

Northumberland Area Special Educational Needs and Disabilities Self-evaluation Report

DRAFT

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Our Vision

Northumberland is committed to giving all children the best start in life and to support them to reach their full potential. We want vulnerable children and young people to develop their independence and resilience, to become confident adults who live fulfilled and productive lives. To this end, we will work in partnership as professionals from a variety of organisations and with children, young people and their families to ensure that services and support for special educational needs and/or disabilities are high quality, accessible and efficient and have the maximum impact.

Executive Summary and Main Findings

Key Strengths

- Outcomes for children and young people who attend special schools in Northumberland are at least good and in many cases outstanding.
- The proportion of pupils with SEND achieving a good level of development in the early years has risen markedly between 2014 and 2016 and is above the national average.
- The proportion of pupils with SEND in primary and first schools who achieve the expected standard in phonics (the decoding of words when reading) has risen markedly between 2014 and 2016.
- The proportion of pupils with SEND and/or an EHCP who have attained A*-C grades in English and mathematics has risen markedly between 2014 and 2016.
- The overall absence rates of pupils with SEND and/or an EHCP have fallen between 2014 and 2016
- The proportion of pupils with SEND and/or an EHCP subject to fixed-term exclusion have fallen markedly and in 2016 only 0.1% of pupils with SEND and/or an EHCP were permanently excluded.
- The proportion of school leavers with SEND in education, training or employment rose to nearly 90% in 2016.
- Since 2014/15 participation of SEND learners in the Northumberland Adult Learning service (NALS) has nearly doubled, pass rates have risen from 84% to 90% and the achievement gap has been narrowed to less than 2% with those with a declared disability and / or learning difficulty out-performing those with no declared disability or learning difficulty.
- There is an accurate self-assessment process in place that identifies areas of greatest priority and links to a targeted strategy for improvement.
- There is committed and strong leadership across the area Education, Social Care and

Health organisations.

- There are positive working relationships between services and the main parent/carer forum for the area (In it Together) and this has led to significant progress in meeting the needs of parents.
- The quality of most individual services is strong, CQC rated community mental health services for people with learning disabilities or autism as outstanding in April 2017; the Northumbria Healthcare NHS Foundation Trust as outstanding in May 2016
- EHCPs are being completed within timescales and the area is on target to convert all statements into appropriate plans by April 2018.
- A joint commissioning strategy has been established and this is beginning to have a positive impact on co-ordinating services and ensuring value for money.

Key areas for development

- A high proportion of secondary/high schools and academies are not good enough and have been subject to special measures between 2014 and 2016, pupils with SEND in these schools have not made the progress of which they are capable. The LA needs to continue to work with academies to improve outcomes at the end of the secondary phase of education for pupils with SEND who attend mainstream provision, and close the gap between them and their peers.
- The Local Area reviewed its self-evaluation process in June 2017 and although there have been significant developments and improvements within SEND it is acknowledged that there is still more work to do to ensure stronger partnership working between services.
- Leadership and governance within SEND requires strengthening. Reporting to senior leaders and elected members on the progress of SEND reforms is in place but it needs to be further developed in order to provide greater scrutiny and challenge.
- The area got off to a slow start in 2014 and the use of external consultants and temporary staff to provide support and direction has resulted in a lack of embedding of the reforms within everyday working policy, strategy and practice of all services. On the appointment of full time staff and a new strategic partnership manager the progress made has accelerated markedly. A refreshed governance framework and an updated SEF, strategic plan and

action plan will drive this work forwards.

- The roles of the DCO and Commissioner for SEND have been reviewed and it is acknowledged that insufficient capacity has been available to fully deliver the strategic and operational elements of these roles. A new approach will be developed as from September.
- The Local Area has developed a graduated approach to meeting the needs of children and young people with SEND. This approach needs to be refreshed with schools and settings through the provision of training.
- The monitoring of routine assessment of educational attainment and progress for post 16 learners who are in the process of transition or who are placed outside of the LA schools or Learning and Skills Service is an area for development.
- The Council needs to widen options for post 16 learners. It needs to strengthen the contracting arrangements to include the provision of individualised performance data for the cohort of SEND learners.
- Social work records need to ensure that accurate details of education needs are recorded to ensure they reflect academic progress and any links to SEND support or EHCP
- All social work staff will have accessed the briefing on SEND reforms and quality assurance processes of social care advice for EHCP's will be strengthened
- The number of places within special schools in Northumberland needs to be expanded with clearer designations for each school
- The number of specialist places within mainstream additional resource provision needs to be increased and matched to local need.
- The pathways for assessment and the provision of EHCP advice for those aged 18-25 accessing adult health services are under-developed and require action.
- There is a need to review the practice of the SEND panel and ensure that representation is always multi-agency and that it is able to provide consistent challenge.
- Review systems and processes for the provision of health and social care advice
- Review the provision of health and care assessments for those aged 18-25.
- Identify workforce development for children and adult social care staff, CYPS staff and health staff to ensure that all providers understand the EHCP process and their roles and responsibilities within it.
- Review data monitoring systems of EHCP's, top up funding.
- Regular multi-agency audit cycle (termly) of EHCP's to ensure high quality of plans
- Develop better methods to collate the views of children and young people and use them to influence the way that provision develops.

Section 1

How effectively does the local area identify children and young people who have special educational needs and/or disabilities?

1.1

What is the efficiency and appropriateness of the response when potential needs were raised with the local area by the young person, parents and carers or teachers or other staff working with the young person?

Northumberland Evaluation

1. We believe the efficiency and appropriateness of the response has improved in the last two years within the Early Years and is now very effective as is evidenced by the increased number of children with SEND accessing Early Years provision and their outcomes. This enables children to receive early support and make progress in the early years that sets the foundation for their future school career. However there is variability within the response and provision for children attending private, voluntary and independent provider childcare and nurseries. This is being addressed through a training programme which targets the quality of teaching and SEND.

2. In the Primary phase the identification of children with SEND is effective although consistency of approach remains a problem. To address this issue a SENCO annual conference was initiated in 2015 and existing SENCO networks are being refreshed by newly appointed primary advisors with a view to enhancing existing good practice. Historically Northumberland has not identified schools with specialist resource provision in primary due to the difficulty with geography. This issue is being revisited as part of a wider review of place planning and special schools and mainstream providers are being identified to trial pilot additional resource provision (ARP).

3. Northumberland has both three tier (first-middle-high) and two tier (primary-secondary) provision. During transition each feeder and receiving school passes over assessment information and carries out baseline assessment. By the time children reach the late secondary phase their SEND has usually been identified and appropriate support put in place. However there remains an area for development for mainstream pupils in secondary. The authority is trying to work closely with local academies such as the Northumberland Church of England Academy and Berwick Academy to ensure that assessment is comprehensive.

4. The Local Area has developed a graduated approach to meeting the needs of children and young people with SEND. This approach needs to be refreshed with schools and settings through the provision of training.

5. The Early Help process and how it relates to those with SEN.....

6. There are four Children's centres in Northumberland and X number of children with SEND access these services enabling early support to the child and their family.

7. The SEND Information, Advice and Support Service (SENDIASS) is valued by parents/carers

and our lead officer has a strong and positive relationship with the parent/carer forum, In It Together. The provision of information, advice and support has been enhanced through the provision of SEND mentors, recruited by In It Together working in partnership with SENDIASS, who provide bespoke support to families. This will be developed further in 2017/18 following the appointment of a specific officer to provide guidance to young people with SEND and families in relation to careers information, advice and guidance.

1.2

What monitoring arrangements are in place to ensure that assessment information remains up to date?

Northumberland Evaluation

1. Person centred approach to panels.....

XX new assessments have been completed within timescales ...

Statement transfers have

Annual reviews are

Overview of panels and how they work, plus evidence that findings from panel are fed back and matched with workforce development work.....

2. Where children have an Early Help Assessment and action plan, this is reviewed through the Team Around the Family (TAF) process on an agreed regular basis with the family and professionals involved.

3. Children who are supported through a social worker have regular care Team/core group meetings which include the family and professionals involved. If they are a 'looked after child' or subject to a child protection plan there are formal reviews held no more than six monthly chaired by an Independent Reviewing Officer (IRO) who also has a role in monitoring the plan and ensuring that it continues to meet the assessed need. This means that there are regular multi-agency meetings that monitor the assessment information and needs of the child.

4. We have an integrated process for requests for high needs funding and EHC assessment, applicable to all age groups. This streamlines the need for several applications and moves us further towards the principle of "tell us once." The methodology encompasses the needs of all age groups.

1.3

How effective is the routine assessment of educational attainment and progress, including the application of national assessment arrangements?

1. Northumberland local authority has a dedicated team that enable it to analyse the educational progress of pupils with SEND the progress made by pupils in its secondary, primary, first and early years settings in great detail. This means there are good systems in place to monitor, support and challenge schools. The Local Authority has not shied away from challenging schools formally through the use of warning letters and interim executive boards. This ensures that school leaders are to identify children who are not making effective progress. Intervention has been particularly effective across Early Years and Primary, with evidence that outcomes are improving. However the authority is less effective in bringing about positive change at secondary level, with the exception of the work it under-took at Prudhoe High school, other schools have become part of academy chains and the onus for improvement has shifted to the trusts and sponsors.

2. At authority level post 16 provision providers have good systems in place, across school sixth forms, the Northumberland adult learning service (NALS) and Northumberland College. The monitoring of routine assessment of educational attainment and progress for post 16 learners who are in the process of transition or who are placed outside of the LA schools or Learning and Skills Service is an area for development.

3. The central school improvement Team and Early Years Team are supported by 30 School Improvement Partners (SIP's) and they robustly challenge all performance and have had several focussed visits to provide leaders with information on pupils with SEND. The SIP's visit and report on schools termly and provide accurate reports that have a high correlation with Ofsted judgements during inspection. The visits focus on outcomes, leadership and management, teaching, learning and assessment, personal development, behaviour and welfare. This analysis of school performance includes focus on all key pupil groups including SEND learners and is compared to national averages.

4. The SIP reports ensure the performance of SEND learners is known by the LA, governors and headteachers. This information is also shared with the members of the council at a range of scrutiny meetings. The impact of these reports is that they direct and challenge school leaders and governors to target their resources most effectively to meet the needs of SEND learners. As a result outcomes for many groups have improved, particularly in the early years and in primary.

5. Any issues around school performance (including that of SEND learners) recognised by the LA through the processes noted above leads to schools being given 'Target School Status'. Additional challenge and support is then commissioned by the central School Improvement Team. There are currently very few schools with 'Targeted School Status' due to the performance of their SEND learners because our teams can usually intervene to support and under-performance and nip problems in the bud. This is reflected in school inspection reports that are generally positive about the impact of support.

6. There are pockets of poor performance in mainstream secondary schools. 75% of secondary schools are either academies or becoming academies and work well with the LA however the power to drive change lies elsewhere with sponsors or trusts. The recent report 'Closing the gap' which shows that Northumberland is in the bottom 10 of the 150 LA's for the gap between disadvantaged pupils and all other pupils at secondary level. Although the difference is diminishing the authority is very concerned that progress is too slow and will re-double its efforts

working with academies to address this issue. Less than 25% of primary and first schools are academies.

7. There have been 117 inspections in the last 2 years. Many of those reports comment on the effectiveness of school provision for SEND learners. A high proportion of those reports give a positive judgement in relation to provision for and progress of pupils with SEND. This would indicate that the majority of schools overall are meeting the needs of SEND learners in Northumberland extremely well.

8. The Council's own Post 16 provision, the Learning and Skills Service, challenges its performance of outcomes, leadership and management, teaching, learning and assessment, personal development, behaviour and welfare. There is good use of data in the service to analyse and improve performance. There is strong focus on retention, achievement, pass rates and early intervention. There are also good systems in place for analysing achievement gaps, outcomes, destinations and impact of learning on all learner groups. The performance of the service is subject to reporting to all leaders and managers in the service, the LA SMT and members of the council at a range of scrutiny meetings. The impact of this is that they are directing changing the service, including re-aligning provision and improvements in pass rates and narrowing gaps across groups. Since 2014/15 participation of SEND learners in the service has nearly doubled, pass rates have risen from 84% to 90% and the achievement gap has been narrowed to less than 2% with those with a declared disability and / or learning difficulty out-performing those with no declared disability or learning difficulty.

1.4

How are social care needs of children and young people identified and assessed?

1. here

2. by

3. The Northumberland Safeguarding Children's Board has developed a multi-agency threshold document which sets out how children's needs should be met at each level of need. The majority of children in Northumberland have their needs met through universal services or through provision of support from a single agency. Where children and their families have a range of needs that require a coordinated response these needs would be met initially through our early help processes. This could be through the professional identifying those needs undertaking an Early Help Assessment with a family and identifying who needs to be part of the Team Around the Family (TAF) to support the subsequent action plan.

4. Alternatively professionals can refer to the Early Help Locality Hubs who will identify the most appropriate agencies to work with a child and family and complete an EHA if appropriate. If professionals feel that a child's needs meet Tier 4 of the threshold document then they can refer for a social work assessment. Both the referral routes for the Hubs and social work support are through the First contact team who will triage the information received using the threshold document and identify the most appropriate response.

5. There was a single inspection framework inspection in 2016 and since that time there has been significant action taken, for example - SIF strengths, any comments on improvements made following social care inspection, particularly in relation to SEND.

We are working hard to develop a better understanding and awareness of SEND reforms within the care workforce training provided..... Social care storyboards are available and the performance team have a range of case study storyboards about the use of early help to identify and support needs.

6. A written pathway for the provision of care advice to the EHCP process is being created together with a more robust quality assurance process.

1.5

What is the effectiveness of the use of information from early health checks and health screening programmes?

Northumberland Evaluation

1. Northumberland early health checks are very effective as can be seen from the data. 90% children receive the 30 month screening checks in line with national average. All other checks are above the national thresholds (92% antenatal check, 95% new born visit, 93% 6-8 weeks and 94% receive the 12 month assessment). The average case-load for Health Visitors in Northumberland is 250 families however those working in more deprived areas have lower caseloads. Of those, 100% screening checks by HV's use Ages and Stages Questionnaire (ASQ) which ensures a standardised assessment takes place and that children are offered additional support when required sooner rather than later.

2. Public Health School Nurses provide significant support to managing the early help offer and provide direct access to young people in all of the public funded county secondary schools. Young people can self-refer or HCPs and teachers can make direct contact with the school nurse. In 2016 there were 1,000 one to one contacts sought by YP covering a range of issues including emotional health and behavioural support

3. The early-years work-stream has integrated the 2 year old progress checks with the health visitors' 27 month health review which has enabled families and children to be referred to help early.

4. The Local Authority commissions an Integrated 0-19 Public Health Service from Northumbria Healthcare Foundation Trust. The health visiting and school nursing public health provision is directed through 4-5-6 service models, high impact areas and related outcomes.

5. Universal Services provided by health visitor and school nursing teams who deliver the Healthy Child Programme ensure a healthy start for every child. This includes promoting good health, for example through education and health checks and protecting health by immunisations and identifying problems early. Universal Plus provides a swift response from the health visitor and

school nurse service when need is identified that requires specific expert help or through providing signposting to accessible services for families with specific concerns. This could include managing long-term health issues and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental health wellbeing. Universal Partnership Plus delivers on-going support by health visitor and school nursing team as part of a range of local services working together and with families to deal with more complex problems over a longer period of time. There is high programme attrition of the mandated health checks that begin in the antenatal period, working collaboratively with midwives, then every mother and baby receives a new-born visit, 6-8 weeks check, 12 month review of progress and development and a 30 month assessment. These are the minimum touchpoints where health promotion and screening take place and any child who is struggling with the appropriate milestones identified early and measures initiated to offer intensive support.

6. The following high impact areas have been identified

- Building resilience and supporting emotional wellbeing
- Keeping safe – managing risk and reducing harm
- Improving lifestyles
- Maximising learning and achievement
- Supporting additional health and wellbeing needs
- Seamless transition and preparing for adulthood

7. The 0-19 Programme aims to:

- help parents develop and sustain a strong bond with children
- encourage care that keeps children healthy and safe
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- identify health issues early, so support can be provided in a timely manner
- make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five

8. The core public health offer for all children includes:

- child health surveillance (including infant physical examination) and development reviews
- child health protection, immunisation and screening
- information, advice and support for children, young people and families
- early intervention and targeted support for families with additional needs
- health promotion and prevention by the multi-disciplinary team
- defined support in early years and education settings for children with additional and complex health needs
- additional or targeted public health nursing support as identified in the Joint Strategic Needs Assessment, for example support for looked after children, young carers, or children of military families

9. In the Early Years the development, implementation and evaluation of an effective process to integrate the 2 year old progress checks with health visitors' 27 month health review has ensured prompt referrals to our Early Help Locality hubs and access to specialist services including Paediatrician support. case study ? We have a well-established, effective Early Years inclusion toolkit which is used by and with EY providers including PVI's, supported by Area SENCOs and

other pre-school SEN specialist (Portage?) services. 100% of group settings have accessed Northumberland Early Years Inclusion Toolkit (NEYIT) face to face training, giving them the tools to identify the children's needs. Through annual quality improvement, the toolkit is now available on line for all providers (June 17).

10. We have two area SENCOs, EY development officers and Portage staff who have strong professional relationships with EY providers, including PVI's and who provide the majority of childcare. In 2016-17 CPD consultation identified the need to be more clear in supporting the graduated approach so in response the 2017-18 training directorate builds up from quality first teaching to support of SEND children. Additional training and workforce development opportunities are provided, including, training in the early help assessment process.

11. A research project with Newcastle University has been established developing the use of a screening tool for Speech Language and Communication Needs at 12 months.

12. A multi-agency Early Years work-stream task and finish group in May 2016 resulted in the following improvements -

- Named HV for all EY childcare setting and educational setting,
- School admissions enable timely sharing of information and support during transition between settings and health /school nurses.
- World cafe, consultation events with education, health and care and PVI representatives to create a better understanding 'Readiness for education' strategy, (Autumn 2016)
- Creation and development of the EYFS tracker. To be fully implemented 2018
- Audit of EY settings ensured 100% of EYFS progress took place. (May 17)
- Tool kit available to all providers on line. (April 17)
- Quality of 2 year checks under review (Sept 17).
- In May 2017 all childcare providers took part in a telephone audit to check on the use of the progress check 100% of providers reported they completed checks for all 2-3 year olds. In autumn 17 a further survey will identify and evaluate impact of screening and progress checks.

1.6

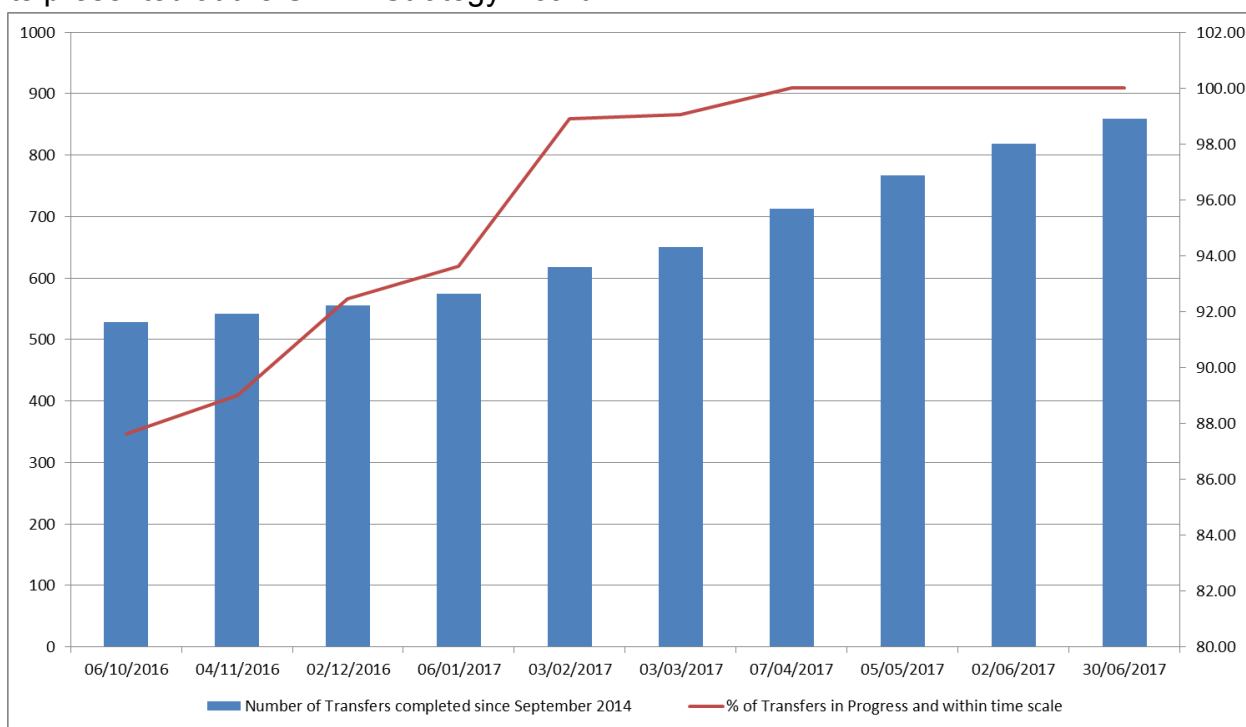
What is the performance towards meeting expected timescales for EHC needs assessments, including for conversion of existing statements of special educational needs to EHC plans?

Northumberland Evaluation

1. After an initial slow start, 95-100% of EHCP's are now being produced within the correct timescale. Advice from health and care professionals is being provided in a timely manner, though more work is required to raise knowledge around EHCP's within care staff. The Local Area has identified that there are strengths in the monitoring of compliance around EHCP's and transfers however the systems for requesting advice for health for those aged 18-25 needs to be further

developed.

2. Data on the number of transfers shows that the local area is on track to transfer all Statements of SEN to EHCP's by the end of March 2018. Systems are in place to monitor progress within this area, with weekly monitoring being reported to the Director of Education and regular progress reports presented at the SEND Strategy Board.



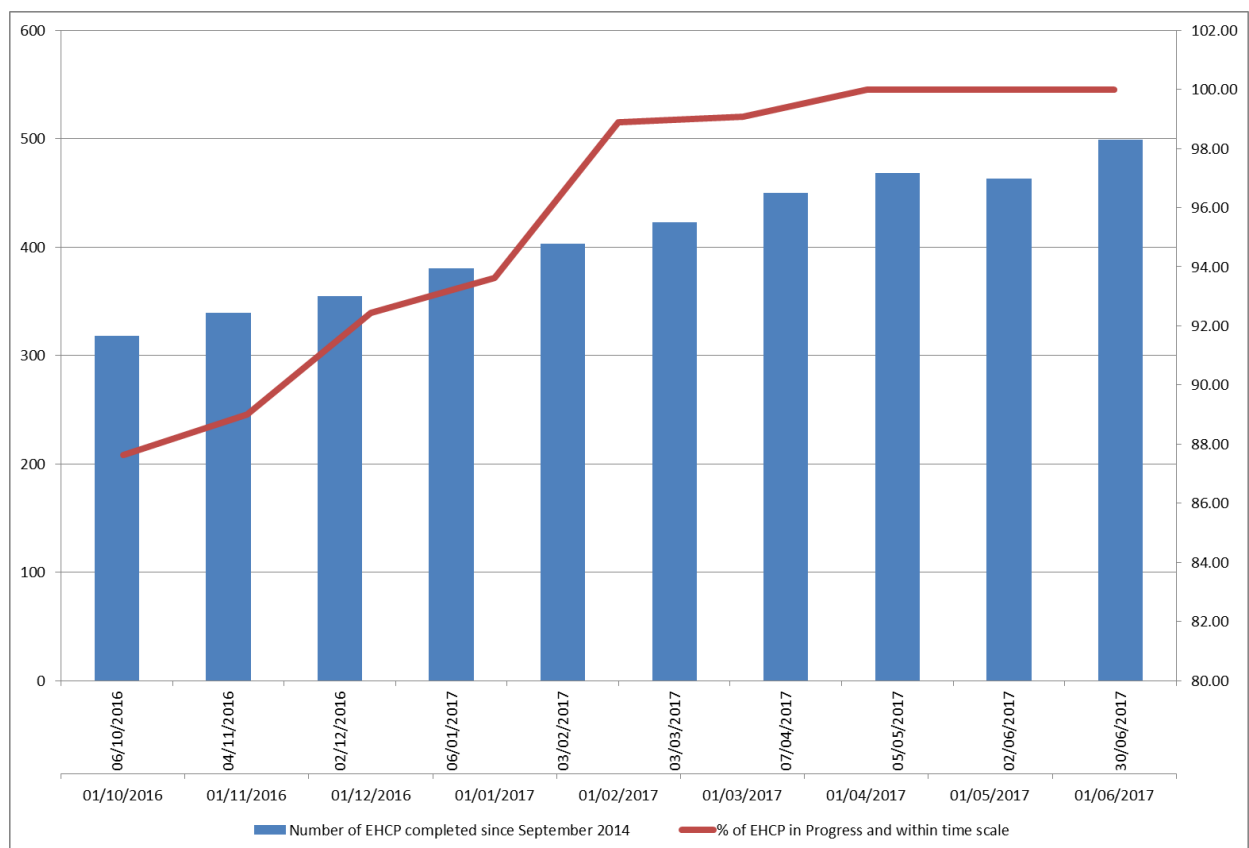
3. Between 2014 and 2015 too few EHCP's were completed within statutory timescales. This was due to the system of coordination between education, health and care not working efficiently. In addition, some staffing issues limited the capacity of the team to address the increased demands of the new reforms.

4. Between 2015 and 2016 leaders significantly increased staffing capacity and, following training for new staff and intensive monitoring from senior leaders, the proportion of EHCPs completed within statutory timescales increased significantly and was above national average for all local authorities.

5. In 2016 a "LEAN" project completed re admin systems re EHCP's and recommendations implemented. Introduction of new assessment form in April 16 for schools and other referrers to complete ensuring all necessary information included.

6. Other key actions included the appointment of new SEND Team Manager in June 2016. Revised LA guidance for EHCP and high needs top up funding. Provision of SENCO training that was well evaluated as being of high quality.

7. All the above has resulted in a notable improvement in quality of the information provided enabling more efficient movement through the assessment process, completion rates are improved and the proportion completed within 20 weeks is at 100% and has been above national average consistently over the past 6 months. Requests for healthcare reports are now received within the agreed time frames.



8. Northumbria Healthcare ratified organisational guidelines for SEND ensuring that all staff and services are aware of their responsibilities for SEND. All health teams within Northumbria Healthcare NHS Foundation Trust and Northumberland, Tyne and Wear NHS Trust received training on SEND reforms in 2015-17, including training on writing of health outcomes in EHCP advice

9. A standard format for EHCP advice has been agreed for all health teams working within Northumbria Healthcare NHS Foundation Trust and NTW

10 The pathways for assessment and the provision of EHCP advice for those aged 18-25 accessing adult health services are under-developed. This area requires action.

11. In terms of input to EHCPs from children's social care wethere are high cost placement panels and these link with the EHCP panels by

12. The SEND panel meets weekly and has a comprehensive membership. There is a need to review the practice of the panel and ensure that representation is always multi-agency and that it is able to provide consistent challenge and the terms of reference are reviewed.

13. The Northumberland SEND Parent/Carer Survey in April 2016 highlighted the following in relation to EHCP's (<http://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Local-Resilience-Forum/Parent-Carer-SEND-survey-2016-summary.pdf>)

- Of those respondents with children with a statement or an EHCP, most felt that the process

had allowed them to share their views with professionals co-ordinating their child's assessment.

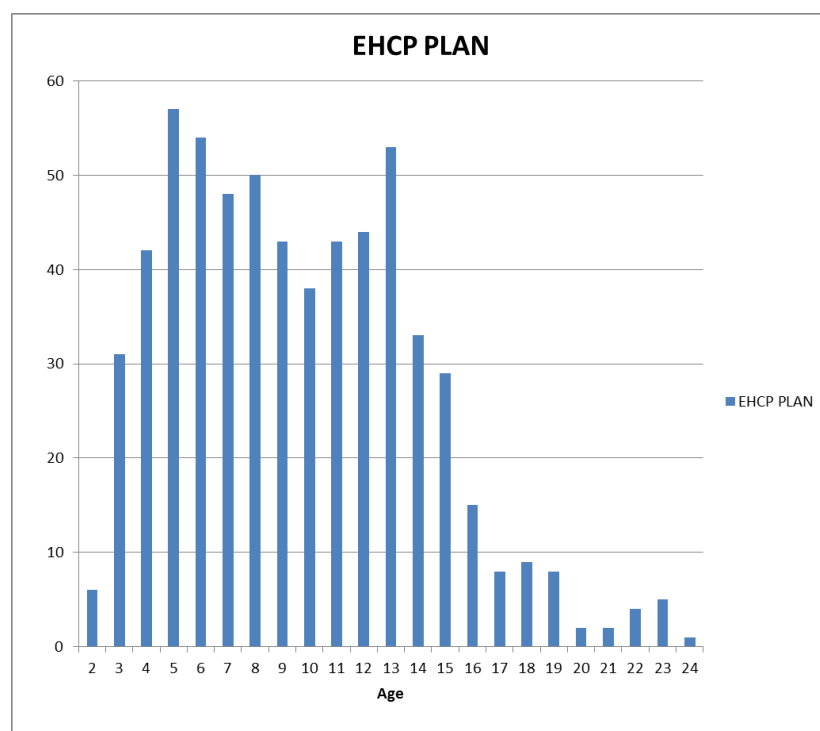
- The large majority of parents were made aware of support and guidance they could access during the EHCP process, eg through IASS.
- A very large majority of parents/carers feel the EHCP targets set for their child reflect their needs. Around 12% of respondents were unsure about this. The large majority feel the EHCP helps their child to make progress. 13% do not feel their child makes progress as a result of the support in their EHCP and free text comments indicated this was linked to a lack of support from staff trained to the correct level to meet their child's needs.

1.7

How effective is the timing of assessments in preparation for a child or young person's move from one provider to another, or into adult services

Northumberland Evaluation

1. Evaluation goes here.....



2. The above table indicates the age at which children and young people are issued with an EHCP. The data shows strengths in initial identification within the Foundation Stage with a steady decrease across KS1 and KS2 which is reversed in KS3 with a peak in Year 9, bear in mind this is when an additional transition often takes place within the three tier school system

3. Through the private, voluntary and independent (PVI) childcare settings, children with SEND could potentially, be identified from 3 months old. All childcare settings are advised to differentiate

provision to ensure all children are fully included in the EYFS. Children who have additional needs identified before the age of two will be discussed with parents and their health visitor or in some cases specialist professionals in order to develop appropriate interventions and care.

4. Between the age of 2 and 3 years children in a childcare setting will undergo an EYFS progress check, this process is done with parents to ensure a full picture of the whole child is reviewed and any issues identified and next steps agreed. A range of options are available for children who have an identified need or are not on track with their peers in line with the EYFS.

5. Childcare professionals have access to training, documentations and the EY team for support and advice on early identification, differentiation and procedures for ensuring children and families are given the correct and appropriate advice. All childcare provision ensure actions are put in place for children as soon as possible and that this information is part of transfer to other settings and schools. As a result of the above Early Years outcomes have improved dramatically across Northumberland in the last three years.

6. The change between paediatric to adult health / care services is managed byto ensure the development of a multi-agency pathway for children and young people with physical difficulties to ensure there is timely notification to the council of intended placements.

1.8

How is school census data used to identify possible inconsistencies in identification of needs?

Northumberland Evaluation

1. Prior to 2014 the use of information and the analysis undertaken was weak and was not addressing the over/ under identification or prevalence of SEND; for this reason we consider this area has improved but we recognise it needs further development to be fully effective.

2. The starting point for development is census information is used by the SEN provision development manager for modelling future need and best use of resources. Census data essentially feeds the annual SEND SFRs re needs which our data and intelligence team turns into a needs overview for LA teams to draw upon. The census data forms part of the data sets within the Local Area SEND specific JSNA. This means that: Although we consider our capturing of data and intelligence as an emerging strength we currently do not always act on what census information is telling us about needs. School census data should be used to highlight the range of need in different areas of the county.

3. We are interrogating the census data to support place planning for SEND and gained additional funding from developers as a result. It is recognised that we need to build capacity in special schools and significant extra funding has been allocated to place planning projects in 2017 and 2018.

4. A SEND capital project paper is available that provides rationales and priorities, it is based

upon a variety of sources and includes the JSNA.

1.9

How effective is Northumberland at establishing a baseline for setting targets for progress and improvement towards meeting education, health and social care support or therapy needs?

Northumberland Evaluation

1. Northumberland has a large infrastructure of SEND specialist support. Northumberland Local Authority invests more on these services than most Local Authorities. They include Portage, Educational Psychology, Visual Impairment, Hearing Impairment, Autism, EAL, Behaviour Support/Inclusion, Speech, Language and Communication and Literacy/Specific Learning Difficulties support. We have recently restructured management of these teams (previously known as LIST – locality inclusion support teams) to ensure greater accountability and enable us to better measure the effectiveness and impact of the support.

2. In 2015 the Sensory Team (VI and HI) was developed to offer new services for children with Multisensory Impairments. New staff were recruited and trained to respond to emerging local needs regarding those with deaf-blindness, rarer physical/genetic conditions and need for habilitation support. Identification and support from birth of sensory needs, including MSI, is well established with NHS partners.

3. Schools report positively (feedback from headteachers, May 2016) on the impact of the work of the SEND specialist support for individual pupils and the training and workforce development which is provided to schools by these teams, supporting precise identification of pupils' needs.

4. The impact of this SEND support is evident in the low proportion of pupils who are identified by schools as "NSA- no specialist assessment" or as "Other" in the annual census return. This is further supported by local authority officers challenging schools where these vague categories of primary need are returned.

5. Northumberland CCG commission health services which work in partnership with services above – community nurses, specialist school nurses, speech and language therapists, physiotherapists, occupational therapist, community paediatricians, primary and specialist mental health services.

1.10

How well does Northumberland's identification and assessment inform joint commissioning, predict the need for services and put in place provision that meets the needs of children and young people?

Northumberland Evaluation

1. Our work in this area has grown very significantly and we now have a draft joint commissioning strategy but we recognise our work is not fully developed. There are developing systems in place to use the data and intelligence to predict needs for services and to inform provision planning well. At present there are too many children being educated out of Northumberland due to a lack of local provision in both mainstream and special schools and a lack of understanding in some mainstream settings of how SEND support can ensure children remain in their local schools.
2. A SEND JSNA summary has been produced and the Local Area is currently creating a more detailed SEND JSNA to support the provision planning and work within the joint commissioning work-stream. We have current areas of good practice in relation to using data and intelligence, for example in Mental Health, however this is not consistent across the area.
3. A Joint Commissioning Group with membership from all partners across the Local Area which includes has been established. Terms of reference have been agreed by all partners.
4. A data work-stream has been established between the council, CCG, Northumbria Healthcare NHS Foundation Trust and Northumberland, Tyne and Wear NHS Trust to promote information sharing.
5. Until recently the Director of Children's Services was also the Deputy Chief Executive and had overall leadership of community health services and oversees the work of the directors of adult services and public health as well as having overarching responsibility for children's services. This resulted in better collaboration and accountability across services. There is a partnership agreement between the local authority and Northumbria Healthcare NHS Foundation Trust (judged outstanding by CQC in May 2016) for social care for ill or disabled adults and with Northumberland Tyne and Wear NHS Foundation Trust for support for working age adults with mental health problems.
6. In May 2017 a restructure took place and a new interim DCS was appointed. This situation is to be reviewed in Autumn 2017 to ensure that strong links are maintained and that joint commissioning arrangements are working well.
7. Joint commissioning arrangements are developing well in Northumberland. An integrated commissioning hub between children's social care, clinical commissioning group (CCG) and public health has been created.
8. Good collaboration of all partner agencies through the health and wellbeing board, driven by the Joint Strategic Needs Assessment, has resulted in improvements to services for children with emotional health needs commissioned through the CCG, although we recognise there is more work to do to improve the timeliness of assessment of children and young people with social, emotional and mental health needs.
9. The joint commissioning of a post across social services and health has resulted in a commissioner for mental health who is focused on improving our performance in this area and as a result.....
10. Senior officers from education, health and social care worked together on a joint audit of

SEND case files in May 2016 and will be continuing the same approach in 2017. This has enabled a shared identification of improvement priorities and solutions. The audit broadly showed that the EHCP's were of good quality but in some cases in individual files recording could improve. A review of an extremely complex case indicated that a wide range of professionals were involved with a child without any overarching coordination of their work to ensure that resources were deployed most efficiently to best meet the child's needs.

11. In 2016-17, the role of an Independent Reviewing Officer (IRO) role, shared across education, health and social care was created. This has enabled there to be a senior, independent professional who coordinates reviews of provision for those children and young people with the most complex special educational needs and disabilities. This role can hold professionals to account and ensure that the local area is working as effectively as possible to meet the needs of the child.

12. Feedback from Parents / Carers in April 2016 highlighted parental concerns about the area approach to dyslexia and waiting times for pupils with social, emotional and health needs.

13. Parental concern stemmed from some LA professional using the term "literacy difficulties" rather than dyslexia. The SEND strategic board initiated a work-stream group comprising parent/carer, regional voluntary group, school and LA education services representation to explore this issue.

As a result the following action and impact was created;

- New approach developed from our existing Communication and Literacy team in 2016-17.
- Tools to support schools to assess 'dyslexic tendencies'
- Clear pathway for additional support
- Establishment of a revised approach to reporting to schools and parents on professional assessments of literacy difficulties, including dyslexic tendencies. This provides a clear recommended programme of action for school-based staff which they can use to inform parents.

14. Service improvement work undertaken with CYPS (CAMHS) to reduce waiting times. The SEND strategic board reviewed feedback from schools (May 2016), parents and carers (April 2016) which confirmed their dissatisfaction in this area and agreed plan of action with Northumbria CCG. Ongoing commissioning discussions continue. Establishment of SEND work-stream exploring opportunities for joint working between education settings and health providers to ensure that education settings have the training and support they need to correctly identify those children and young people in need of additional support and that school staff are confident to provide a first wave of school-based support and intervention to those children and young people with emerging needs.

As a result the following actions and impact were created;

- Creation of Emotional Health and Wellbeing of Children and Young People in Northumberland 5 year Transformation Plan (2015-2020) through the Health and Wellbeing board.
- Initial reduction in waiting times to well below national average and, in 2015-16, to the lowest in the country. However further increased pressure on services has again escalated this issue, although waiting times remain within national minimum standards.
- Doubled capacity within the Primary Mental Health Worker team (provided through Northumbria Healthcare) from September 2016

1.11

How well does assessment inform planning to evaluate the effectiveness of teaching and other education, health and social care support or therapy?

Northumberland Evaluation

1. In February 2016, the 12 North East local authorities and the clinical commissioning groups established a joint approach to the commissioning of placements for children and young people in non-maintained and independent specialist provision. An agreed framework is in place to approach providers to ensure that the most appropriate provision is secured for the learner to meet their needs as outlined in their EHCP and best value is ensured. This process is now in place but it is, as yet, too early to determine the full impact. Early signs are that the process is providing placements which are costed in a more transparent way and that commissioners are able to very precisely target the range of provision needed for each pupil.

2. In terms of social care

3. In terms of health

1.12

How well does the Local Area evaluate the effectiveness of the teaching and other education, health and social care support or therapy?

Northumberland Evaluation

1. The effectiveness of teaching in all Northumberland special schools is good or outstanding. A team of school improvement partners and advisors support and challenge schools. A high proportion of schools buy into our school improvement services.

2. Since 2014 there has been a complete restructure of school improvement and the services we offer are now recognised by schools as being more robust, accurate and useful. Comments in Ofsted school inspection reports also support this view.

3. A very clear and detailed self- evaluation of the impact of school improvement services is available in the Director of Education Annual report and service statement.

4. For social care there is a robust audit arrangement of both social work and early help cases which measures the timeliness, appropriateness, impact and quality of interventions with children and families from a social care perspective. These audits are undertaken on a monthly basis and incorporate children who are open to the social work teams and the locality early help teams. Feedback is provided to the relevant workers, team managers and senior managers. Social work audits have looked at themes such as domestic abuse, the quality of assessment. the audits of early help cases is a new process which will be developed over the coming months.

5. There is also a multi-agency audit process of Early Help Assessments completed and registered by a range of partners which is overseen through the Early Help sub-committee of the LSCB. These are completed on a quarterly basis and are themed. The theme for the next group of audits is children with SEN.

Section 2

How effectively does the local area assess and meet the needs of children and young people who have special educational needs and/or disabilities?

2.1

How effectively does Northumberland engage and co-produce with children and young people, and their parents and carers?

Northumberland Evaluation

1. The Local Area has many pockets of good practice around specific areas (see below) however this area requires more development to ensure consistently good practice. Parents and carers are consulted on a range of SEND issues through workshops and roadshows and this has led to developments or changes in services, for example our approach to dyslexia, however further embedding of this process is needed.

2. The EHCP process was set up in collaboration between professional under the guidance of the DfE advisor and was co-produced with In It Together. It is clear that further work needs to be done to review the process working more closely with families, schools and other services. This will be a priority for next year.

3. Using the voice of the child to positively influence provision is a key area for improvement.....

Examples of specific programmes and projects

- The local authority Sensory Support Team identified an issue with isolation for hearing impaired students. Working with young people, they introduced a “Teen Experts” group which has resulted in a range of social events organised by the young people and a student council to help shape service delivery
- The school nursing service has used the You’re Welcome accreditation to improve their service through user feedback. An example of this is at Prudhoe High School where the nursing service secured a venue with a disabled toilet adjacent to their base room so that disabled young people could access facilities for sexual health checks, such as chlamydia screening, without making it obvious to external users.
- Looked after children through their ‘I PROMISE’ initiative have a major impact on how we deliver our services

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4. We believe that our engagement and co-production with parents and carers is developing strongly and that there is increasing evidence of co-production and families taking a strategic role in the development of provision in Northumberland. The local authority IASS service and Northumberland parent carer forum together arranged large scale consultation events across the county. Nearly 8000 families received a letter giving details of the local offer and co-produced SEND guide for families, plus an invitation to attend the 'SEND Roadshow' events. More than 300 parents and young people plus many professionals and third-sector providers attended the seminars, 'market place' stalls for services 0-25 years and the opportunity to speak direct with service managers from Health, local authority SEND services and Social Care. The countywide sign-up to the parent carer network was hugely increased and 114 parents and young people agreed to complete evaluations.

5. The evaluations confirmed that all but three attendees found the event useful-very useful to help them understand the local offer in Northumberland. The range of services / organisations found to be most useful were extremely diverse, but the most prevalent ones were autism services, local authority SEND teams, Portage and the Social Care Disabled Children's Team.

The most common answers to 'what would improve SEND services in Northumberland?' were

- improved use of modern communication technologies to inform families about SEND matters
- improved communication between agencies
- new local provision for ASD and sensory needs and specific medical diagnoses
- less service change and increased service capacity
- reduced waiting times
- increased funding
- better transitions

These areas have been highlighted in the SEND action plan and strategy.

6. We have a well-established parent/carer professional forum which brings a group of parents/carers and SEND professionals together to raise and discuss issues relating to provision. However, we recognised that we did not have sufficient input from parents and carers in the strategic planning and evaluation of SEND provision in Northumberland. This led to the introduction of the SEND strategic board in March 2016, where the chair and vice chair of the parent/carer forum have membership alongside some of the most senior officers from education, health and social care and where parents are playing a proactive role in task groups to address identified priorities. The parent and carer forum, In It Together, reported to the DFE in June 2016 that they felt relationships with professionals and the local authority were strong and that they had a key strategic role in developing SEND provision.

2.2

What is the effectiveness of coordination of assessment between agencies in joint commissioning? Are there clear roles, responsibilities and accountability of partners in assessing and meeting needs?

1. The coordination of assessments is a priority for development. Firm foundations and a commitment for stronger cohesion have been established with the development of a draft Joint Commissioning Strategy and agreed action plan in place. Strategic and operational improvements now need to become embedded within existing work-streams.

Priorities for the Local Area within Joint Commissioning are

- Speech and language therapy
- Mediation and dispute resolution
- Other Therapies
- Complex Care
- Mental Health
- Post 16 transitions, Preparation for Adulthood

2. At an operational level, an overview of Commissioning Panels has been undertaken with recommendations for wider membership across all panels to better represent education, health and care. This will enable EHC plans to be jointly commissioned and increase feedback to all relevant agencies around the effectiveness of advice that has been provided and to begin to monitor outcomes. Identified development work within the SEND Commissioning Panel systems and processes has been identified and is a priority target for the local area over the next four months.

While the Local Area has identified that there is a need for work within this area to be more coordinated, there are a number of initiatives where there is effective joint commissioning in place:

- Mental Health, Learning Difficulties and ASD...
- Complex Health Needs...
- JELS (Joint Equipment Loan Service). Children with physical needs and mobility needs are supported through a health and social care commissioned approach called 'JELS'. NHS Occupational Therapists or Physiotherapists assess and identify what / if equipment is required to meet the needs of individual children and young people. The local authority SEND Commissioner works with JELS to arrange for environmental adaptations to premises or provision of additional mobility equipment to ensure children can access local schools. This pathway is all age enabling young people to maintain access to equipment as they transfer to adult services.

2.3

What is the satisfaction of parents and carers/satisfaction of children and young people?

1. The annual parental satisfaction survey for the children's centres showed that the vast majority of parents were happy with services they received.
2. We identified need that there was no formal mechanism to collect the views of parents and carers who were not involved with the local parent/carer forums. In 2016, the LA alongside In It Together, local parent network co-produced an electronic survey which was issued to parents and carers via schools, PVI settings, colleges and the forum. We received 300 responses from families of pupils attending 90+ educational settings. Their views have enabled us to identify and begin to address a number of priorities such as the identification of dyslexic tendencies and the waiting times for mental health services.
3. Parents and carers have told us that they feel their views are considered as part of our SEND assessments. In our survey of 300 parents in April 2016, 91% indicated that they had the opportunity to contribute their views to professionals. The very large majority also reported that the EHCP targets accurately reflected their child's needs. Ensuring that the views of children and families are heard during assessments was also acknowledged by the SIF (April 2016): 'The quality of early help assessments seen during the inspection is good. Children, young people and their families are fully engaged in assessments and their views inform planning' and 'the disabled children's team consistently demonstrate sensitive and bespoke work, listening to children and gaining their views. As a result, the child's lived experience shines through the assessments and plans in this team.'
4. The Public health service have collected the views of young people through a Health Related Behaviours Questionnaire (HRBQ) and the public health commissioner, who is a member of the SEND strategic board, has ensured that a disaggregated set of responses is available to indicate the views of the cohort of pupils who have self-identified as having a learning difficulty or disability. This is informing the work of the SEND strategic group (how) but represents a relatively small sample of young people.
5. We recognise that there is no mechanism for collectively gathering the views of children and young people with SEND across Northumberland. We have listened to the views expressed by families that children and young people do not want to be singled out for the blunt instrument of a questionnaire that is just aimed at those with SEND. We have therefore established a task group, involving participation officers from the local authority, to explore ways to strategically gather the views of children and young people in 2016-17.
6. During mediation and tribunals, we collate the outcomes and try to learn lessons where we can. We work hard to address complaints or concerns raised by families and to reach an appropriate negotiated solution which prioritises the needs of the child or young person. As a consequence, we have a very low proportion of registered SEND appeals – placing us in the top quartile when compared to other local authorities.

2.4

What is the suitability of Education Health Care plans? (including where relevant alignment with child in need and child protection plans)

Northumberland Evaluation

1. EHCP's cover the educational element comprehensively however further development of the health and social care elements is required.
2. There is inconsistency in recording in EHCP's and particularly alignment with other assessments e.g. LAC, Children In Need, Continuing Care. This is being developed as part of the role of a newly appointed IRO.
3. The EHCPs have been audited several times and there is a lack of consistency of evidence of a graduated approach being applied across all settings as observed in papers at the SEND Commissioning Panel.
4. Training delivered to health care staff on the writing of outcomes is starting to show improvement in EHCP's though requires continuous monitoring.
5. There has been a significant improvement in the timely completion of EHCPs and the statement transfer rate (see previous section)

2.5

How was the Local Offer developed? What is its accessibility and currency?

Northumberland Evaluation

1. The Local Offer has been developed through extensive consultation with the parent forum - In It Together. The link to the online local offer is XXXXXXXXXXXXXXXX
2. The existing Local Offer has been reviewed and requires some continual development work to ensure that contains up to date information, across all ages and stages of the graduated response. A booklet guide as well as a website has been developed and distributed.
3. In 2015, 2016 and planned for 2017 officers worked together with our Parent/Carer Forum to coordinate events for families to provide feedback on our local offer and raise awareness of services.
4. Improvements made to the local offer website have been made - Information on number of hits on website shows XXXXXXXXXXXXXXXX
5. Feedback from parents on the roadshows and information events indicate that parents find these events very useful.

2.6

Is planning appropriate to meet the needs of children and young people receiving special educational needs and/or disability support?

Northumberland Evaluation

1. At individual child and young person level plans currently have a strong focus on educational outcomes and support in schools. Health and care content is less well developed. The local area considers this to be an area that requires further development. Planning for transition to adult services and how it is reflected within the EHCP and processes is also an area for development.
2. At strategic level planning includes a high number of pupils being educated outside of Northumberland and there is significant pressure on places within Special Schools, particularly for those with ASD, SEMH or both, with some children and young people waiting for a place to become available. This is being addressed by a significant programme of capital development in special schools and mainstream provision.
3. Arrangements for Post 16 places is an area of concern for parents and carers, the government guidance on transition promoting the transition of children and young people into mainstream vocational providers often does not match the aspirations of parents who feel they want continuity of care post 16. This area is being reviewed with providers and parents through a series of consultation events.
4. A regional approach to commissioning has been developed via the NE12 process.
5. Short break care is available to parents and carers.
6. The home to school transport policy represents a significant draw upon council funds and this policy is under review at the time of writing of this self-evaluation. A special focus will be placed upon pupils with SEND. If this is to be revised there will be an extensive consultation.
7. The specialist schools in Northumberland have changed in size and population dramatically since the 2008 schools census. Rising from XXX in 2014 to XXX in January 2017. There are currently XX number of children educated out of council.
8. Analysis reveals the following causes for that increase:
 - Many more ASD high needs learners with a wide range of complex needs profiles. ASD is now the first or second most common need in all local specialist schools.
 - More learners with SLD, PMLD or other complex needs from birth. Changes in medical technology, prematurity and survival may be a key cause.
 - Raising of the Participation Age to 18 years. This means many more post-16 learners are looking for support at good and outstanding specialist schools.
 - Rapid increase in Primary age children with significant diagnosed mental health difficulties, often associated with ASD. This is a new pattern from 2016 and 2017 and is being analysed.
9. Our current projection is that there will be a need for net growth in specialist school capacity of XXXX based upon the increase in EHC learners with the highest needs.

10. School Ofsted rating number on roll Types of primary need

11. The local authority commissions three mainstream specialist provisions.

- The Centre at NCEA, is the largest and is the new model for local special schools which were incorporated into the all-age local academy there. As such we treat The Centre as a specialist school. It is not a mainstream support base and caters for severe / profound disabilities.
- Berwick Middle School
- Berwick Academy (High School). They cater for up to 8 and 22 local learners who have significant SEND and mainstream inclusion potential.

12. The combined capacity of all these schools is not sufficient to meet future needs and a review is underway to report by October 2017 to ensure a total spend of £17m is invested in capacity growth both in special school places and additional resource provision. Some projects have already started – The Priory School in Hexham and the Ashdale centre (Dales School) in Ashington.

13. These issues will be consulted upon and planned for via the new DfE requirement for an SEND capacity review and strategy. Northumberland will be consulting from July 2017 to March 2018, leading to the required strategy for capacity at four levels:

- SEND specialist services
- SEND specialist centres at mainstream schools
- SEND specialist schools: designation and capacity
- Regional needs for exceptional provision

14. In November 2016 Northumberland responded to the invitation from DfE to create a new SEND free school. The bid prioritised a 120 place Primary centre for ASD / complex needs / mental health needs learners, with co-location of specialist support services on site. The bid was unsuccessful and it is our intention to continue to apply for free schools if funding remains available. We are working in partnership with the Regional Schools commissioner to map out provision, establish multi- academy trusts and develop better relationships with trusts in the NE. We also have developed a working group to establish the feasibility of setting up a MAT co-sponsored by the NHS

15. In the last five years there has been a degree of ‘designation drift’ in some schools with parents choosing provision because of locality rather than specialism. The review will also seek to respond to this delicate balance given the geographic challenges of the county.

16. Figures for young people who are not in education employment or training (NEET) have improved year on year since 2012; however figures show that whilst 16 and 17 year olds’ participation has increased, those aged 18 and upwards and especially with SEN are more likely to be or become NEET.

17. In 2016 the LA Careers Guidance Team focalised a number of “NEET Workshops” with the specific purpose of exploring the Northumberland situation with post 16 providers in more detail and to consider new ways of working to improve the position. The LA Careers Guidance Team carried out an analysis of the cohort and provision choices to support the workshops. There were

a number of factors that were identified as contributing to the trend:

- a) Some post 16 programmes were not adequately preparing young people for work so became NEET after their learning programme ended around the age of 18.
- b) Identified shortages of local places for SEN learners at Post 16 in the north and west of the County, particularly that are vocationally relevant

18. Whilst the LA has no direct control over independent provider's business decisions, it sought to positively influence a review and repositioning of provision in order to better meet the needs of future learners. A range of private and voluntary sector training providers including the Learning and Skills Service participated over a series of months. It was clear from the workshops that most small providers did not consistently use place planning or LMI data to position and plan places or content for forthcoming cohorts. They also did not consistently use careers information carry out guidance to plan positive outcomes for the end of their programmes. Whilst providers recognised the issues faced in the county as a result of shortages of provision in the north and west, there was also a clear statement made by nearly all providers that they were operating as businesses and were not prepared to take any form of financial risk to develop new places to fill this unmet need, nor change their mode of delivery or practice in the southeast to provide an enhanced service.

19. The opportunity to increase provision by re-aligning services and places to better meet the needs of future learners was taken up by the council's Learning and Skills Service and 1 other private provider: Buzz Learning. The Learning and Skills Service has undertaken a significant restructure to be able to offer more and varied provision for these learner groups. New vocational provision (at various stages of piloting and embedding) is now in place in the north and west. A Learner Support, Counselling and Coaching teams are in place and working well. Planning is improving with the Learning and Skills Service for future cohorts, but this requires more work to embed.

20. More work is needed in relation to early intervention in planning the and refining young people's post 16 choices (from Year 9). The EHCP needs to be more effective in planning the pathway for the young person intending to achieve an employment outcome in adulthood, and what stages will be needed in their post 16 programme to achieve this e.g. academic / vocational training, Supported Internship, Traineeship, Apprenticeship, Carved Jobs and the young person intending to obtain a range of further soft skills, independent living, health, relationship and community skills for adult life, and what stages will be needed in their post 16 programme to achieve this

21. Place planning for NCC Supported Internships and Apprenticeships for SEN learners also needs improving. The LA has taken very good action to set aside the financial resources, and establish and Apprenticeship Mentoring team with specific staff to support SEN and LAC learners, however better planning to transition the right young people into these positions is needed. This also includes ensuring that work experience that learners undertake in school is connected to or with the planned internship or apprenticeship placements so that transition is effective.

Section 3

Improving Outcomes

How effectively does the local area improve outcomes for children and young people who have special educational needs and/or disabilities?

3.1

What challenge has Northumberland given to its own assessment of its effectiveness in meeting and improving the outcomes of children and young people who have special educational needs and/or disabilities?

Northumberland Evaluation

1. The Self-Evaluation has been informed through a range of different inputs from Northumberland County Council, Northumberland CCG, In It Together (PCF), Northumberland, Tyne and Wear NHS Trust, Northumbria Healthcare NHS Foundation Trust including

- CDC audit tools for the Council and CCG
- Local Area Data
- Senior Manager feedback
- Parent Carer Forum feedback
- Workstreams
- Provider working groups and workshops
- SEND specific JSNA

2. The production of this SEF follows a review of the SEF dated September 2016. The SEF has been agreed by the Strategy Group and via corporate governance structures as an accurate and joint evaluation. This has led to a joint strategy for improvement. This document has been extensively reviewed in August 2017.

3. A comprehensive set of data has been used to inform self –evaluation (see appendices) together with the JSNA. The document has been scrutinised via a number of governance committees.

3.2

How does Northumberland's information on the following show the Local Area's approach to improving outcomes?

- a) personal budgets
- b) short-break care
- c) out of area placements
- d) transition arrangements
- e) jointly commissioned specialist educational, medical and therapeutic services

- f) advisory services
- g) advocacy services

Northumberland Evaluation

a) Personal Budgets

Obtain information, details of ongoing work, impact of any pieces of work for the following.

Personal budgets

Short-break care

Out-of-area placements

Transition arrangements between services and providers

Jointly commissioned specialist educational, medical and therapeutic services

A joint commissioning strategy has been developed in 2016-17link here....

Advisory services

A wide variety of advisory services are available ...

Advocacy services

Advocacy services are available via

3.3

Outcomes across education, health and care

Northumberland Evaluation

1. Nationally educational achievement of children in need , many of whom have been identified as having SEND is below average, this is replicated in Northumberland. A number of targeted interventions have taken place to improve outcomes.

2. Educational outcomes for the most vulnerable children, many of whom have special educational needs i.e. looked after children, have improved significantly. See the Virtual Headteachers annual reportlink here.

3. There is a need to review and rationalise monitoring arrangements for those accessing top up funding to ensure that outcomes are being achieved. This is part of a major review that has been initiated.
4. Outcomes for children and young people who attend special schools in Northumberland are at least good and in many cases outstanding.
5. The proportion of pupils with SEND achieving a good level of development in the early years has risen markedly between 2014 and 2016 and is above the national average.
6. The proportion of pupils with SEND in primary and first schools who achieve the expected standard in phonics (the decoding of words when reading) has risen markedly between 2014 and 2016.
7. The proportion of pupils with SEND and/or an EHCP who have attained A*-C grades in English and mathematics has risen markedly between 2014 and 2016.
8. The overall absence rates of pupils with SEND and/or an EHCP have fallen between 2014 and 2016.
9. The proportion of pupils with SEND and/or an EHCP subject to fixed-term exclusion have fallen markedly and in 2016 only 0.1% of pupils with SEND and/or an EHCP were permanently excluded.
10. The proportion of school leavers with SEND in education, training or employment rose to nearly 90% in 2016.
11. Since 2014/15 participation of SEND learners in the Northumberland Adult Learning service (NALS) has nearly doubled, pass rates have risen from 84% to 90% and the achievement gap has been narrowed to less than 2% with those with a declared disability and / or learning difficulty out-performing those with no declared disability or learning difficulty.
12. In terms of Health outcomes, this is sparse at a national level and makes benchmarking difficult however
13. Care outcomes for children with SEND are

3.4

Leaders' assessment of the effectiveness of the local area in improving outcomes for children and young people

Northumberland Evaluation

1. There are a number of of data sets and other evidence used by the local area to inform decision making

- SEND Children and families of serviceman
- SEND Asylum seekers
- Travelling families and children with SEND
- Specialist dentistry
- Pupils with medical needs in schools
- Services for those who are not in education, excluded, LAC.
- English as an additional language
- Waiting times for therapies
- Safeguarding
- Young Carers with SEND
- Mediation and tribunals
- commissioning and performance data on delivery of healthy child programme
 - nursing service
 - neonatal screening programme
 - 0–25 services for child and adolescent mental health services (CAMHS)
 - speech and language therapy
 - occupational therapy
 - physiotherapy
 - commissioned care pathways and specialist arrangements for children with SEND.

2. The evidence is telling us ..

3. This has been identified as a major area for development in 2017.

APPENDICES

1. About Northumberland Local Area

Population

- The county has a population of 316,000 with 60,000 aged 18 or under. The under 18 population is declining. 98% of the population is White British.
- 18% of children and young people live in child poverty. 14.5% of primary aged pupils and 13.2% of secondary aged pupils are eligible for free school meals.
- Northumberland's population density of 63 residents per square kilometre is lower than any other local authority in the North East region and is the lowest top tier local authority in England.
- 50% of the population lives in 3% of the land area in south-east Northumberland.

Health services

- Northumberland has 44 GP practices delivering primary care.
- Northumbria Healthcare NHS Foundation Trust delivers hospital and community based care and is integrated with social care and Northumberland, Tyne and Wear NHS Foundation Trust provides a range of specialist mental health and learning disability service.
- Hospitals – NSECH, Wansbeck, Hexham, RVI

Early Years

- The Health Visitor lead and the children's Centre Lead and The Early Years Advisor meet termly to review and improve the 2 year integrated review process and monitor the use of the EYFS tracking process. This is followed by a rep from the EY team, Children's Centre team and lead locality HV getting together to monitor local progress. Dates are set for next academic year in advance.
- The local childcare market is dominated by private and voluntary settings of which vary in quality and type. Provision available ranges from full day care, sessional pre-schools, Childminders and holiday clubs. 100% of children aged 3 and 4 take up their early years entitlement and 81% of eligible 2 year olds also take up their early years entitlement (January 2017). 813 3 and 4 year old children have been part of the 30 hour extended entitlement pilot receiving an additional 15 hours free childcare.
- 150 children aged between 2 and 5 have received Top Up funding support for SEND support.
- There are 16 children's centres across the County. All CC's are overseen by the LA however some are ran in partnership with Action for Children and Barnardo's

Schools

- Northumberland has 123 first and primary schools, 42 middle and secondary schools, 9 maintained special schools and one pupil referral unit. One of the special schools is within an all-age mainstream academy (and is now designated a 100-place additionally resourced

provision). There are three independent schools in Northumberland (including one independent special school) and one non-maintained special school. 19 schools are academies or free schools.

- Northumberland has two additionally resourced specialist provisions within the Berwick group of mainstream schools settings. These were established to provide more specialist provision in an area of the county which is more remote.
- All of the special schools are judged good or better by Ofsted.
- 6 mainstream schools are judged to require special measures with one mainstream school judged to have serious weaknesses.
- Traditionally schools have been organised in three tiers – First, Middle and High. In the last three years several school partnerships have moved to two tier education (Blyth, Ashington, Cramlington, Bedlington), and some are in the process of transition (Alnwick, Ponteland). Others remain three tier (Hexham, Prudhoe, Hayden Bridge, Berwick, Coquet, Morpeth, and Seaton Valley). We have two all through academies (Bede and Northumberland Church of England Academy).
- The majority of maintained special schools are all-age provisions, designated for 2-19 years.

Colleges and Further Education Providers

- Northumberland College is the largest provider of further education courses in Northumberland, based in Ashington in the South-East of the county. In the south of the county, there is significant transience with pupils moving between schools and further education and training in Northumberland, Newcastle and North Tyneside.

Social Care

- Teams, Respite etc
- Northumberland's secure children's home, Kylloe House, was judged to be good by Ofsted in July 2016.
-

Northumberland SEND Population

School aged children

- Northumberland has a marginally higher than average proportion of pupils in primary or secondary education with SEND 16.8% (compared to 2015 National Average 14.9%).
- The proportion of pupils in primary or secondary education with a statement or EHCP is at the 2015 national average (2.9%). There has been a slight downward trend since 2012. As of DATE, 1679 learners aged 0-25 have a statement or EHCP. This trend will change as the rate of request for new EHC Plans since 2015 is higher than the comparable rate of request for SEN Statements until 2014.
- As of DATE 7707 learners are eligible for SEN support. The proportion of pupils eligible for SEN support is marginally above the national average 15.8%, (compared to 2015 National Average 12.1%). The % has decreased since 2012 but the national average has declined at a faster rate.
- The local authority has identified those schools where the proportions of pupils eligible for SEN support appear disproportionate and school improvement partners have challenged schools to review their cohorts. We are currently collecting the evidence of any shift in the SEN support population.
- SEMH population is increasing (evidence > JSNA etc)

Looked After Children (LAC) and Children in Need (CIN)

- At March 2016, 64 children in care (LAC?) were identified with SEN. 34 of these pupils have statements/EHCP. This is a fluctuating picture over time, but is an increase since 2014 when only 21 pupils had statements and 29 pupils were identified as school action/action+.
- At March 2016, 440 CIN were identified with SEN (270 with a statement or EHCP). 38 pupils subject to a child protection plan were identified with SEN (11 with a statement or EHCP). The proportion of children in need eligible for SEN support is above the national average (31.3% compared to 28.5%), whilst those with a statement is broadly in line with national average (21.7%).

Youth Justice

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Children with Disabilities

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Northumberland compared to national averages

- The most prevalent areas of need identified in Northumberland are Speech, Language and Communication (SLCN), moderate learning difficulties (MLD) and social, emotional and mental health needs (SEMH).
- There is a higher than average proportion of identified need for SLCN support in mainstream primary schools (+7.9%), with a lower proportion of pupils identified with specific learning difficulties (SpLD -5.8%). Within mainstream secondary schools, the proportion of pupils with a moderate learning difficulty is much higher (+8.4%) than the national average, but the proportion of those with specific learning difficulties is much lower than the national average (-12.7%). Some of this variation reflects a position where, because of the historical approach to specific learning difficulties such as dyslexia in Northumberland, some pupils have been identified as MLD or SLCN rather than SpLD. This is an issue which is now being addressed through our SEND specialist support services. In addition to this, the proportion of pupils with MLD attending specialist provision is lower than the national average, reflecting that pupils with MLD are more likely to remain in mainstream education.
- The proportion of pupils with a hearing impairment is slightly above the national average.
- The proportion of pupils with no specialist assessment or “other” type of need is much lower than the national average.
- The number of children who have significant medical needs and/or disabilities from birth is increasing. This appears to be due, in part, to improvements in survival from increasing levels of prematurity

Therapies – SLT, OT, Physio

Health – Special School Nursing, CCN's

Equipment – JELS, AAC

Diagnostic services for ASD, ADHD – CYPS

Role of DCO and impact

HV and early identification

2.

GOVERNANCE STRUCTURE

Health and
Wellbeing Board

SEND Strategic
Partnership Board

SEND Strategic
Operational Group

Task & Finish
Groups

- The Health and Wellbeing Board supports the SEND agenda within Northumberland and has developed a SEND JSNA. The Director of Children's Services reports to the Board

annually with the latest update being delivered on the 14th September 2017.

- The SEND Strategic Partnership Board sets strategic direction, monitors joint commissioning, reviews the SEND SEF and monitors the delivery of the SEND Action Plan.
- The SEND Operational Partnership Group is responsible for the delivery of the SEND Action Plan, identifies task and finish groups and monitors their outcomes.

In addition to the above, the SEND workstream is connected to a number of other Boards and Groups within Northumberland Council, Northumberland CCG, Northumbria Healthcare NHS Foundation Trust and Northumberland, Tyne and Wear NHS Trust as required. These include, but are not restricted to:

- Parent Carer Forum Board
- LSCB
- Joint Local Executive Board
- Child Health STP
- Corporate Parenting Board
- Improvement Board
- Children's Social Care

Within the Council, the Local Area Nominated Lead for SEND is Andy Johnson, Interim Director of Children's Services. The Senior Leadership team within the Council have responsibility for different elements of the SEND agenda with overall leadership by SEND Commissioner. Over the past two years the Council has appointed a number of external staff to support the delivery of the SEND reforms who have led on the development of the SEND SEF and Action Plan.

Within the CCG, The Director of Nursing, Quality and Patient Safety is the Lead Director for SEND. There are two Heads of Commissioning and the Designated Nurse Safeguarding Children & LAC to lead on relevant aspects. One post is jointly commissioned between the council and the CCG and supports those with Mental Health, Learning Disability and ASD.

3. SEND strategylink here to local offer – for all of below

4. Inclusion strategy

5. Joint commissioning framework

6. Early help and prevention framework

7. Health and Well Being strategy

8. Joint Strategic Needs assessment summary

9. SEND Health Needs Assessment
- 10 Market Position Statement
11. CCG SEND Assurance Framework
12. Designated Clinical Officer Job description
13. SEND Partnership manager Job description
14. Director of Education And Skills annual report
15. Education and Skills Service statements
16. Early Years SEND toolkit#
17. Equality statement
18. Council Corporate plans and mission