

April 2019

Dear Kevin

CHILDREN'S SERVICES PEER CHALLENGE: EAST RIDING COUNCIL APRIL 2019

Thank you for taking part in the thirty-eighth Yorkshire and Humber Region Children's Services Peer Challenge activity, and the second in the East Riding (we have previously looked at the operation and effectiveness of the LSCB). You asked us to focus on SEND and more specifically:

To focus on 3 broad areas of SEND activity and for each, consider the 4 areas of the SEND inspection framework, (identifying SEND needs, and assessing needs, meeting needs and securing outcomes). The areas being:

- Co-production and voice, (looking in particular at work with parents and carers and the reach of voice activity)
- Effectiveness of pathways to adulthood (PfA), (looking in particular at the effectiveness of the recently configured 0-25 team and work with providers to broaden the offer)
- SEN Support, (looking in particular at the effectiveness of recently introduced arrangements to improve progress and attainment)
- You also asked us to look at some EHCPs.
- We also identified some strengths and areas for consideration beyond the scope of the challenge, which we thought we should share

Your preparatory work for this Peer Challenge was extensive and was immensely helpful in enabling the Peer Challenge team to focus its activity appropriately. The team received a good welcome and excellent co-operation and support throughout the process. It was evident to us all that all those we met were interested in learning and continued development.

It is important to stress that this was not an inspection. A team of peers used their experience to reflect on the evidence you presented through documentation, conversation and observation. We hope the conclusions, captured in our final presentation to you and in this letter will assist you in your on-going improvement.

1. Background

The Peer Challenge process developed for Children's Services across Yorkshire and the Humber builds on the peer review model that was developed by the Local Government Association (LGA) and all 15 Local Authorities are engaged in the process.

In order to support the Peer Challenge process, all Local Authorities have nominated key members from their senior leadership teams including their Director of Children's Services (DCS) to be trained in the Peer Challenge process and to lead Peer Challenges. Peer Challengers have either undertaken regional training or are LGA accredited peer reviewers.

2. Process

The Peer Challenge in East Riding was provided by a team led by Stuart Carlton, Corporate Director – Children and Young People's Service, North Yorkshire County Council; Jane Le Sage, Assistant Director – Inclusion, North Yorkshire County Council; Cathy Burke, Interim Deputy Chief Nurse, Bassetlaw CCG. The Challenge was managed and coordinated by Rob Mayall, (SLI Manager, Yorkshire and the Humber).

The team spent two days working in the Local Authority collecting evidence with which to frame their findings and then drew together and presented their conclusions on day three of the Peer Challenge. This activity took place on 1st, 3rd and 8th April 2019. Prior to the on-site activity, colleagues in East Riding Council shared a wide range of information with the team to support its preparations.

As well as a desk-based analysis of documentation, the Peer Challenge process involved a wide range of on-site activities, including discussions with over 50 people. These discussions were with leaders, managers, partners in education and health, parents, practitioners and children. We also looked at a selection of EHCPs.

As a result of this activity we identified over 180 strengths and areas for consideration, which have been refined and matched against the broad headings of your scope, plus 'headline' strengths and areas for consideration sections. These headings form the basis of this letter.

It is important to note that:

- We can only report on what we saw, heard and read – and this was inevitably limited to what it is possible to achieve in a two day period.
- Much of what we have identified will be familiar to you – and this was confirmed as we made our presentation on 8th April 2019.

3. Detailed Findings

3.1 Headline Strengths and Areas for Consideration

Strengths

Your governance arrangements for SEND, your strategy and your plans are clear and comprehensive. We were impressed with the clarity and coherence of your governance arrangements as described to us in advance of the peer challenge. This was validated and confirmed in various conversations throughout the peer challenge itself.

There is energy, commitment and drive to implement the SEND reforms. We noted this throughout the peer challenge process and across the system. Political leaders, senior officers in health and the Local Authority (LA), Parent Carer Forum (PCF) representatives all had a passion for better outcomes for children.

There is strong and continuing investment from the LA to support the reforms. We noted investment to increase capacity and to improve systems. This is solid evidence of the Council's commitment to this agenda.

Relationships with schools and colleges are strong, helped by the accessibility of senior managers. You have worked hard to build relationships with schools; and you believe that the partnership is strong. Of the school leaders and practitioners we met, your belief in the quality of the relationship was borne out.

The LA provides significant levels of support and training to build inclusive capacity in schools and colleges. SENCOs and others praised the quality, appropriateness and accessibility of training and development activity available to them and led or commissioned by the LA.

Areas for consideration

Address as an immediate and overarching priority, the timeliness of EHCPs. We see this as your key and immediate challenge. You are clearly aware of this as it features as a priority in your strategic plan. We describe in a later section (3.5) some of the things you might want to consider in addressing significant delays in the completion of EHCPs.

Consider how you are communicating change to address a widespread lack of awareness. Your ambition for change and its pace and volume has created an uncertainty amongst many of those whom the change is meant to support. In our conversations with over 50 people, a common theme seemed to be a lack of precision in their understanding about systems/roles and people. You may

want to verify our conclusions in this area, but assuming that this is confirmed, then attending to communications will make a difference – they need to be timely, regular, repeated and reinforced, and using a variety of methods

Communicate the journey you have already achieved. Too often, in your documentation and in the presentation of your story, we heard about activity that was only just commencing, or about to commence. This shows impressive ambition and aspiration, but you also need to emphasise what has already happened and the difference it is making. Staff and colleagues throughout the system need to understand this too – it will remind them of the progress you have already made as well as help to develop a more consistent and coherent narrative about your achievements.

Embed processes, structures and ways of working. So much has been introduced, but is, as yet, not fully embedded. Ensure that as you move forward new developments appropriate attention is also given to embedding recently introduced processes/structures.

Measure and reflect on the impact of recently introduced structural changes and processes. In particular, review the 0-25 service, now 12 months on and the impact and inter-relationship of new roles.

Maximise opportunities to accelerate co-production with parents and carers and children and young people and also consider how you can extend the reach of feedback from parents/carers across all areas of SEND. There is an enthusiasm in the system for co-production and its benefits are significant. You can demonstrate evidence of utilising co-production approaches, so this is not a suggestion to introduce a new way of working, rather a challenge to further build on what you are already doing.

Clarify the contribution of health to the SEND agenda. Be clear about the role of the CCG, health providers for both operational and strategic levels (including the provision of CAMHS); clarify the expectations and details around key roles (e.g. DCO) and groups of staff (school nursing); be clear about lines of accountability.

Clarify and communicate the roles and responsibilities of staff and teams across the system. This is partly covered in bullet points above (volume and pace of change and clarifying health roles). Some of those we spoke to were confused about, for example, the EHCO/Family worker overlaps. Several parents did not understand the notion of a named worker – they were struggling to identify who this might be.

3.2 Co-production and voice (looking in particular at work with parents and carers and the reach of voice activity)

Strengths

You have a passionate and committed PCF. We met representatives who were ambitious for change and keen to play a part in supporting better outcomes for children and young people with SEND.

The PCF acknowledge attempts made by the LA to drive forward co-production. Examples of this would be the LA securing the engagement of colleagues from outside its boundary, (Rotherham), to share best practice in relation to co-production; training activity; engagement in the Information and Access working group– which was reported by parents as a good example of strong and positive parental engagement. The bi-annual parent-carer event was also identified by parents as another example of co-produced activity which adds value.

The PCF pointed to robust and effective working relationships with health. A test of the strength of relationship is how it copes when things don't go well – and parents described a humility and openness in the relationship which enabled it to weather such challenges

The Council have invested in the development of children's voice for SEND. We noted in particular the development of TYLER, with participation worker support. TYLER representatives are enthusiastic and innovative. We were very impressed. This group of 13-25 year olds has attracted funding to support a life skills training programme for young people and have ideas about

addressing issues around bullying. We also recognised links to a wider voice: the Council for Disabled Children and FLARE.

Areas for Consideration

Invest in your relationship with the PCF. The relationship has experienced some challenges and this has had an impact on perceptions regarding trust and openness. There is no doubting the passion and commitment of the parents we met and you should continue to try and find the means of harnessing this for the good. Attention to communication, consistent approaches to co-production, feedback will all help, as might some of the practical suggestions below.

- The PCF would benefit from defining its purpose more clearly as an organisation that works *in partnership* with the LA and other SEND partners and communicating this with its membership. Its focus needs to be more on systems and processes supporting the needs of children and families rather than being drawn into campaigning for individual children. We sense that a greater clarity will help the PCF as much as the LA.
- The LA and PCF to refresh the co-production charter which re-establishes principles, behaviours, communication and dispute resolution
- The PCF should consider its representation of parent voice across all areas of SEND and the relationship it has with other parent groups. The PCF has a strong social media presence, but not all parents we met were aware of the PCF and we were not sure that other parent groups were appropriately connected to enable an even stronger and more coherent parent voice.
- Work with PCF to address capacity implications. We understand that 4 out of the 12 members of the PCF Forum are standing down in October. This will be a significant dent to capacity and organisational memory. Change brings with it new ideas and approaches – and is to be welcomed, but PCF are acutely aware of the risks that this change brings to its capacity to engage as fully as it would wish. This might be a stimulus to consider negotiating with PCF an annual co-production plan which clarifies its engagement and areas where co-production is appropriate. This could have the benefit of enabling PCF to proportionately target its partnership activity with the LA and others and also serve to surface conversations about which aspects of change benefit from co-production and which might best be addressed through consultation and less onerous activities and engagement.

Ensure that colleagues in the LA and health understand and embrace co-production at both an operational and strategic level. Parents suggested that the culture of co-production was not consistent through their contacts with staff at various levels and in various settings. Make co-production a way of working.

Consider how to increase the voice of children in the SEND agenda and its profile. There is a good foundation of activity through the impressive TYLER group, but there is more you could do. Examples might be:

- Consideration of the Young Inspector programme, where young people become part of the scrutiny of your arrangements. Other LAs have similar programmes in place, (Lincolnshire as one example).
- Create a Voice 'Executive' across different groups of young people – representatives from various children and young people's groups coming together on a regular basis to identify common ground, share ideas and perhaps even develop and work together on campaigns of common interest.
- Develop a framework for organisational engagement with children and young people, outlining expectations and opportunities for colleagues across the corporate and the political and through the organisation.
- Create a forum by which young people have planned time with Senior leaders across the council and Lead Members to discuss pertinent issues
- Map different groups to help you identify whether there are any gaps in coverage by circumstance, geography, age.
- Engage with children and young people to improve the cyp section of the SEND local offer. Young people were critical of the Local Offer – which creates an excellent opportunity to engage them in its improvement.
- Work with children and young people to identify additional ways in which they can be involved in their EHCP process.
- Mainstreaming the TYLER-led skills for life course if the outcomes are positive.

3.3 Effectiveness of pathways to adulthood (PfA) (looking in particular at the effectiveness of the recently configured 0-25 team and work with providers to broaden to offer)

Strengths

We could see that the new Chair of the PfA working group has provided strong leadership and is driving change. People spoke of the energy and drive in this area of activity since their appointment.

We were impressed with the service development plan, with clear priorities and work streams, which enables a structured approach to implementing and monitoring preparation for adulthood.

We noted good, collaborative practice between Futures Plus and the 0-25 service; with a particular example of this being strong and effective case coordination

When 0-25 services work well, they are highly commended:

'We now have an experienced EHCO who understands our school and our needs' ... 'our current EHCO is experienced and knowledgeable and makes a huge difference'

(SENCO/ HT)

We noted good practice in special schools to help parents understand future options. An example of this was the hosting of future options information days on an annual basis which ALL parents can attend (irrespective of their child's age). Schools use trips and visits as a means of promoting independence and one school spoke particularly highly of the support from the LA in relation to health and safety/risk assessments for such activities.

Free bus passes for children and their carers and free train passes for children support independence and are another indicator of the Council's commitment to promoting independence for children with SEND. Schools provide travel training to encourage independence and were appreciative of the free bus/train passes for children which make such activity more cost effective.

We heard about a good range of supported living schemes are already in place and there are ambitious plans for their further development.

There is a range of activities and processes in place to enhance PfA. Examples of these include: transition plans for young people; the development of life skills assessments for young people; information booklets for partners to help them support transitions. We also noted evidence of co-production in the development of these activities and processes.

We noted a free, information advice and guidance offer. Schools coordinators also valued the regular career meetings, which help to keep them abreast of developments and the opportunity structure.

In our conversations with colleagues from one FE College, it was clear that there is a strong and positive relationship with the LA and a real passion for SEND. The College was demonstrably committed to equality and diversity and places a strong emphasis on preparation for adulthood. Staff know their students well. The college also offers an impressive alternative provision offer for students with SEMH.

LA adult structures are going through changes and are positioned for transitions from children to adults.

Areas for Consideration

The 0-25 service was launched 12 months ago. It has been a considerable investment in new ways of working, introducing new roles and now would be a good time to consider its effectiveness, efficiency, coherence (see below) and impact on the system and outcomes by undertaking some initial evaluation.

Parents and professionals in schools express concerns about a confusing range of support for PfA. Schools do not have a clear understanding of the 0-25 team and its composition and respective

roles. One interviewee said - '*who is leading?*' With this in mind you should clarify and communicate the roles and responsibilities in the 0-25 team. Perhaps a 'who's who' guide would be appropriate?

The quarterly transitions meetings are good practice. They could be further strengthened by securing partner representation – e.g. health.

Developments in relation to PfA are impressive – but recent. You should consider how you can accelerate the embedding of key initiatives, evaluate their impact and build on activity. Examples of action might be:

- Consider the further development of pathways to adulthood, e.g. autism, eating disorders. ADHD, physiotherapy.
- Ensure that mainstream schools have a strong understanding of PfA and their unique contribution.
- Ensure that the workforce are kept up to speed with the pace of change so that they can play their full part in progressing SEND activity and see how their contributions fit into a broader system.
- Consider commissioning joint pathways up to 25 years of age.

You need to address perceptions in the system about access to CAMHS. We noted your intentions, through Future in Mind to enhance school based support activity through CAMHS, but the narrative in the system is of long wait times, and services unresponsive to need.

3.4 SEN Support (looking in particular at the effectiveness of recently introduced arrangements to improve progress and attainment)

Strengths

The SENCO network is highly valued and provides an opportunity for sharing of good practice across school sectors. It is evident that the LA has invested in school improvement and SENCOs and there has been a strong emphasis on SENCO training –which is highly valued by schools both mandatory qualification but also further training for experienced SENCOs and annual conference. We noted good practice in the SENCO network, e.g. with presentation from a special school head' on 'Raising awareness of mainstream schools regarding the criteria for special needs schools'.

Your Portage services are highly valued and effective. We noted leadership with drive, ambition and innovation.

The early identification of SEN needs is reported as strong. As an example, there are good multi-agency/ multi-disciplinary team approaches to identification of babies with SEND. We also heard that early support teams have fortnightly, multi-agency meetings which effectively address challenges and drive forward agendas.

We noted good Enhanced Mainstream School provision for SEMH up to and including KS3, with motivated and engaged children and young people in a safe and nurturing environment but also able to access some mainstream activity where appropriate.

The LA provides additional funding for some young people at SEN Support , with young people able to access up to 75 hours of support . This flexibility and latitude is helpful.

Areas for Consideration

The 0-25 years' service is not yet embedded. A review and evaluation of it, (as recommended in section 3.3), will give you a clearer view about what is working well, what requires reviewing and what needs further embedding.

System awareness/understanding seems to have been a recurrent theme during this peer challenge and you need to give some consideration to how you are communicating change and checking the impact of that communication. Examples of this lack of understanding would be:

- The SEN support & EHCP vision does not have wide ownership across the 'system' and at all levels including parents, carers and C&YP.

- Some of the schools we engaged with claimed to have no awareness of 'recently introduced arrangements to support progress and attainment' (something you particularly wanted us to explore). We are not concluding that you have made no attempt to communicate the new arrangements – but clearly, in at least some quarters, information has not 'landed' and translated into understanding.
- The SENCOs we met were not fully aware of health roles and developments.

In relation to SEND and early years, you should develop your understanding of why there is an increase in the number of children requiring deep dive @3 years when there has been much earlier identification for some children in some areas and address issues reported around the late identification of children requiring SEN support when leaving nursery - mainly private nurseries.

You should consider how to capture and use the learning from school reviews.

There was frustration from secondary schools that primary schools are not consistently identifying need. One rationale shared was that 'health visitors' working with the younger child tend to identify children with additional needs early on; however at the time their role ends we were told less children are identified.

3.5 EHCPs

Strengths

As well as looking at a selection of EHCPs, we also explored perceptions of EHCPs and the EHCP process from those we met on the peer challenge and looked at some of your performance data. We identified several strengths:

- You are taking steps to increase the quality of EHCPs through audit processes and in our assessment of a selection of EHCPs on which you had undertaken audits, we concluded that they are broadly in line with the assessments we would have made and they offer appropriate challenge.
- Schools reported that, although not all partners are always present at all reviews, those who need to be, are: they get the *appropriate* partner representation and engagement in EHCP reviews.

Areas for Consideration

As already identified in 3.1(Headline areas for consideration), the poor timeliness of EHCPs needs to be addressed urgently. We noted, in particular, that performance had dipped significantly in this area over the last year following a period of rising demand for EHCPs at the same time as staff turnover in the team. We are aware that the Council agreed significant investment to increase the team earlier this year and further appointments are being made to ensure that there is sufficient capacity to improve timescales. Addressing timeliness will also ease some tensions in relationships with the PCF, where many of the concerns they are expressing relate to this. Similarly the timeliness of EHCPs is a huge frustration for some schools. One interviewee said:

'It (the EHCP process) can take 3 terms sometimes'

Timeliness will also be addressed through greater efficiency and we think you should address completely review and then re-engineer as appropriate your process, possibly working alongside another LA where there have been similar challenges.

Applying resource and re-engineering processes, (as suggested above) will address capacity and efficiency, but we wonder whether there might also be an issue of culture and working practice which has not moved on sufficiently from the previous statementing environment. The current role of the EHCOs appears to prioritise commissioning responsibilities and we pose the challenge as to whether this fully embraces the spirit of the reforms

We noted several areas for consideration other than those specific to timeliness.

You might want to consider more efficient models of consultation for placements, which address the current 'starburst' approach which creates duplicated work pressures; ensure that the EHCP 'lead' is clear together with the role of the family coordinator for parents; Ensure that young people are fully engaged in their EHCP process.

In relation to health and social care engagement in EHCPs you should accelerate the initial health screening tool developed by the DCO (we were impressed with this); consider the introduction of an initial screening tool for social care.

You should clarify the role of the DCO in relation to EHCPs to ensure appropriate health engagement in both the process and the Plans with the expectation to increase and closely monitor the health and social care inputs to EHCPs.

The quality of EHCPs might be enhanced if there was a quality assurance process for the EHCP which required a multi-agency approach with the DCO involved in the health input and attention was given to making quality more consistent, particularly in relation to outcomes, which in the Plans we looked at were variable and not always SMART or reflective of assessment of need.

A more specific piece of feedback was that the transition of children into the area is sometimes 'clunky', with them having to start EHCP processes again.

3.6 Other Areas

Strengths

We identified a number of strengths outside the scope of the peer challenge, but nevertheless worthy of reporting.

The LA is reported as increasingly providing joined up responses to requests from schools for information and support and schools report that the LA is responsive – taking action to resolve issues when they arise.

There has been significant investment in CAMHS and the wider Emotional Health and Well Being models, although this has yet to be fully embedded. An example of this would be the LA investment in 8 practitioners across secondary schools for SEMH – line managed by the LA but supervised by CAMHS.

We noted several examples of the positive engagement of health in SEND activity: The DCO has been proactive: promoting SEN & EHCP at a recent GP event and highlighting the role that GPs can play. She has also reviewed health processes in relation to SEND and made some key recommendations to improve health engagement. A health questionnaire has been developed, which is completed by parents and contributes to the statutory assessment process. Implementation of this is imminent. There are jointly commissioned complex care nurses in special schools funded jointly by CCG and LA.

Positive progress is being made on ASD assessment waiting times, due to a collaborative investment and innovative solutions, (HELIOS online assessments).

Areas for Consideration

We noted one further area for consideration, outside the scope of the peer challenge.

The DCO role is only 0.5 whole time equivalent and there are no DMOs. Despite some of the good practice and approaches promoted by the DCO, we are not convinced that this resource is sufficient for health to be compliant with Code of Practice and to support further developments. There should be a consideration of the role of the DCO in light of: capacity; priorities; support; line management; operational and strategic leadership and more generally a consideration of whether there is strong enough governance in health for SEND.

4. Next Steps

You and your colleagues will now want to consider how you incorporate the team's findings into your improvement plans. We hope that you find our reflections helpful.

It is important that this letter accurately describes what we have observed and analysed and that it provides you with an appropriate summary to facilitate change. If this letter contains any factual inaccuracies, please do not hesitate to contact me and amendments will be made as appropriate. If you have any concerns or comments about the analysis or recommendations, do not hesitate to contact me in the first instance. If we are unable to resolve any issues, there is a mechanism for escalating concerns, which is normally through to the Chair of the SLI Executive group, but as that is a role I undertake, the ADCS regional chair will manage this process. He will oversee a sub group of the SLI Executive which will consider any concerns you may have.

Once again, thank you for agreeing to receive a Peer Challenge and to everyone involved for their participation.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Stuart Carlton', written in a cursive style.

Stuart Carlton
Lead for Peer Challenge in East Riding Council