developing well and there was a real sense that working together was now taking shape.
- The current issues within the PCF have been resolved but are compounded by a subsequent LA decision to cease its funding. This needs to be resolved quickly as the PCF cannot provide its historic network of information gathering and sharing or develop the connections required of it by the local area's education, health and care commissioners and providers for an area as large and diverse as Lincolnshire with just the DfE grant to resource them.

C Recommendations

- Develop a forum to strategically capture the voice of CYP and their parent carers.
- Maximise the momentum building up with the new PCF and use this to help co-develop strategies and to engage partners.

To summarise. It is worth remembering that the PCF is with you. Indeed, one parent commented,

“...I'm very confident about the future; the PCF, voluntary agencies and the LA are all developing a better understanding and there is a real sense amongst parents and carers that working together is taking shape ...”