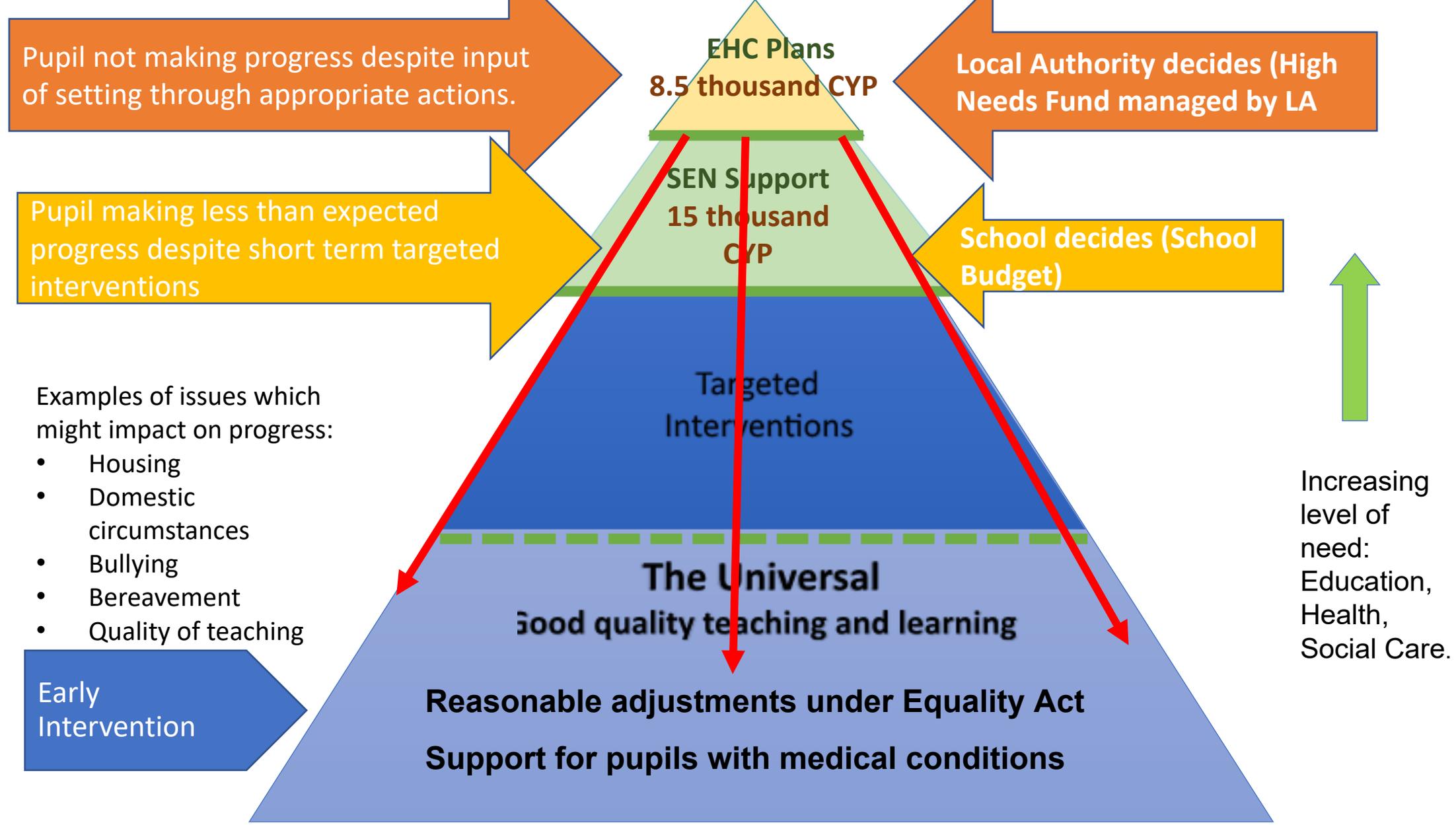


# The SEND Improvement Plan—just a document or much more?

*Jackie Ross, Interim Deputy and SEND Strategic Director.*



Pupil not making progress despite input of setting through appropriate actions.

Pupil making less than expected progress despite short term targeted interventions

Local Authority decides (High Needs Fund managed by LA)

School decides (School Budget)

**Thresholds/Eligibility criteria:** Schools must use their **best endeavours** to make sure a child with SEN gets the support they need



...in general, England, and that schools must use their **best endeavours** to make sure a child with SEN gets the support they need

# Devon is above the national average for:

Referral  
rate  
For EHC  
Plans

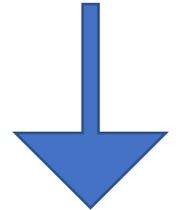
Number  
of CYP  
with EHC  
Plans

Number  
of CYP  
with  
EHC Plans  
for Social,  
Emotional  
& Mental  
Health  
needs

Amount  
we spend  
on  
Transport

Amount  
we  
spend  
on  
independ  
ent  
schools

National  
average



**Section A: The fact that strategic plans and the local area's SEND arrangements are not embedded or widely understood by stakeholders, including schools, settings, staff and parents and carers.**

1. There is evidence of culture change to genuine **co-production**
2. Parent carers, young people and professionals are **clear about SEND pathways**. There is improvement in information provided for SEND pathways within the local SEND system demonstrated by the average overall rating of 'good' given by parent carers from 38% Nov.21 to 85% by December 2023 (95% by February 2024). A survey for young people to result in 75% overall rating as 'good'.
3. **Improved confidence in the universal and SEN Support offers as demonstrated by better outcomes for children and young people** at these levels, resulting in decrease in need to escalate so many children/young people to EHC Plans so that the proportion in Devon is equivalent to national standards. (-from 0.83% to national average of 0.56% by January '24).
4. **Workforce is skilled up** and have wide knowledge of different services has capacity to ensure improvement in KPIs as above and fulfil duties effectively across the graduated response in the duties in a timely way.
5. **Leaders across the Local Area have clear information** in order to drive further improvement and this is shared with schools, services and parents.

## Significant Actions and Outcomes:

<b>1.4 Joint commissioning</b>		
1.4.1	Map education, health, and care provision across the Local Area, identifying and addressing gaps in relation to meeting needs of children and young people with SEND, through an improved graduated approach, and clearly communicate this (Communications section B).	Identification, assessment, and support are timely and appropriate to the level and type of need, offering equity across the county. Local Area services are well resourced to provide timely and quality assessment and support. (See EHC Plan section C). Local Area SEND services provide a high-quality universal offer and timely support to children, young people, and their families.

## Significant Actions and Outcomes:

1.4.2	Develop and implement a local area, cross sector plan to support children and young people's emotional wellbeing needs.	Children's emotional wellbeing needs will be met across sectors. Mental health is everyone's business. Increased inclusive capacity in mainstream schools.
-------	---	---

### **1.6 Ensure all children and young people with EHC Plans are in appropriate educational placements**

1.6.1	Ensure that children and young people with EHC plans and not in full-time education placements are tracked and there are clear plans in place for good quality education as soon as possible through targeted robust multi-agency reviews	All children and young people with EHC Plans are in appropriate educational placements receiving at least a good quality of education, with health and social care support as needed, to achieve their potential. Parents and carers of children with SEND report that their children receive the support they are entitled to rather than 'battle' for support. Children and young people access education in their own communities.
-------	---	---

## Significant Actions and Outcomes:

1.6.2	Review the current education landscape and develop an education placement sufficiency strategy through workshops with Local Area professionals and stakeholders, co-produce with voices of children, young people and parent carers.	DCC is a robust commissioner so that the designations, admission criteria and commissioning arrangements for current specialist provision meet the needs of the majority of our children and young people with SEND.
1.6.3	Enhance inclusive capacity of mainstream schools, working with mainstream schools and parent, carers and young people, by setting clear expectations of what the universal offer should be. Review and refresh the graduated approach through training and dissemination of good practice.	<p>The universal offer and graduated response, including the role of health and social care is fully agreed and understood to include a wide range of need and complexity.</p> <p>An increase in the number of children/young people remaining in their community and learning effectively.</p> <p>Robust quality assurance is ongoing for schools deemed 'at risk'.</p>
1.6.4	Review and design education services so schools are able to develop a more inclusive and wider universal offer, including a fit for purpose framework for quality assurance.	<p>Outcomes for children and young people with SEND are positive</p> <p>Reduction in inclusion and improvement in attendance</p>

## Section A: The fact that strategic plans and the local area's SEND arrangements are not embedded or widely understood by stakeholders, including schools, settings, staff and parents and carers.

1

The work on the universal education offer has begun Consideration/research on other areas. Parent Forum involved and also Public health nursing.

Support from Ofsted (change culture and improve the weak curriculum)

4

Team Around the school project underway identifying gaps in the school offer and offer to schools.

5

Work underway to develop sufficiency of provision through developing further support in schools as well as resource bases. (Education and SEND leads jointly)



**Section B: The significant concerns that were reported about communication with key stakeholders, particularly with parents and families.**

**Key Performance Indicators**

1. The average overall rating given by parent carers and young people regarding information provided for SEND pathways within the local SEND system - 75% confidence by September 2023.
2. Improvement in communication during the EHC process—from 79% parent carers rating this as ‘the biggest challenge’ (PCFD Nov.’21, DSPCC, Jan.’23) to 80% saying this has improved by December ’23. & Reduction in complaints about communication linked to EHC plans from 21% Nov.’21 to 5% by September 2023.
3. 75% Parents, carers, young people understand the arrangements to support children and young people with SEND through focus groups, and self-evaluation by December 2023-- (From 62% saying they did not understand. PCFD Nov.’21)
4. 75% Professionals understand the arrangements for children and young people with SEND by September 2023 (Ofsted June’22-staff were not clear).
5. 75% of parent carers and young people report understanding about the work of the SEND Board and Improvement Plan and response to Parent carer voice by December 2023. (PCFD survey, Ofsted outcomes letter June’22, DSPCC survey Jan.’23),
6. Parent, carer, young person surveys indicate 75% confidence in the Local Offer (Ofsted June’22-Local offer does not describe what is on offer, 62% of parent carers did not have information to understand the arrangements for children/young people with SEND.

## Section B: The significant concerns that were reported about communication with key stakeholders, particularly with parents and families.

1

There is a co-produced, clear, user-friendly communications plan and strategy that enables parent carers and young people to access information as they need.

2

Local Area services describe their identification, assessment, and support procedures clearly-from birth to 25, are aligned and communicate this clearly, including on the Local Offer.

3

Evaluation by parent carer and young person surveys shows increase in confidence in response to contact made and communications received from statutory agencies, educational settings, and Local Area services.

4

Reduction in number of complaints about communication across all Local Area service areas.

5

It is clear in parent carer, young person, and service surveys that there is understanding of how services connect and what they offer.

6

There is a skilled and knowledgeable workforce which focuses on good relations families.

7

Audit and evaluation work of service delivery and quality indicators demonstrate improved understanding of the Local Area offer.



ee



## Section C: The time it takes to issue education, health, and care (EHC) plans and the variable quality of these plans.

1. All EHC Plans are completed within 20 weeks except for the exceptions (50% by February '24)
2. The Quality Assurance framework shows 90% of new EHC Plans meet quality standards, by Dec.'23 including
  - a. voice of child/young person, parent carer.
  - b. advice from professionals-
  - c. EHC Plans compliant in relation to identification of care and health needs.
  - d. EHC Plans have the 'golden thread' running through it of child/young persons' aspirations, strengths and needs, provision and smart outcomes.
3. Improved confidence of parent carers in the EHC process, communication, and appropriateness of outcomes to meet needs as evidenced by surveys, dip sampling, audits. (From 43% of parent carers said their experience was poor or very poor, Nov.'21-to 75% saying this is good or better by Dec.23)
4. Local Area officers and educational settings find them useful (evidenced by survey) to support the child/young person.
5. Children and young people with EHC plans receive the right support at the right time in the right place evidenced by achieving well in their local community schools.
6. Majority of parent carers and young people to rate the annual review process as 'good' and effective in amending existing EHC Plans and provision as appropriate. by September 2023.
7. Backlog of 1600 annual reviews and 500 EHC assessments are cleared by November 2023.

# Section C: The time it takes to issue education, health, and care (EHC) plans and the variable quality of these plans.

1

Backlog Team is on target to complete all annual reviews outstanding up to December 2021.

2

Whole team—over 1200 newer annual reviews (since Jan.'22)

Recent recruitment round increased permanent team by 5 case workers – recruitment continues and interim staff in place. Looking at 1:220 reduce from 1:500

4

Work is underway to pilot coming out of the EHC hub-implications and resources needed.



# Section C: Annual reviews

Number of Annual Reviews Completed since January 2022 (All Teams)	8677
Total Number of Annual Reviews overdue	1249
Number of annual reviews waiting for school action	1011 Overdue
Number of annual reviews waiting for service action	199 Overdue
Number of annual reviews going through amendments	37 Overdue
Number of annual reviews published by the service in last 7 days	101



# Section C:EHC Plans

	Jan	Feb	Mar	Apr	Ma y	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
<b>% Of 20-week assessments completed on time</b>	<b>13%</b>	<b>27%</b>	<b>30%</b>	<b>29%</b>	<b>6%</b>	<b>10%</b>	<b>3%</b>	<b>1%</b>	<b>3%</b>	<b>6%</b>	<b>14%</b>	<b>9%</b>	<b>17%</b>	<b>10%</b>
<b>% Of 20-week assessments completed on time cumulative</b>	<b>13%</b>	<b>21%</b>	<b>25%</b>	<b>26%</b>	<b>22%</b>	<b>20%</b>	<b>17%</b>	<b>15%</b>	<b>14%</b>	<b>13%</b>	<b>13%</b>	<b>13%</b>	<b>17%</b>	<b>14%</b>



# Section C:EHC Plans Continued.

Total number of EHCP Assessments in progress	1281
Total number of EHCP Assessments Overdue (Beyond 20-week deadline)	552
Total EHCP Assessments waiting for EP reports	685 (515 Overdue)
Total EHCP Assessments waiting for Social Care reports (Childrens Social Care Devon, Disabled Childrens Services)	305 (136 Overdue)
Total EHCP Assessments waiting for Health reports (Child and family Health Alliance, North Devon NHS, Plymouth NHS, RD&E NHS, Torbay & South Devon NHS Trust)	202 (110 Overdue)



## Section D: Identification, assessment, diagnosis and support of those children and young people with autism spectrum disorder (ASD)

1. Children and young people will be seen for an assessment for autism within 18 weeks. 50% of children and young people will be waiting less than 18 weeks for their first appointment by February 2024
2. Parents, carers report though the autism parent carer expert reference group that the information has been co-produced and meets family needs. Targets by February 2024
3. Parents report new parent groups are easy to access and within reasonable proximity of home (time, location, physical space, frequency) 75% satisfaction (by when TBC Public Health)
4. Families report that children and young people with neurodiverse (autism) diagnosis and mental health conditions are able to access the health, education and social care support they need
5. Mental health data shows the proportion of CYP referred with neurodivergent conditions who are accepted for specialist mental health care is comparable with overall referral to acceptance data.
6. Families with girls who are neurodiverse say that there is equity in the support offer and that support is targeted to meet specific needs of girls 75% satisfaction Feb 2024
7. Families report that staff understand their roles and responsibilities in supporting children, young people and families who identify as having a neurodiverse need
8. Staff across all sectors can demonstrate that they understand their role and responsibilities in supporting children, young people and families who identify as having a neurodiverse need - 50 percentage points improvement from baseline in staff survey by February 2024
9. Parents report that they are aware of the peer support offer and that the support available has been beneficial to them

# Section D: Identification, assessment, diagnosis and support of those children and young people with autism spectrum disorder (ASD)

1

Monitor and improve waiting times for assessment.

2

Co-produce the new model for needs - based support across universal, targeted and specialist services, in health, education, social care and the voluntary sector, to be available to children/young people and families regardless of diagnosis.

3

Evidence based integrated clinical pathways for diagnostic assessment and treatment are developed within the new care model so that service users can access co-ordinated, integrated diagnostic assessments providing an improved experience for service users.

4

Identify local models, existing programmes, and opportunities for peer support so that Parents/carers are able to access peer support from within their communities.

5

Address inequalities for children with ASD with additional vulnerabilities

