REPORT TO: OVERVIEW AND SCRUTINY COMMITTEE

DATE: 23rd February 2017

REPORT TITLE: Joint Service for Disabled Children (JSDC) and Special Educational Needs /Disability (SEND) Issues.

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PURPOSE OF REPORT: This report is designed to inform Members about levels of activity locally for children who are disabled and/or have a Special Educational Need (SEN).

The report provides locally available information.

The report also contains some contextual financial information about expenditure linked to these issues.

SUMMARY: The report describes the work and remit of the JSDC providing information about issues affecting the lives of families with children and young people with SEND.

It addresses the recent significant changes in legislation and outlines the issues arising from the increased levels of deprivation in Enfield impacting on families with disabled children.

1. BACKGROUND – Disabled Children

The Joint Service for Disabled Children (JSDC) is an innovative and creative partnership comprising:-

Enfield Community Service - representing health within the JSDC.

The Early Intervention Support Service (EISS) – the specialist education team within the JSDC.

Cheviots Children's Disability Centre/Service - the specialist social care team within the JSDC.

The JSDC collectively assesses children and families and provides and commissions a range of support including early intervention and short breaks for disabled children and young people (aged from 0 to 17 years inclusive) and their families.

Disabled children are among the most vulnerable in our society. They may have needs relating to physical and/or sensory impairment and /or cognitive impairment. The Equality Act (2010), Section 6 states that a person is disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Eligibility for support and services reflects this legislation, but it is important to note that all disabled children are considered to be 'in need' as defined by the Children Act 1989.

The work of Cheviots and the wider service is regulated by the statutory framework of the Children Act 1989 and other associated legislation e.g. the Children and

Families Act 2014 and the Care Act 2014. The Children Act 1989 provides the statutory framework for local authority services in respect to 'children in need':-

It shall be the general duty of every local authority…..

a) *to safeguard and promote the welfare of children who are in need, and*
b) *so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.*

The JSDC aims to:

- Promote the health, safety and well-being of disabled children and young people, ensuring they can fully participate in family and community life, enjoying themselves with friends and making decisions about their lives.

- Prevent family crisis through the provision of the right level of support at the right time.

The key principles underpinning the work are the need to be fair, transparent and equitable so that families are informed about services, know how to access them and are supported to be equal partners in the development and delivery of services.

As an established multi-agency team the service works with the following partners: 'Our Voice' Parent Forum, 'Parent2Parent', Enfield National Autistic Society, disabled children and young people, SEN Services and special schools, CAMHS, HHASC, Housing the Play and Sports Development teams and a range of voluntary groups including Enfield Children and Young Person's Service to improve the life chances of disabled children and their families in Enfield.

Cheviots Team is comprised of Social Workers and Centre Workers. As the specialist disabled children's Social Work team within SCS social workers are responsible for the full array of social care responsibilities including safeguarding and Looked After children. Centre Workers deliver an array of family support services including specialist short breaks to children and young people. In addition the service commissions further short breaks from an eclectic mix of providers.

EISS is comprised of teachers and Early Years Professionals delivering an early intervention home visiting teaching and Portage service, a Key Working service for families of children with complex needs and through the Foundation Stage Support Service support for young children with special needs and disabilities with their transition into school

Collectively and in partnership with colleagues in health the team provides information, advice and guidance to families and targeted family support services including support through transition from children's to adult services.

Short breaks include; holiday play schemes, out of school play and leisure activities, home sitting, home care and overnight breaks.

Short breaks are designed to ensure that children and young people have an opportunity to spend time away from their families, relaxing with friends and having

fun and to provide parents and carers with a break from their caring responsibilities, providing them with a chance to unwind, rest or spend time with their other children.

The provision of short breaks is underpinned by the Short Breaks Duty Section 25 of the Children and Young Persons Act requires local authorities to provide short breaks for families with disabled children. This duty, which came into force on 1 April 2011, requires each local authority to produce a Short Breaks Statement so that families know what services are available, the eligibility criteria for these services, and how the range of short breaks is designed to meet the local needs of families with disabled children.

Disability - ISSUES AND CHALLENGES

In 8 of Enfield's wards out of a total of 21 more than 2 in 5 children are living in poverty. These include Edmonton Green, Lower Edmonton and Upper Edmonton in the East of the Borough. (LBE) (2014).

It is well documented that poverty effects children's childhood and impacts on life chances, "by the age of six a less able child from a well-off family is likely to have overtaken an able child born into a poor family" (Beresford 2014).

Most referrals l to the JSDC continue to be from the poorer parts of the borough, including Edmonton and Ponders End. See data below.

Barnes and Sheldon espouse that people with disabilities can be defined as a discrete social group in all countries "as disproportionately likely to be living in poverty" (2010).

Supplementary costs in raising a disabled child include aids and adaptations, extra bedding, clothing, premium toys and access to activities to optimise their development and increase their opportunities. Research initiated by Contact a Family (2008) concludes that it costs three times more to raise a disabled child than a non-disabled child, also referenced by EDCM (2014).

Additionally families are faced with an array of well-documented housing problems. Disabled Children and Housing (EDCM,2008) discuss issues including access in and around the home, parents having to share bedrooms with children, restricted living areas, no safe outside play area and parents struggling to obtain information on process and housing criteria. The report highlights the detrimental impact on parental health and family well-being.

"The sorts of problems with housing most frequently reported by families include lack of space and lack of space for storing and using therapeutic equipment. Other common problems are difficulties with location and unsuitable or inaccessible kitchens, toilets and bathrooms" Beresford and Rhodes (2008).

Research has consistently identified social exclusion as a consequence of living in poverty. Consequently families with disabled children are more likely to experience social isolation as they grapple with additional costs and adjust to unforeseen challenges. These challenges necessitate negotiating access to services not generally impacting on the lives of typically developing children, whilst emotionally adjusting to the concept that their world has fundamentally altered forever.

"You haven't got friends, a social life, a family, apart from the child needs to have an outlet, a life, normality. I think that makes it more and more difficult for the family to live a normal life", Edmonton family with a disabled child (2015).

Common cultural barriers to accessing services include not having English as a first language and not having support from an advocate to navigate the system, a Key Worker or Lead Professional. .

Prevailing research demonstrates that childhood disability can continue to pervade all aspects of children's lives, having the capacity to impact on the quality of the 'lived experience' of all family members. It highlights the multiplicity of factors which generically impact on families with disabled children, plus additional idiosyncratic factors pertaining to minority cultures.

Statistical Data			
Scheme	**April 2014-March 2015**	**April 2015 to March 2016**	**April 2016 to December 2016**
Short Break Grant £500,£750,£1000 Or £1500	159	173	184
Direct payments	110	102	71
Directly commissioned after Scholl and Play scheme	108	126	110
Directly commissioned Homecare	74	73	57
Directly commissioned Residential	31	20	10
Cheviots (Including Fun Days)	247	238	205
Total	**729**	**732**	**637**

Early Support Allocation Panel SUMMARY

	Apr 2013 - Mar 2014	**Apr 2014 - Mar 2015**	**Apr 2015 - Mar 2016**	**April 2016 - December 2016**
Number of Referrals	122	139	127	139

CHILD'S AGE AT TIME OF REFERRAL

Age Range	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015	Apr 2015 - Mar 2016	April 2016 - December 2016
0-1	30	19	20	29
1-2	23	29	28	31
2-3	45	58	51	48
3-4	18	21	18	20
4-5	6	12	10	11
Total	**122**	**139**	**127**	**139**

DISABILITY OF CHILD REFERRED

Disability	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015	Apr 2015 - Mar 2016	April 2016 - December 2016
Developmental Delay	44	36	30	32
SCC	19	55	48	39
Down's Syndrome	11	10	4	10
Complex Health Needs	13	9	13	37
Physical Disability	1	12	15	3
ASD (diagnosed)	10	8	12	10
Other	21	7	5	8
Unknown	3	2	0	0
Total	**122**	**139**	**127**	**139**

ETHNICITY OF CHILD REFERRED

Ethnicity	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015	Apr 2015 - Mar 2016	April 2016 - December 2016
White British	20	24	19	18
White Other	10	4	13	19
Black British	2	13	14	10
Black African	34	29	29	33
Black Caribbean	0	0	0	2
Mixed (White/ Black African)	5	3	4	2
Mixed (White/ Black Caribbean)	6	2	0	6
Asian	7	3	11	14
Indian	2	6	7	5
Turkish	11	9	17	11
Other	7	19	7	16
Unknown	18	27	6	3
Total	**122**	**139**	**127**	**139**

REFERRAL BY POST CODE

Post Code	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015	April 2015 - Mar 2016	April 2016 - December 2016
EN1	17	15	19	20
EN2	4	2	6	15
EN3	23	25	25	34
N9	29	34	27	31
N11	9	1	8	2
N13	14	10	12	18
N14	3	10	5	1
N18	14	28	16	14
N21	4	11	5	3
Other	5	3	4	1
Total	**122**	**139**	**127**	**139**

SOURCE OF ESRAP REFERRAL				
Referrer	**Apr 2013 - Mar 2014**	**Apr 2014 - Mar 2015**	**April 2015 - Mar 2016**	**April 2016 - December 2016**
PAED /GP/ Medical Consultant	50	42	33	19
Health Visitor	7	11	16	18
GOS Hospital	1	1	1	1
Social Worker	8	7	3	10
Speech & Language	19	41	49	52
Children's Centres	11	17	3	6
Physio	8	4	5	5
Community Nurse	7	1	1	8
Other	8	10	15	20
Unknown	3	5	1	0
Total	**122**	**139**	**127**	**139**

Waiting time for paediatric assessment continues to be challenging due to limited paediatrician cover. Speech and language continues to be the biggest referrer. EISS staff attend drop in sessions with speech and language colleagues when capacity allows.

Research is now confirming the benefits of some preventive services and in particular those targeted at the early years.

'Local Authorities should adopt a key working approach, which provides children , young people and parents with a single point of contact to help ensure the holistic provision and co-ordination of services and support. Key working may be provided by statutory services in health, social care and education or by the voluntary, community, private or independent sectors'. *(2015)*

Local research reflects wider studies regarding the impact of such support for families with newly diagnosed pre-school children.

'It really helps; it makes a difference for parents with disabled children. We don't know a lot of things and how to get the right people to tell us the right things that we need. It is good to have a Key Worker and our Key Worker helps a lot'. (Parent of disabled child under 5 years, 2015)

Early years interventions have been shown to have a higher rate of return per investment than later interventions. The costs of delivery per child are outweighed by the benefits to the individual, taxpayers and others through improved educational outcomes, reduced healthcare costs, reduced crime and increased taxes paid due to increased earnings as adults (Public Health England : 2015)

Numbers of families with an allocated Social Worker – **January 2017 – 151**

8 FTE Social Worker posts so an average of 19 cases each

Number of families with a designated Key Worker - **January 2017 - 20**

Number of families with a Pre-School Support Worker/Teacher – **January 2017 - 77**

Number of children supported through transition in their nursery year **2016/17 – 76**

Please note that services to pre-school children with SEND are being re-configured in line with the SEND agenda and to reflect the deletion of the Foundation Stage Support Team.

Number of disabled children who are LAC, January 2017 is 23 – out of a LAC population of 342. This equates to 6.7%. Please note this is LAC children and young people who fit the criteria for specialist services from the JSDC.

Social Innovation Fund Project

Current evidence is that we over assess disabled children using expensive social work resources because of a need to gate keep access to practical family support resources, such as short breaks (New Learning from Serious Case Reviews, Brandon et al 2012).

To make the most effective use of limited resources at a time of pressure on budgets, the JSDC as part of the DfE Social Innovation Fund has worked with the Council for Disabled Children and 5 other Local Authorities to co-produce new approaches to assessment in Children's Social Care. Whilst the overarching aim is to improve outcomes for children and families through early and timely intervention it is imperative that we improve value for money and integrated working.

Working in co-production with parents/carers, young people and relevant agencies including SENCos, Health and Social Care Professionals and the Voluntary Sector, our collective learning has resulted in the production of clearer information, a change to the referral process to the Joint Service for Disabled Children (JSDC) and the development of information sessions for professionals to encourage wider learning and discussion.

The aims of the Programme were to:

- improve the early identification of need,
- improve the experience of families undergoing an assessment,
- enable more timely, and relevant access to services,
- provide a more effective/proportionate use of resources
- reducing unnecessary social worker interventions

New information leaflets have been developed to help professionals and parents/carers as well as young people. They provide clearer, more transparent information. This includes:

- What to do for parents if they have concerns about their child's development
- Understanding assessment and how to prepare for an assessment for parents
- A young person's version of understanding assessment
- About Short Breaks – what these are, how to apply and things to consider

These are available electronically to download on the Local Offer.

Background to the SEND Reforms

Part 3 of the Children and Families Act 2014 makes significant changes to existing legislation on provision for children and young people with special educational needs and/or disabilities – SEND. Part 3 of the Act came into force on 1 September 2014 imposing an array of duties on Local Authorities in relation to children and young people with SEND aged 0 to 25 years. It is important to note that there are significant numbers of children and young people who may have Special Educational Needs but will not require specialist disability services. Currently in Enfield we have 1948 children and young people with SEN Statements or EHC Plans and between 650 and 700 children and young people in receipt of services and support from the JSDC.

The main SEND changes include:

- **Replacing Statements of Special Educational Need with the new statutory Education, Health & Care Plan (EHCP) from September 2014**
- **A new SEN Code of Practice**
- **Personal Budgets**
- **The Local Offer**

SEND Reform Grant

Since 2014, SEND non-ring fenced Grants equating to £1,202,961 have been allocated to cover the period to 31st March 2016. This funding has been used to build capacity and facilitate learning to embed the new systems and processes. The DfE have allocated Enfield a further non-ring fenced grant of £291,390 for 2017/2018 to be used to continue to build capacity, embed the reforms and mitigate against the additional burden on the LA of progressing conversions from Statements to Plans.

PROGRESS ISSUES AND CHALLENGES: Implementation of SEND programme

Ofsted/CQC Local Area SEND Inspection

A local area inspection was carried out in June 2016. Enfield was the 3rd area to be inspected nationally, and the 1st in London, under the new framework. The full inspection outcome letter can be viewed at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547192/Joint_local_area_SEND_inspection_in_Enfield.pdf.

The main findings are as follows:

- The Enfield local area has taken swift account of the reforms. Professionals from education, health and social care agencies are working together effectively to support children and young people who have special educational needs and/or disabilities. Representatives from all agencies have a good understanding of their roles and responsibilities. Leaders and managers meet together regularly, share information and jointly commission services. Overall, the needs of children and young people who have special educational needs and/or disabilities are being identified more quickly and are being well supported.

- Leaders have an accurate understanding of the area's strengths and weaknesses because professionals work and communicate well with each other. They know that more needs to be done to support the growing number of children and young people living in Enfield with social, emotional and mental health difficulties (SEMH) or speech, language and communication needs (SLCN). However, some systems for tracking and evaluating the impact of their actions are not robust.

- Professionals across all services share a common purpose to identify and support those who have special educational needs and/or disabilities as soon as possible. The early intervention support service and staff within children's centres identify when children and families need support and help them to access this without delay. This is helping leaders to plan for additional services that will be needed in the future. For example, the educational psychology services (EPS) and child and adolescent mental health services (CAMHS) have a good understanding of the rising levels of need. This is because they track children and young people who are identified as receiving special educational needs and/or disability support from an early age.

- The clinical commissioning group (CCG) is under legal directions from NHS England because of its challenging financial position. Roles have been amalgamated to save money. There is currently no designated medical officer (DMO) or designated clinical officer (DCO) in post and the duties that would be carried out by these roles are shared by three different post holders. This limits the CCG's ability to strengthen and improve the health services being offered to children and young people who have special educational needs and/or disabilities.

- Representatives from parent/carer forums and special educational needs and disability organisations recognise the many positive changes that have been made within the local area since September 2014. They are actively engaged in further improvements such as improving the local offer and making it more accessible to users. Parents have benefited from training alongside professionals to help them understand the implications of the reforms. The independent advice and support services and the 'Our Voice' parental forum are working very effectively to assist parents with any concerns they may have. This is reflected in the low number of tribunal hearings and requests for mediation support, compared to other areas.

- The quality of education, health and care plans (EHCP) is variable. Although the number of statutory assessments completed within the required timescale is comparable to other areas, this is sometimes at the cost of the quality of the finished plan. Contributions from health and social care professionals are not always included or of good quality.

A Local Area Development plan has been created to address the areas highlighted in the letter, and this work is being overseen by the SEND Quality Assurance & Accountability Work Stream. This group is accountable to the following strategic boards:

- Children with Disabilities Partnership Board
- SEND Strategy Board
- Enfield Safeguarding Children's Board

The action plan is attached as Appendix 1.

EHC Plans

1st January 2016 and 31st December 2016

Conversions	**Number**
Completed conversion of Statement/Learning Difficulty Assessment to EHCP	171
Conversions underway, but not yet finalised	207
New Assessments	-
Number of requests for a new EHCP needs assessment	500
Number of agreed new assessments	315
Number of final EHCPs issued	147

Training

A comprehensive SEND training programme has been delivered since September 2014 in partnership with the School Improvement Service, and SEND IASS/ Independent Support and parents.

Training has focused on implementing conversions from SEN Statements to Education, Health and Care Plans, and how to support young people to ensure that they have a positive experience.

Training for schools has included "How to make an effective application for an EHCP needs assessment" and "pupil voice".

The Local Offer

It is a statutory requirement that we ask people for feedback on our Local Offer and that we publish an annual report on how we have responded to feedback. The report can be viewed at

https://new.enfield.gov.uk/services/children-and-education/local-offer/feedback-publications-and-policies/feedback-and-consultations/

During 2016/2017 we have worked with parents and young people to improve the information, as well as the look and feel of the Local Offer which has now been migrated to the Local Authority's new website. In particular we have worked with young people to produce the following suite of videos to make the information more accessible and appealing to young people:

- I Achieve
- I Care
- I Learn
- I Play
- I Go
- I Smile
- I Work

We are now working towards producing an “easy read” pdf downloads of the young people’s pages to make the information more accessible to young people with SEND.

Local research has demonstrated that families and professionals are not sufficiently aware of the Local Offer, so more needs to be done to make sure that professionals and families are aware of this resource.

Financial Context/Enfield Strategy

Recent information from CIPFA has confirmed that Enfield has a comparatively low expenditure on children’s social care services. According to the most recent comparative data from the Dept. for Education, Enfield spends £567 per capita every year on services to children and young people. The London average is £863 per capita.

Enfield is classified as being a ‘high performance/low spend’ authority within CIPFA’s recent categorisation of London boroughs.

Through our Early Intervention strategy including access to Key Working and to a menu of short break options and family support services we are working to provide a holistic and seamless service reflecting the age and stage of family life, culminating in support through transition to adult services.

Cheviots budget 2016/17 - £2,722,700
Cheviots budget 2015/16 - £2,979,210

The budget allows for provision of a specialist Social Work service, delivery of a full range of in house Cheviots short breaks, Shared Care – overnight short breaks through approved carers, plus commissioned services- including agency home sitting, residential short breaks , Direct Payments to employ personal carers and Short Break Grants which fund play-schemes and out of school activities.

EISS budget £1,218,800

From April 2017 as a result of further planned reductions in the DSG budget the EISS budget will decrease by over £500,000 hence the re-configuration of SEND early years support.

The budget allows for the provision of a specialist Home Visitor Teaching Service, provision of a Key Worker Early Support Service and support for children with SEND during transition into mainstream nursery education.

See previous data for more details on service delivery/activity

The challenge for Enfield as for all local authorities over the next few years is to continue to find ways and means of maintaining statutory provision of services to vulnerable children and their families, whilst significantly reducing expenditure levels.

2. RECOMMENDATIONS

It is recommended that the Scrutiny Committee note the content of this report and the information it contains.

3. NEXT STEPS

The committee is asked to consider whether it wishes to receive further updating reports on this subject.

APPENDIX 1

CQC/Ofsted Development Plan October 2016 – March 2018

The Local Authority, NHS and other partners are committed to improving the overarching outcomes for Enfield's SEND population, aged 0 – 25 years, as identified by Preparing for Adulthood (PfA) which are:

- Employment
- Independent Living
- Community Inclusion
- Health

We will therefore ensure that our Development Plan reflects our ambition and aspiration for this population cohort.

The effectiveness of the local area in the identification of CYP who have SEND

Expected Outcome/Objective	Action	Timescale	Progress/Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
CQC/OFSTED DEVELOPMENT AREA Reduce the high rates of exclusion for pupils with with a Statement or EHCP in Enfield in other areas of the country. The SEMH needs of pupils attending secondary schools are sometimes not identified quickly enough leading to some pupils becoming disengaged from their learning and being permanently excluded.					
Decrease in the number of pupils with an EHCP being permanently excluded	Piloting early intervention with primary and secondary schools who are identifying learners at risk of permanent exclusion through	Started Sept 2016	**Sept 16 RAG Rating** Report to:	2015/16 SEND PEX: 2 Enfield Special Schools	James Carrick

Expected Outcome/Objective	Action	Timescale	Progress/Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
	fair access Further actions contained in the SEMH Action Plan		- Fair Access - ESCB - SEN Strategy Group - CWD Partnership	2 from out of borough 3 from Primary phase 2 from Secondary phase	
SEMH needs of pupils in secondary schools are identified early to ensure effective intervention strategies that promote pupil engagement and learning thereby preventing exclusion.	LA and its partners to support schools in their role as a critical friend. Piloting early intervention with secondary schools who are identifying learners at risk of permanent exclusion through fair access Further actions contained in the SEMH Action Plan	Started Sept 2016	Report to: - Fair Access - ESCB - SEN Strategy Group - CWD Partnership **Nov 16** **FAIT Meetings held in:** St Anne's, Lea Valley, Edmonton County. 6 pupils discussed - all remaining on roll.	Baseline data 15/16 in the primary phase, 4 urgent MACs were held which prevented 3 Pes FAIT pilot commenced Sept 2016	James Carrick
CQC/OFSTED DEVELOPMENT AREA Health Visitors do not routinely notify the LA of children who may have special educational needs and/or disabilities. Other professionals such as paediatricians do this following formal diagnosis. However, parents have to wait a considerable time for an appointment with a paediatrician. Some additional needs are therefore not identified as quickly as they could be.					
Clear pathway so children with SEND are identified as quickly as possible	1. Review of referral pathway via ESRAP to include KS and SB 2. Clarify threshold for referral 3. Reinstate Early Years Partnership (Inclusion Group	Dec 2016	**Sept 16 RAG Rating** Meeting arranged with Public Health Oct 16 to discuss 2.5 year check.	Current pathway in place	Janet Leach Christine Williams Stephen Porter

Expected Outcome/Objective	Action	Timescale	Progress/Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
	chaired by JL)		2.5 year check is being delivered although take up is an issue.		(Interim AD Children & CAMHS) Andrew Lawrence
Children are seen by a Paediatrician within an agreed timeframe	1. Agree timeframes and establish a monitoring framework on a quarterly basis. 2. Risk mitigation to be considered	Dec 2016		Claire Wright to ascertain baseline waiting times	Claire Wright
QC/OFSTED DEVELOPMENT AREA **Ensure that all children, whatever their age, have their additional needs identified.** Too few school-aged children are benefiting from the effective delivery of the five to 19 healthy child programme. Managers and commissioners are relying too much on additional health needs being identified at the 2 – 2½ year check carried out by health visitors. Not all children attend this check and in some areas, fewer than half are being screened. The school nursing service is not routinely searching for additional health needs because it is not commissioned to do this. There is a lack of evaluative information to demonstrate the impact of the healthy child programme in identifying any additional needs that children may have.					
All children with additional needs will routinely be identified and there will be a clear intervention pathway	1. Link with Children's Centres commissioning and clarify how children with additional needs are identified 2. Re-write, and make more pertinent the development area 3. Link with SIS, EPS and School Nursing to ensure SENCos and health professionals identify	Dec 2016	**Sept 16 RAG Rating** **Sept 16** All Reception and Year 6 children and Year 11 children known to School Nursing Service or any new entrant throughout the school year will be		Christine Williams Steve Porter Andrew Lawrence

Expected Outcome/Objective	Action	Timescale	Progress/Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
	and signpost school-aged children with additional needs		offered a health needs assessment. Does not include children in free schools and academies.		
CQC/OFSTED DEVELOPMENT AREA The initial health assessments of children looked after are not always completed in a timely manner. Notifications from the LA of children entering care take too long and a lack of capacity within the paediatric service delays their response. This is a barrier to the early identification of additional health needs for children and young people who become looked after.					
100% of LAC initial health assessments are completed within timescales ensuring early identification of any health needs	There is no longer a delay in receiving notifications from the LA as new processes have been put in place. The CCG are aware of the continuing lack of capacity of paediatric appointments to undertake initial health assessments within the statutory timeframe. A business case has been written to increase capacity.	Implemented Sept 2016 On-going	**Sept 16 RAG Rating** Reported to Corporate Parenting Board Sept 2016 Business case has been approved **Dec 16** Clarify with MM status of business case.		Mary Murrill Claire Wright

The effectiveness of the local area in assessing and meeting the needs of CYP with SEND

Expected Outcome/Objective	Action	Timescale	Progress /Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
CQC/OFSTED DEVELOPMENT AREA A number of parents were worried that some secondary schools were not meeting the needs of pupils who have special educational needs and/or disabilities in an inclusive manner. They felt unwelcome at open evenings or transition events because the school did not appear to want pupils who have special educational needs and/or disabilities to enrol.					
Parents to feel welcome in all secondary schools and to feel confident that the additional needs of children and young people with SEND are met in an inclusive manner.	To be formally raised as discussion point at the Secondary Headteacher Conference, Seek support and guidance from Secondary Heads at SEND Strategy Board Our Voice to conduct a survey of Year 6/7 transition parental experience to be fed back to the LA and Heads. Schools to produce an action plan and share good inclusive practice.	Spring 2017 Spring 2017 Sept 2016 - April 2017	**Sept 16 RAG Rating** Our Voice to elicit and monitor parental views mindful of the following - the new CoP applies to all state funded schools and is clear about putting parents and children at the heart of the system with a clear focus on the publication of SEN Information reports, the role of the SENCo and outcomes.	Feedback from parents through Our Voice and ENAS	Jenny Tosh James Carrick Fazilla Amide

Expected Outcome/Objective	Action	Timescale	Progress /Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
			Dec 16 Work jointly with SIS to implement.		
CQC/OFSTED DEVELOPMENT AREA Some parents felt that the written contributions made by health and social care professionals in EHCPs failed to reflect the discussions held with them. Others were frustrated by long waiting times for some referrals to assess their child's needs and the resulting delay in accessing any support. A few parents of children and young people who have hearing impairments were dissatisfied because recruitment issues had reduced the amount of support the children had received.					
Increased parental satisfaction with Health and Social Care contributions to EHCP assessment	1. Extrapolate the data from POET to establish a baseline for parental satisfaction 2. Establish and implement the quality assurance process for completed EHCPs 3. Explore the options to enable "snap" survey to be implemented following issuing of final EHCP	Termly Oct 16 – July 17	**Sept 16 RAG Rating** 1. Report number of conversions to ECSB 2. Report number of EHCPs completed within 20 weeks, excluding exceptions to ECSB 3. Sept 16 Implementation of Training Plan for SEN Plan Writing Team all SEND professionals who contribute to EHCP assessments		Janet Leach Claire Wright Sarah McLean Una Archer

Expected Outcome/Objective	Action	Timescale	Progress /Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
			Dec 16 1. HI and VI service re-commissioned 2.. Working with parents to improve info on Local Offer re VI and HI. 3. Moderation has begun and will be on-going termly.		
CQC/OFSTED DEVELOPMENT AREA Not all initial assessments are followed up promptly. Some CYP who are offered a block of therapy following initial assessments by Speech and Language or Occupational Therapists experience delays in receiving a timely review. This slows access to further therapy to meet their changing needs and has a negative impact on how well they are supported					
Initial assessments are promptly followed up (draft)	Check with Andrew Lawrence and Helen Tanyan Monitor waiting times	Dec 16 Spring 17	**Sept 16 RAG Rating** **Dec 16** Andrew and Helen to clarify what this relates to Report to: - SEN Strategy Group - CWD Partnership		Claire Wright Stephen Porter

The effectiveness of the local area in improving outcomes for CYP who have SEND

Expected Outcome/Objective	Action	Timescale	Progress /Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
CQC/OFSTED DEVELOPMENT AREA The outcomes for CYP who attend special schools outside the area are not monitored closely enough. Leaders are therefore unable to evaluate whether they are doing as well as they could be.					
YP educated out of borough are placed in provision that is subject to an annual quality assessment and make expected progress	All out of borough provision used by the Local Authority is subject to an annual quality assessment that ensures all Enfield learners are in suitable provision and making expected progress	Termly Starting when?	**Sept 16 RAG Rating** **Sept 16** 1. Report number of SEND pupils attending OB schools to ECSB 2. Report % of SEND pupils attending OB school who have had their Annual Review to ECSB 3. Report number of OB annual reviews that have been attended by an EP to ECSB **Dec 16** Above reported to ESCB **Spring 17** Proforma being developed to identify issues in		James Carrick Suzy Francis

Expected Outcome/Objective	Action	Timescale	Progress /Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
			education, health or social care		
CQC/OFSTED DEVELOPMENT AREA In Enfield, pupils who have special educational needs and/or disabilities are more likely to be persistently absent from their schools or excluded compared to other areas. The local area has correctly identified that further work is required to improve the outcomes of CYP who have SEMH difficulties to help address this.					
Improve the PA rate for learners with SEN	Establish a PA baseline for pupils with SEND	?	**Sept 16 RAG Rating** **Sept 2016** PA monitoring framework set up with EWOs **Dec 16** Termly meeting of James Carrick and Jo Fear to review PA data and interventions that EWOs can implement. EWOs reminded to be mindful of CYP with SEND. Individual schools targeted where required.		James Carrick Suzy Francis
The Development of SEMH provision	(Please see SEMH Action plan that reports to the SEND Strategy Board)	n/a			James Carrick Suzy Francis

Expected Outcome/Objective	Action	Timescale	Progress /Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
CQC/OFSTED DEVELOPMENT AREA Improved support for secondary pupils with a statement or EHCP has yet to have an impact on raising academic standards for this group. The amount of progress that pupils make in English and Mathematics by the end of KS4 is below average and standards fell further in 2015. Pupils with a Statement or EHCP make less progress overall than those identified as need special needs and/or disabilities support					
CYP with EHCPs make a progress in line with their potential.	Discuss with Clara Seery Report achievement of pupils in Enfield with a Statement or EHCP at KS4 compared to London, and Nationally for English and Maths to ECSB	Annually	**Sept 16 RAG Rating** **Dec 16** Need to raise with Secondary Headteachers		SIS
CQC/OFSTED DEVELOPMENT AREA Outcomes for CYP who have special educational needs and/or disabilities are not always identified, measured or evaluated on a regular basis. Leaders don't always know if improvements are raising standards.					
Assess, plan, do review cycle embedded in schools and other educational settings	Rewrite this development area related to the PfA SEND population outcomes. 2017/2018 review of how we write outcomes reflected in the paperwork Ensure there is a mechanism to aggregate data/information from EHCPs to inform commissioning Snap survey to be developed as		**Sept 16 RAG Rating** **Dec 16** Assess, plan, do review cycle training provided to SENCos in schools and early years settings during Autumn Term 2016.		Janet Leach James Carrick Claire Wright

Expected Outcome/Objective	Action	Timescale	Progress /Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
	part of the AR process **Dec 16** Review other CQC/Ofsted local area outcome letters.				
CQC/OFSTED DEVELOPMENT AREA The monitoring of outcomes for YP who have SEND who are 19 – 25 years old is not tracked well and is difficult to evaluate. Health providers and commissioners acknowledge that there is more work to be done to improve support and promote positive outcomes for these YP. For example, there is currently no formally identified support from therapists for this age group.					
The LA and partners can demonstrate that YP are achieving positive outcomes in their preparation for adult life.	Rewrite this development area related to the PfA SEND population outcomes. 2017/2018 review of how we write PfA outcomes reflected in the paperwork Ensure there is a mechanism to aggregate data/information from EHCPs to inform commissioning	Jan/Feb 2017	**Sept 16 RAG Rating** **Nov 16** Met with NN on 8/11/16. Agreed to plan and hold a workshop with SEN, colleges and others on 15 March 2017 in order to: • further develop writing of outcomes (PfA) • understand roles and responsibilities • develop a mechanism for individual review of outcomes • to look at how to		Janet Leach Niel Niehorster Jennie Bostock

Expected Outcome/Objective	Action	Timescale	Progress /Monitoring Update	Baseline/evidence of Improved Outcomes	Lead
			collate intelligence from EHCPs to inform commissioning so we have improved population outcomes and provision. Invite Charles Nelson, David Holloway, Lesley Colyer, CONEL – ask Andy, Andy J, Capel Manor and any others, Sam B, Meghi, Kerry, Sue Roberts, Geoff, Trevor, Kerry and/or Viv, Michele Guimarin, Eleanor Lesser, Ineta, Niel, Jan, Sarah, Jane, Fazilla, LDD Careers Advisers, Sue Tripp, Peter DeRosa, Roxine. Jennie Bostock Jan/Feb 17. Example plans to be available. Gap analysis to be addressed.		

Other Areas for Development

Expected Outcome/Objective	Action	Timescale	Progress /Monitoring Update	Baseline/evidence of Improved Outcomes	Lead