

Report of the Head of Governance and Scrutiny Support & Director for Children and Families

Report to Scrutiny Board (Children and Families)

Date: 7 September 2017

Subject: Aspire, Empower, Accomplish - Supporting Young People with Special Educational Needs and Disabilities in Leeds – Tracking of scrutiny recommendations/desired outcomes and Progress made following the SEND Ofsted inspection February 2017

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. This report sets out the progress made in responding to the recommendations arising from the Scrutiny inquiry Aspire, Empower, Accomplish - Supporting Young People with Special Educational Needs and Disabilities in Leeds.
2. Scrutiny Boards are encouraged to clearly identify desired outcomes linked to their recommendations to show the added value Scrutiny brings. As such, it is important for the Scrutiny Board to also consider whether its recommendations are still relevant in terms of achieving the associated desired outcomes.
3. The Scrutiny recommendation tracking system allows the Scrutiny Board to consider the position status of its recommendations in terms of their on-going relevance and the progress made in implementing the recommendations based on a standard set of criteria. The Board will then be able to take further action as appropriate.
4. From 5 to 9 December 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Leeds to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The findings from the inspection, including some areas of strength and areas for further improvement was published in a joint letter to the Director of Children's Services and the Chief Officers of the Leeds CCGs 9 February 2017.

Recommendations

5. With regard to the Scrutiny Inquiry, the Board is requested to:

- Agree those recommendations which no longer require monitoring;
- Identify any recommendations where progress is unsatisfactory and determine the action the Board wishes to take as a result.

With regard to the Ofsted / CQC inspection, the board is requested to:

- Note the progress in the areas for improvement as identified in the Area SEND Ofsted / CQC Inspection outcome letter and make any recommendations where progress is unsatisfactory and determine the action the Board wishes to take as a result.

1 Purpose of this report

- 1.1 This report sets out the progress made in responding to the recommendations arising from the Scrutiny inquiry into Aspire, Empower, Accomplish - Supporting Young People with Special Educational Needs and Disabilities in Leeds.

Appendix 3 of this report sets out the specific areas for improvement as identified in the Area SEND Ofsted / CQC Inspection outcome letter and progress made.

2 Background information

- 2.1 At the meeting on the 18th of June 2015 the Scrutiny Board (Children's Services) resolved to undertake an inquiry to look at how Government and Corporate priorities are making a difference for young people with SEND, with a particular focus on how young people are supported to achieve their aspirations and also prepare for adulthood.
- 2.2 The Board concluded that the purpose of the inquiry would be to make an assessment of and, where appropriate, make recommendations on the following areas:
- The voice of the child and their family and the extent to which children, young people and their families feel informed and involved in decisions affecting their lives particularly in preparing for adulthood.
 - Learning and achievement from year 9 onwards. Education settings and the educational pathways available to generate opportunities for children and young people to obtain skills for life and/or qualifications.
 - Promoting good school attendance.
 - Increasing the number of SEND young people in education, employment or training
 - Preparation for adulthood and transition support.
- 2.3 The inquiry was conducted between September 2015 and February 2016. Visits to five educational settings were conducted between January 2016 and April 2016 to speak to education professionals, young people and carers.
- 2.4 The Scrutiny Boards report 'Aspire, Empower, Accomplish - Supporting Young People with Special Educational Needs and Disabilities in Leeds' was published on the 23rd of February 2017. This detailed the Scrutiny Board's findings and recommendations. In March 2017, the Scrutiny Board received a formal response to the recommendations arising from this review.
- 2.5 From 5 to 9 December 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Leeds to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The findings from the inspection, including areas of strength and areas for further improvement was published in a joint letter to the Director of Children's Services and the Chief Officers of the Leeds CCGs 9 February 2017.
- 2.6 The Children and Families Steering Group is a multi-agency group representing the local authority and its city wide partners including Health, parent partnership and the

voluntary sector. The group was initially set up to prepare for, implement and then consolidate the SEND Reforms as per the Children and Families Act 2014. Following the announcement of the new Ofsted / CQC Area SEND Inspection framework the focus of the group changed to include inspection preparation and then post inspection, the city's response to published outcomes.

3 Main issues

- 3.1 Scrutiny Boards are encouraged to clearly identify desired outcomes linked to their recommendations to show the added value Scrutiny brings. As such, it is important for the Scrutiny Board to also consider whether its recommendations are still relevant in terms of achieving the associated desired outcomes.
- 3.2 The Scrutiny recommendation tracking system allows the Scrutiny Board to consider the position status of its recommendations in terms of their on-going relevance and the progress made in implementing the recommendations based on a standard set of criteria. The Board will then be able to take further action as appropriate.
- 3.3 This standard set of criteria is presented in the form of a flow chart at Appendix 1. The questions in the flow chart should help to decide whether a recommendation has been completed, and if not whether further action is required.
- 3.4 To assist Members with this task, the Principal Scrutiny Adviser, in liaison with the Chair, has given a draft position status for each recommendation. The Board is asked to confirm whether these assessments are appropriate and to change them where they are not. Details of progress against each recommendation are set out within the table at Appendix 2.
- 3.5 Additional appendices supporting response to post inspection outcomes
 - 4. My Health, My School Survey 2016 Mainstream Disability Responses
 - 5. Dyslexia Ofsted Scrutiny Board Report
 - 6. Leeds Preparing for Adulthood Strategy 2017 to 2022
 - 7. PfA Easy Read version

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 Where internal or external consultation processes have been undertaken with regard to responding to the Scrutiny Board's recommendations, details of any such consultation will be referenced against the relevant recommendation within the table at Appendix 2.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 Where consideration has been given to the impact on equality areas, as defined in the Council's Equality and Diversity Scheme, this will be referenced against the relevant recommendation within the table at Appendix 2.

4.3 Council Policies and City Priorities

4.3.1 The inquiry supports the ambition to be a Child Friendly City by 2030. The methodology for delivering this vision is outlined in The Children and Young Peoples Plan (CYPP) 2015-2019. The inquiry also supported some of the best council objectives and priorities as defined in the Best Council plan for 2015 to 2020 (as at February 2017)

- Improving educational achievement and closing achievement gaps
- Providing skills programmes and employment support
- Improving school attendance
- Reducing the percentage of young people NEET

4.4 Resources and Value for Money

4.4.1 Details of any significant resource and financial implications linked to the Scrutiny recommendations will be referenced against the relevant recommendation within the table at Appendix 2.

4.5 Legal Implications, Access to Information and Call In

4.5.1 This report does not contain any exempt or confidential information.

4.6 Risk Management

4.6.1 This section is not relevant to this report.

5 Recommendations

5.1 With regard to the Scrutiny Inquiry, the Board is requested to:

- Agree those recommendations which no longer require monitoring;
- Identify any recommendations where progress is unsatisfactory and determine the action the Board wishes to take as a result.

With regard to the Ofsted / CQC inspection, the board is requested to:

- Note the progress in the areas for improvement as identified in the Area SEND Ofsted / CQC Inspection outcome letter and make any recommendations where progress is unsatisfactory and determine the action the Board wishes to take as a result.

6 Background documents¹

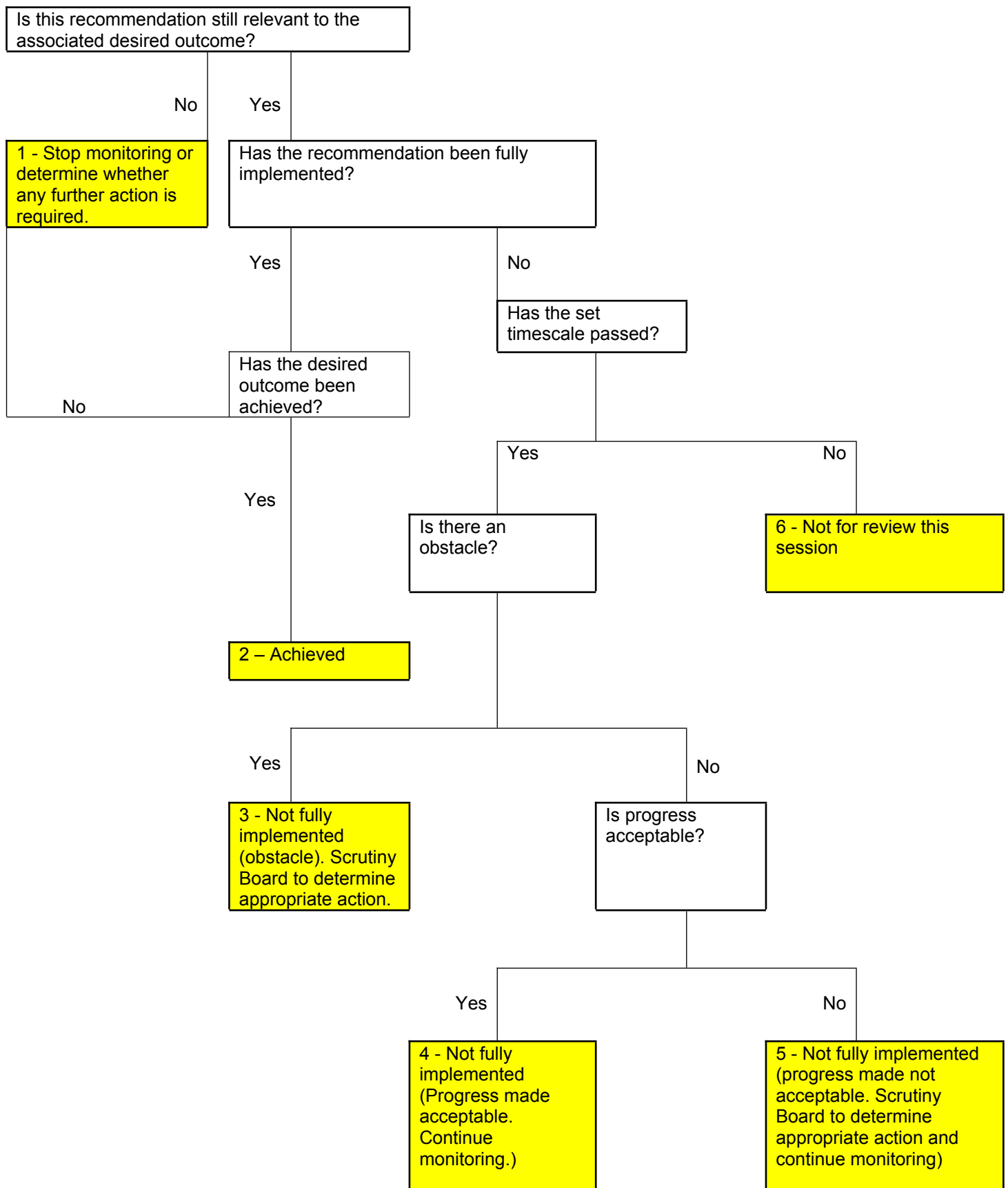
6.1 None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Recommendation tracking flowchart and classifications:

Appendix 1

Questions to be considered by Scrutiny Boards



Position Status Categories

- 1 - Stop monitoring or determine whether any further action is required
- 2 - Achieved
- 3 - Not fully implemented (Obstacle)
- 4 - Not fully implemented (Progress made acceptable. Continue monitoring)
- 5 - Not fully implemented (Progress made not acceptable. Continue monitoring)
- 6 - Not for review this session

Desired Outcome - To improve the support provided to children and young people with Special Educational Needs and Disability (SEND) by improving the quality and timeliness of EHC plans.

Recommendation 1 – That the Director of Children’s services works collaboratively with all organisations involved in the provision or conversion of EHC plans to review quality assurance and ensure measures are in place to deliver complete, detailed and individual EHC plans in a timely manner.

Formal response: The Director of Children’s Services accepts this recommendation and is pleased to provide the following update. EHC plans issued from new assessments are carried out in a timely manner with approx. 90% finalised within 20 weeks.

With regard to the transfer of statements of SEN to EHC plans, Leeds was ambitious about setting a schedule to complete the overall conversion work and This was co-produced with our families and partners and had to fit in with the timeframe imposed by central government.

Leeds LA is pleased that we have together as a local area achieved over 65% of the overall conversions required to be completed by April 2018, as can be seen in the pie chart below. If those that have already been drafted and are awaiting finalisation are added, this number increases to nearly three quarters conversions nearly completed, with a year left to go until the overall deadline of April 2018.

Conversion meetings are held in a person-centred way, focusing on the child and young person’s outcomes and with the consideration of whether advice contributing to the review is recent and relevant and whether further information is needed as part of the transfer process. Parents are waiting on average approximately 24 weeks to receive a draft plan and this is not good enough. Efforts to improve this are ongoing, as is the focus on quality. To further improve quality, all draft EHC plans are moderated by a senior officer as well as a termly EHC moderation meeting which includes partners from health and social care and which takes an in-depth look at the advice contributing to EHC plans from both conversion and new assessments.

We continue to improve the EHC plan process by working with partner agencies. This includes:

- The Designated Clinical Officer (DCO) from Leeds Community Healthcare to continue to work with the SEN team to help align and streamline processes, review the quality of health advice in section C of the EHC plan and reviewing the attendance of health professionals at key meetings
- Colleagues in the Transitions Team, Adult Social Care to work together with the SEN team to develop and strengthen the care elements in section D of the EHC plan and the corresponding provision in the EHC plan to support our young people in preparing for

adulthood

- Work to better align short breaks provision to the EHC plan review process

This work supports the journey towards achieving consistent, high quality advice from our partner agencies; gives a holistic picture of the child / young person and fully identifies their needs and desired outcomes.

Current Position:

As of 20 July there are 305 conversions that require drafting into an EHC plan. This is roughly in line with the original planned timeline. There is a plan in place so that key year groups and cohorts of children are prioritised accordingly, leading to minimised risk of impact for the individual child / family. Reporting of conversions undertaken is reported to the DfE every month via the Transfer Reviews Data Collection.

ACTION 1

- The remaining 305 EHC plans will be evenly distributed to each officer in the casework team (including managers) using a project-style task and finish approach. The projected numbers allow for contingency planning to meet any staffing changes or urgent other work
- There will be a focus on completing draft conversions over the summer
- At 31 Aug any draft conversions awaiting finalisation will be completed in Sept /Oct 2017
- Oct 2017 onwards the Casework Team will continue with next year's phase transfers and any review back log – this will return the service back to a good baseline by April 2018.

ACTION 2

As an additional step, Special Educational Needs Statutory Assessment and Provision (SENSAP) will contact school Special Educational Needs Co-Ordinators (SENCOs) directly in the Autumn term, to ensure that all children and young people from the early waves of transfer and any additional children who may have moved into the city have all be accounted for and that no Statements of SEN remain in the system.

Please note that this recommendation is consistent with SEND Inspection **Outcome 1.2 - EHC plan conversions** and the actions are the same.

Position Status - 4 (*This is to be formally agreed by the Scrutiny Board*)

Desired Outcome - To be able to utilise information provided by children and young people to identify issues, problems or barriers faced by a particular group, including those with SEND.

Recommendation 2 – That the Director of Children's Services ensures that monitoring information is incorporated in future children and young people surveys, facilitated or supported by Leeds City Council to enable the analysis of responses from groups including children and young people with SEND.

Formal response: The Director of Children's Services accepts this recommendation and is pleased to advise that disability monitoring information was included for the first time in the 2015 /16 My health My School (MHMS) survey. Question 5 specifically asks '*Do you have or do you consider yourself to have, a disability?*' The definition provided for children and young people in the survey is "*A physical or mental condition that has a 'long term' negative effect on your ability to do normal daily activities*". The Health and Wellbeing Service

consulted with colleagues from a range of teams and services before identifying the final question and definition. 9013 children and young people completed the survey; 255 primary school children and 274 secondary school young people answered yes to this monitoring question.

The Health and Wellbeing Service (HWS) is able to extract information from the 2015/16 survey results filtered for disability that pupil /students self-report. The next step will be to agree which questions to prioritise and analyse further. A summary report of key findings will be provided to the Complex Needs Partnership Board (CNPB) on 21 June 2017 and next steps agreed.

The HWS is currently in the progress of developing a tailored SEND version of the MHMS survey, so that in time, there will be a more detailed response. The HWS are attending the next Special Inclusive Learning Centre (SILC) cluster partnership meeting to discuss a SILC version of the survey, pulling together a working group from SILCs. An update on progress will be provided to CNPB on 21 June 2017.

Current Position:

18 questions from the Universal My Health, My School Survey 2016 were identified for further analysis. The Health and Wellbeing Service developed a summary report which highlighted the different responses between children and young people who identified themselves as having a disability with those who didn't.

The Health and Wellbeing Service presented the report at the Complex Needs Partnership Board 21 June. Board members were really positive that the data was available for the first time. Discussion focused on questions relating to children and young people's emotional health and wellbeing/ social emotional mental health. For example responses indicated that a higher percentage of children and young people with disabilities felt sad, angry and stressed every day in comparison to children and young people who didn't identify themselves to have a disability. Appendix 4 - My Health, My School Survey 2016 Mainstream Disability Responses for summary presented at the CNPB.

The HWS have worked in partnership with the SILCs to develop a SILC MHMS Survey. The survey was presented at the Complex Needs Partnership Board Meeting on 21st June 2017. The board welcomed the development of the SILC Survey. Fewer questions were included in the SILC MHMS Survey and the wording and structure of some questions had been changed to make it more accessible to children and young people with SEND. It was identified at the meeting that some of the questions prioritised for further analysis from the Universal MHMS survey were not included in the SILC MHMS survey - including questions relating to children and young people's emotional health and wellbeing/ social emotional mental health.

Discussion will take place at the next SILC development meeting 19 September 2017 to discuss whether the questions can be included in the SILC My Health, My School Survey.

Position Status - 4 *This is to be formally agreed by the Scrutiny Board*

Desired Outcome - To improve parental engagement and collaboration in order to expand their voice and influence in the education, health and care of their child.

Recommendation 3 – That the Director of Children’s Services collaborates with the SILC cluster to explore how parental engagement can be improved across all the SILC’s in the Leeds area to expand parental voice and influence.

Formal response: The Director of Children’s Services accepts this recommendation. The Director is pleased to report the following in support of the recommendation:

- The Targeted Services Lead (TSL) for the SILC Cluster is in post
- A senior manager from the Complex Needs service has been named and will provide the lead on parental engagement

There are opportunities for developing parent / carer involvement with the Leeds SILCs with support from the Voice and Influence (VIC) team. The VIC team has proposed that SILCs identify a Voice and Influence Lead staff member for parent / carer voice in their SILC. The SILC Voice and Influence Lead staff members of parent / carer voice in each of the SILCs could then be invited to join the VIC network and regularly receive citywide opportunities to share with parents / carers but also information and guidance to support them in their role.

The VIC team and the designated Complex Needs Service Lead (as above) will meet with the SILC VIC Leads staff members as a group. This will be to agree what their role will involve, how they will work together, support each other, share good practice / challenges and contribute to the voice and influence report card. The report card is shared with decision makers in the city every six months.

The VIC team will be coordinating a month of workshops promoting the voice and influence of parents and carers in October 2017. Potentially the SILC VIC leads could facilitate the participation of parents / carers (from the SILCs) in a SILC cluster meeting in October. This would enable them to join the discussion and identify any actions that the cluster and senior leaders could support with.

It would be helpful for the SILC cluster to identify an example of good practice from one of the SILCs about how they effectively involved parents / carers in decision making processes in school. The source of the example could come from a consultation, parent survey, parent voice group, parents on interview panels, parents working with staff to review policies etc.

EPIC Leeds is the Parent Participation forum for parents / carers and families of disabled children and young people with additional needs in Leeds. The forum aims to empower parents / carers and families to work in partnership with services, organisations and professionals in the area. EPIC Leeds members are currently attending the SILCs to make themselves known to parents / carers, supporting and encouraging them to become involved in having a voice.

Current Position:

Each of the five generic SILCs have provide a named Parent Carer Champion (PCC).

The Complex Needs VIC Lead along with the PCCs have agreed to hold coffee mornings for parents /carers in the SILCS. The coffee mornings will provide the opportunity to listen to feedback and respond to any issues raised and they will start in the autumn term 2017. The approach of a ‘parent support drop in’ was successfully tested at Morley Newlands

(mainstream primary school).

The longer term aspiration is to widen this initiative out to partnership and resourced provisions and then mainstream schools.

Putting this initiative into a wider context: The role of the Complex Needs VIC Lead includes the following actions:

- To develop communication tools to enable the Complex Needs service to be able to share information and planned events directly with parents and carers
- To develop communication tools to enable parents and carers to share any ideas, issues or concerns about services they access with the local authority, online or in person at events
- For the council to work in partnership with parents and carers
- Provide an a six monthly update report to Children's Trust Board
- To provide a headline news document to share with heads of service

Links have already been established with Carers Leeds, Leeds SEND Information Advice Support Service (SENDIASS), Family Fund and EPIC Leeds. The Complex Needs VIC Lead will continue to meet with other key agencies to develop good practice approaches on parental involvement.

The Complex Needs service is working with colleagues from the local authority, health and the SILCs and other specialist schools and colleges across the city to develop the post 16 offer. The coffee morning sessions will be used to make contact with groups such as the West SILC Post 16 parents group to share plans and seek views, ideas and suggestions.

The Lead is co-facilitating a parent carer's workshop (for parents of children and young people with complex health needs. This is part of the Leeds Children's Hospital Conference (LTHT) to be held on 22 October 2017.

Position Status - 4 *This is to be formally agreed by the Scrutiny Board*

Desired Outcome - To facilitate understanding of attainment and achievement of children and young people with SEND at key stages, and enable the comparison of standards against national and other local authority standards.

Recommendation 4 – That the Director of Children's Services incorporates information into the next and future Annual Standards report(s) which supports a city wide understanding of attainment and achievement of all children and young people with SEND.

Formal response: The Director of Children's Services accepts this recommendation and is pleased to comment that The Annual Standards Report 2015-16 is near to being finished. The report contains information and data specifically pertaining to the attainment and achievement of all children and young people with SEND.

The SEND Monitoring Group has recently been established and aims to meet twice termly. The remit of the group is to discuss and explore the issues relating to attendance, attainment and achievement for children and young people with SEND in Leeds. This provision includes; primary and secondary mainstream schools in Leeds, Specialist Inclusive Learning Centres (SILCs), independent special schools in Leeds, alternative

provisions via Area Inclusion Partnerships (AIPs) and secure accommodation where Leeds children and young people with SEND have been placed.

Current Position:

The format for the Annual Standards Report has been updated to include information that supports a city wide understanding of attainment and achievement of all children and young people with SEND. The new format has been used in the most recent Annual Standards Report 2015-16 (published 22 March 2017).

Position Status - 2 *This is to be formally agreed by the Scrutiny Board*

Desired Outcome - To understand if an attainment gap exists on the basis of physical disability only. If so, to identify the barriers to attainment and how these can be removed.

Recommendation 5 – That the Director of Childrens Services collects and analyses data to identify attainment gaps for physically disabled children and young people, with a view to identifying and understanding if there are any barriers to learning that could be removed through reasonable adjustment.

Formal response: The Director of Children's Services accepts this recommendation and undertakes to investigate if there are any barriers to learning for the cohort of children and young people who are identified as having a physical disability recorded as their primary SEN need, but no other need. The cohort can be identified using data from the annual January School Census – Department of Education (DfE).

A review of the attainment and progress of the specific cohort described above will be undertaken. This work will be overseen by the SEND Monitoring Group described at 3.5. This group has oversight regarding the quality and monitoring of educational provision for pupils with SEND (classified as requiring an EHC plan or SEN Support).

The Children's Performance Service is able to provide a breakdown of data that describes how many children and young people have a physical disability need only and which school year group they belong to and total number (Data source: January School Census 2016) .

Early investigation of this cohort shows that there are fewer than 20 pupils within each year group (EHC plans and SEN Support). Attainment data is available for the following school year groups R, Y2, Y6 and Y11. Performance measures can be applied to this cohort to show how they compare with their immediate school peers, Leeds as a local area and nationally. However, given the small size of the cohort (around 0.2% of each year group) any accurate analysis of attainment is limited.

A dip sample approach could be used to drill down and explore information about young people's individual circumstances, such as attendance, attainment against age related expectations, creating case studies.

The Access Officer located within the Special Educational Needs Statutory Assessment Process (SENSAP) team records adaptation and equipment requests made by mainstream school settings for their pupils with a physical disability. It is proposed that this data is analysed to identify any trends.

Current Position:

ACTION 1

To use a dip sample approach and explore information about young people's individual

circumstances such as attendance, attainment against age related expectations and their access to equipment and or funding.

The cohort of 15 young people was selected from the January School Census 2017 data set. The criteria for selection being that the young person attended a mainstream school, is currently in year 11 and has a physical disability (PD) need only.

Three young people have an EHC plan and 12 are categorised as requiring SEN Support. Capital funding has been used in three mainstream schools to provide change beds and to install automatic doors. Two young people have had contact with the Medical Needs Teaching service and one information and communication technology (ICT) assessment has been undertaken. Two standers have been supplied through Individual Pupil Need funding.

ACTION 2

To revisit the cohort and analyse their attainment and progress from Y2 to Y6 and KS4 results in Y11. This will be actioned in October 2017 when KS4 data is available.

To obtain attendance data for the cohort.

Position Status - 4 *This is to be formally agreed by the Scrutiny Board*

Desired Outcome - To ensure the SILC Cluster is fully supported as it continues to evolve and to understand the impact of the SILC Cluster on improving school attendance.

Recommendation 6 – That the Director of Children’s Services works collaboratively with the SILC Cluster Chair to provide an update in September 2017 on the development and progress of the SILC Cluster, and on the outcomes of their work on improving school attendance.

Formal response: The Director of Children’s Services accepts this recommendation and proposes to work with the SILC clusters on this issue. This will entail identifying what data and intelligence is currently held, collated and used by the SILC Cluster and the SILCs regarding attendance. Next steps would be to agree what data / performance measures would be helpful to the SILC Cluster in monitoring and evaluating any required activity to improve attendance. This could be captured within a SILC Cluster performance dashboard.

Further discussions with the SILC Cluster Partnership are planned.

Current Position:

The SILC Cluster became operational in September 2015 with all services being fully staffed by May 2016 to offer a multi professional model for pupils with differing types of SEND including social, emotional or mental health (SEMH). The five generic SILCs in the city educate pupils with a statement or EHC plan.

The cluster offers targeted support that is in line with city wide developments and priorities. Such as: Guidance and Support function; family support function and a more specialist Mental Health provision. There has also been a drive city wide to try and improve the interface between all services working with children and young people with a ‘think family’ ethos.

At the time of cluster setup there was a specific SEMH school with two sites (Elmete and Stonegate). This has since become Springwell Academy and has created a larger, multi-site, through school in conjunction with the former pupil referral units (PRUs) in the city. Springwell is looking to create its own cluster arrangements and is not therefore a partner in

the SILC Cluster but communication channels still exist.

A Guidance and Support meeting is held every month and is chaired by the Targeted Service Lead and attended by the SILCs, a Child Health and Disability(CHAD) Team Manager and an Inclusion Nurse Manager. The work referred to the SILC Cluster (by the SILCs themselves, CHAD social work teams, MindMate SPA and the Children's Social Work Service (CSWS) Front Door is discussed and allocated at this meeting.

Family Support Workers provide advice and parenting support within the family home, supporting parents to manage their children successfully and ensure all relevant services are in place.

The Clinical Commissioning Group (CCG) has invested £165K over two years in specialist mental health support for the SILC cluster. Originally Child and Adolescent Mental Health Services (CAMHS) were to provide services to the SILC cluster due to their specialist knowledge but challenges in the commissioning process led to a change in the commissioning plan. The services commissioned are BARCA Leeds (family based, systemic support) and Relate Mid Yorkshire (1:1 therapeutic counselling for pupils with a learning disability).

Reporting period 1 September 2015 to 30 May 2017

Source	No of referrals	Percentage
SILC	128	62%
CHAD	27	13%
Mindmate Spa	40	19%
Other	12	6%
Total	207	

Service allocated	No of families	Percentage
Family Support	82	36%
Counselling	55	24%
Family therapy	59	26%
Information / advice	26	11%
Other	5	2%

What has worked well

The issue of challenging behaviour in the home has been recognised as a common and recurring feature of Cluster referrals and this has been fed back into the Learning Disability Support Group (this group focuses on the need to integrate services to children and families where challenging behaviour is escalating).

The cluster has seen an improvement in the level of integrated work between cluster staff, CAMHs, particularly the Learning Disability service, CHAD social workers and SILC staff – all combining to deliver a joined up service to children and their families.

The cluster has been able to develop their understanding of what kinds of services best meet the complex needs of children and their families they work with and how important the role of the 'lead professional' is in terms of providing focus and direction for the numerous strands of work that happen simultaneously.

There was uncertainty as to whether short term support would be effective. Relate Mid Yorkshire counselling support outcomes show that with an average of seven sessions, short term support can be effective in the SILC setting. However, more consistent outcomes from the BARCA service alongside their new model are needed.

Behaviour at home is the highest presenting behaviour within the SILC Cluster, followed by anxiety, anger and behaviour in school. By comparison, in mainstream clusters the biggest

issues are behaviour at home followed by anxiety.

There is a low level of diagnosed mental health issues and this could be due to:

- Lack of diagnosed mental health needs
- Lack of engagement with standard services by families (leading to un-diagnosed need)
- The support offered is early intervention ie pre-diagnosis and those with a diagnosed condition are already getting their needs met sufficiently.

Main challenges

- The complexity and entrenched nature of the challenges faced by families can make progress slow. Many of the cases allocated for cluster support have required a longer term approach rather than short term interventions. Therefore impacting adversely on turn over and allocation of new work.
- Travel time across the city impacts adversely on capacity especially where there are cancellations, non-engagement or poor communication between staff
- SILC cluster offer requires defining to manage the expectations of referrers and the quality of request to Guidance and Support
- Suitable places for dedicated counselling within SILC settings
- The recognition of cluster involvement with a child or their family is not always reflected in their EHC plan review. Solutions to this challenge continue to be developed.

What do parents, children and young people think?

- You helped with problem solving and different ideas.... We don't feel blamed about the situation and are reassured we are doing well (Barca)
- For me it has been a lifesaver. I desperately needed help and didn't know where to go. The therapist came to us and does everything she can to try to improve our situation, which as time goes on is improving. She has listened, offered advice and solutions in a very genuinely kind and caring way (Barca)
- It's really helped me to understand my son (Relate)
- It's easier than talking to a Teacher because I feel embarrassed talking to someone in school (Relate)
- I didn't know what counselling was, I felt nervous at first but it's nothing to be nervous about. Thank you for helping me (Relate)

What do professionals think?

- Very knowledgeable professionals with a range of skills in working with families, opportunity to co - work difficult cases where CAMHS can take more of a consultative role in relation to learning disabilities
- The service provided intensive support to families who are really struggling
- It provided support to the whole family as well as the individual student.

- Being part of the Cluster has provided a forum for discussion and accessing the right support for families and children. It has made multi agency work more effective and has bridged the gap in communication between professionals

Next steps

Action 1 – To secure the future financial sustainability of the cluster to enable forward planning

Action 2 – To obtain consensus from the SILCs and partners on what the cluster can and should focus on delivering and develop associated success criteria

Action 3 – To work with Relate Mid Yorkshire to refine ‘what works’ for the SILC population of children and young people with complex learning disabilities . A new contract and service specification is now in place from September 2017

Action 4 – To work with BARCA to redefine the service delivery model in order to maximise the benefits of the service to as wide a range of families and professionals as possible. A new Contract and service specification is currently being negotiated and will be in place by January 2018.

Action 5 – To continue to offer training opportunities to all SILC based staff in assessment skills in order to improve the quality of referrals to Guidance and Support.

Attendance data

The five generic SILCs have developed a template for gathering and sharing attendance data with each other and the Local Authority. The data in the table below was collected by the SILCs and covers the fifth half term for the school year ending 2016/17 ie the first half term of the summer term.

Leeds SEN Provider	No on Roll	Term 5 attendance % Compulsory school age	Term 5 attendance Including Nursery/Post 16	Compulsory school age Term 5 unauthorised Absence	Compulsory school age Term 5 authorised Absence
West Oaks School	234	92.9	92.2	0.6	6.4
East SILC	211	88.6	88.3	2	9.4
South SILC	211	92.6	92.1	1	6.3
NW SILC	169	91.7	92.5	2.2	6.2
West SILC	202	91.4	90.1	1.2	8.7

The generic SILCs are progressing with their intention to share their in-year data between themselves.

Position Status - 4 *This is to be formally agreed by the Scrutiny Board*

Desired Outcome - To consider the outcomes of the supported internship pilot, including evaluation of success, areas for improvement and the experience of the young people engaged. To understand how this initiative will continue and the level of support and commitment provided by Leeds City Council and Partners in making this a success.

Recommendation 7 – That the Director of Children’s Services provides a comprehensive update in September 2017 on the Supported Internship Pilot, which also includes

- a) Feedback from young people who have participated in the programme
- b) Information regarding the extent to which Leeds City Council and Partners have supported young people through their internships
- c) Information about the future of the supported internship pilot

Formal response: The Director of Children’s Services accepts this recommendation and is pleased to comment that the supported internship pilot ran from September 2015 – July 2016. A supported internship is a course offered by colleges and post-16 providers. The aim is to help young people with learning difficulties and disabilities to achieve paid employment by giving them the skills and experience they need through learning in the workplace.

33 students were referred to the pilot. Seven young people left the programme either because they weren't ready to participate or there weren't any internship opportunities available at the time. Three people left the programme due to personal circumstances. 23 students took part in the supported internship pilot. Of those 23, seven did internships with Leeds City Council.

Of the 23 interns, at the end of the pilot:

- Two young people continued their learning at their SILC
- One young person left the SILC
- Nine young people continued with their employer on a second placement whilst continuing at their SILCs during the following academic year
- Seven young people moved onto Further Education College, six to Leeds City College and one to Leeds College of Building. One is in part-time employment alongside their studies
- Four young people have secured employment as a result of their internship; two young people are doing apprenticeships with LCC in legal administration and in Highways and Transport. One has secured a full-time contract working for LCC cleaning services and the other young person is working part-time at a SILC whilst continuing with college

Feedback received from supported interns was overwhelmingly positive:

“Absolutely fantastic I am doing what I want to do. I am gaining valuable experience.”

“Really enjoying it I am learning many things about the theatre industry. I am involved in all aspects of it.”

And a SILC principal reported:

“...just to let you know one of our students has got a job from his internship and now therefore left school! Amazing - a young man with serious SEMH needs...”

As year one of the pilot was nearing completion, all partners agreed that they wanted to continue to develop supported internship study programmes as part of their post 16 offers for high needs students. To maintain some consistency children’s services continued to commission a job coach from Pluss to provide ongoing support to the interns for the SILCs

for one more academic year. At the same time 12 members of staff from across the post 16 providers (including the SILCs) are being trained at level three to become a job coaches to help build sustainable capacity locally. A small grant was awarded to Light House Futures Trust to continue to develop and roll out the corporate group supported internships building on the success of the six interns at Yorkshire Water.

Following the pilot Leeds City College developed and rolled out a formal study programme and recruited 22 interns during this academic year (2016/17). There are over 30 supported interns in year two. Just before Christmas last year, six supported interns based at Yorkshire Water took over the CNPB to share their experiences:

- “I am much more confident. I think we all are!”
- “We fit in here. They treat us as part of their team.”
- “I'm not just learning new skills but I'm mentoring other people and helping them learn them too.”
- “We are trusted to do things properly and deal with confidential stuff.”

Year two of the supported internships will be evaluated at the end of the academic year 2016/17.

Current Position:

Running alongside the co-production of the Preparing for Adulthood (PfA) strategy a supported internship pilot was established to start delivering positive change and to enable, empower and support more young people to be ready for the world of work and to become employed. The learning and the experience gained from this has also helped to shape the PfA Strategy. The Supported Internship Pilot working with the Special Inclusive Learning Centres (SILCs), Swarthmore, Leeds City College and the Light House Futures Trust has gone from strength to strength.

A supported internship is a course offered by colleges and post 16 providers. The aim is to help young people with learning difficulties and disabilities achieve paid employment by giving them the skills and experience they need through learning in the workplace.

Every supported internship is different, as every young person has different abilities and career aspirations. The students spend most of their time at the employer's premises where they will be treated as an employee and expected to comply with job conditions.

Supported Internships are now part of the Child Friendly Leeds (CfL) asks of employers. A menu of asks have been created and is shared with the CfL employer networks which has enabled conversations and relationships with employers to be developed and supported internship placements brokered.

To support the further roll out of Supported Internships across the city, the local authority has:

- Continued to fund a job coach to work with the special schools for a further year
- Provided a grant to a local provider to train up to 15 staff members from special schools, College, Swarthmore and the Lighthouse Futures Trust as job coaches to increase capacity across the city
- Grant funded Lighthouse Futures Trust to develop a supported internship framework in partnership with other post 16 providers

Supported internships have continued to be rolled out during 2016/17. During the academic year 2016-2017 there have been 37 learners from across the city's SILCs, Leeds City

College and Swarthmore Post-16 College who have taken part in a supported internship. Supported internships have taken place across 26 different employers such as Yorkshire Water, The Holiday Inn, charity shops, cleaning services and Leeds City Council.

Of these 37 internships, six have been at Leeds City Council, including in schools administration, catering and local libraries. There are plans to increase the number of internships and reach out to a greater number of employers over the coming academic year. At the time of writing the final destinations of this year's interns is not available.

Case Study

MP came onto the programme shortly after the start of the current academic year. He was a smart and personable young man and already able to travel independently. MP's first placement was in the British Heart Foundation (BHF) furniture warehouse at Cross Gates. MP quickly became a popular member of the team there and became well regarded by his colleagues and equipped himself well to a variety of tasks. Initially he struggled with the assembly of new furniture but gradually became capable of following the process with some additional support. The staff at BHF expressed disappointment when MP moved on to his second stage placement and both managers said they would welcome him back at any time, reiterating that his work ethic, time keeping and general attitude were all excellent.

The reason MP moved into a second placement at Civic Enterprise Leeds (CEL) was to give him experience in a more hands on, outdoor role, which was something he'd expressed a desire to do initially. The job coach repeatedly received positive feedback on his work, behaviours and positive attitude. He has impressed to such a degree that again CEL have said that a full time job for MP will be available in the near future. In the interim, MP will be enlisted onto the paid "Temp" pool and will be paid for the work he does over the holidays and beyond.

MP's Viewpoint

"Both of my placements have been enjoyable. My job coach has been really helpful and pushed for me to be given a chance with CEL. I am really pleased that I may have a full time job at the end of my placement. I feel I have learned a lot and am now ready to have a go at full time work."

CEL's view

"I have had no issues with MP whatsoever. He is an excellent timekeeper and works well with whichever team he is placed with. MP's job coach has helped to reinforce any training MP might need and I am confident that MP's positive attitude and strong work ethic will stand him in good stead once he starts paid work."

A Child Friendly Leeds Employers network is due to take place in autumn with a focus on employment and SEND and supported internships will be a key focus with some interns presenting to the network. Supported internships now feature in the social value act commissioning guidance for local commissioners.

The Lighthouse Futures Trust in partnership with local post 16 providers is further rolling out its group supported internship programmes with new programmes coming on line next academic year with KPMG, Carillion and Yorkshire Water to increase the capacity further across the city. Lighthouse Futures Trust also working with the SILCs to offer access to their micro enterprises to help develop work readiness, confidence and skills.

Position Status - 2 *This is to be formally agreed by the Scrutiny Board*

Desired Outcome - To ensure that the appointment of additional resources to the Transitions Team and the changes in practice resulting from the Children and Families, and Care Acts 2014 has improved support for young people with SEND.

Recommendation 8 – That the Director of Children’s Services and the Director of Adult Social Care provide a collaborative comprehensive update in September 2017 on the impact of the changes in practice and resources, and the outcomes for young people (with or without a social worker) who require transition support.

Formal response: The Director of Children’s Services accepts this recommendation and is pleased to provide the following update:

There is a commitment in practice to ensure a joint approach to care planning for children and young people with complex needs and disabilities between the transitions team and children’s services. Children’s social workers in the child health and disability (CHAD) teams aim to work closely with transitions workers in respect of young people from year 9 onwards. The main purpose of this is to ensure joint planning to achieve outcomes throughout adolescence and beyond. This reflects a shift in practice and does not require additional resource or service provision. As a result of this arrangement; the outcomes achieved for children and young people have been shown to be more holistic and to be reflective of their expected needs as they transition to adulthood. The arrangement is reflected throughout the service in terms of joint approaches at every level including at practitioner, manager and senior leader levels.

The current commitment to strategic change needs to continue in order to ensure that we deliver the aspirations of both the Children and Families Act 2014 and Care Act 2014 with the primary objective being to ensure effective transition into adulthood.

Collaboration between the teams and a shared commitment to supporting people through transitions into adulthood has improved outcomes for young people as described. However there are key areas requiring strategic change to further improve outcomes for young people whilst ensuring that resources are utilised effectively and efficiently and offer value for money

Suggestions for improvement are referenced in the Lenehan report. A significant recommendation in this report is the cohort of young people with Autism and challenging behaviour who post 18 end up in hospital care settings (Transforming Care cohort). The report identifies that early interventions with children and their families are required and continued into early adulthood. Adult and Children’s social care services are working together with partners through the Transforming Care project to address this.

Leeds has identified that the development of a positive behavioural support service which promotes emotional resilience in parents and supports them to access the knowledge and skills required to effectively support their child is required. Work has commenced between Adult and Children’s services to work towards achieving this. This service would include support that could be delivered in family homes and commissioned services particularly respite services.

Leeds has identified that Adult and Children’s services need to work in more creative ways, including the use of Direct Payments and jointly commissioned and dual registered residential and community services to provide better consistency and stability for young people at a critical time in their life. Work is planned between Adults’ and Children’s commissioning to begin to address this.

To improve the transition for young people between children's and adults' health services and ensure that there is a robustness to transitional arrangements (particularly between the age of 16 to 18 years) the Learning Disability (LD) and Transitions service will continue to link into Leeds & York Partnership Trust (LYPFT) Review.

Colleagues in Education and the Transitions Team, Adult Social Care are working together to have greater clarity and a shared understanding of which components of an EHC PLANS are educational and which are social care to help with funding arrangements.

The transitions panel is a forum that:

- Supports positive discussions and shared ownership for the transition of young people in adulthood. This approach ensures clear and robust pathways and is inclusive of young people who present with Care Act eligible needs.
- Discusses how the council in conjunction with partners might support young people at risk of Child Sexual Exploitation (CSE) who are not Care Act eligible. This work feeds into the CSE steering group.

The Transitions Team is working in partnership with the CSE project to shape a practice model post 18 years, based upon the national agenda around CSE and Transitions.

The Transitions Team has worked with Organisational Development to commission and deliver Attachment Training. This model is effective in working with many young people with a disability and / or emotional and behavioural needs. This training has received very positive feedback.

The Transitions Team has been proactive in developing positive working partnerships through meetings, collaboration and training with the following partners; LYPFT, CAMHS and CHAD. A worker has been established in the Looked After Children's Team, who advises on completing Adult needs and risk assessment to facilitate young people moving through the adult pathway.

Formerly the Transitions Team would only work with young people with a disability and an allocated Children's social worker. Since the implementation of the Care Act the two additional social work posts have enabled the team to assess the needs of young people with a disability at aged 17.5 years. These young people have either had an Early Help Plan and limited service or they have had no social work involvement at all. The additional two workers have enabled the team to respond to this cohort of young people in a planned proactive way to ensure an effective transition into the respective adult teams. Historically these young people may have come to adult services at a later point and in crisis.

The additional workers have enabled the transitions team to participate in a wider development role of educating and facilitating partners to work more effectively with young people through transitions. It has also enabled the team to respond quickly to later referrals and ensure needs are met through timely support plans, whilst maintaining capacity to work with more complex service users and their carers.

Current Position:

Nothing further to update.

Position Status - 2 *This is to be formally agreed by the Scrutiny Board*

Desired Outcome - To understand the scope, purpose and content of the citywide Preparation for Adulthood Vision and Strategy, and how this is driving change and improvement across all health and social care services in Leeds for children and young people with SEND.

Recommendation 9 – That the Director of Children’s Services provides a comprehensive update in September 2017, on the development and impact of the Preparation for Adulthood Vision and Strategy, providing an overview of this strategy to the Scrutiny Board (Children’s Services).

Formal response: The Director of Children’s Services accepts this recommendation and is pleased to comment that the aim of developing a Preparation for Adulthood (PfA) Vision and Strategy, is to achieve a shared vision with intended outcomes, strategic priorities and indicators which demonstrate a positive impact on young people with SEND as they transition into adulthood. This vision and strategy is being designed using a co-production approach, working with key stakeholders from education, health and care across the city. In May 2016 it was announced that Leeds was successful in its bid to become one of nine national demonstrator sites for the work being done on PfA. The three areas of focus on for the national demonstrator site are EHC plans, strategic engagement of children and young people, parent and carers, and the Local offer.

The strategic engagement of children, young people and families and the existing good practice and development work undertaken as a demonstrator site will be shared nationally.

A significant amount of consultation with children, young people and families through surveys, focus groups and direct work takes place, to understand what is important for them in preparing for adulthood. To help shape the PfA Vision and Strategy a city wide PfA coproduction event was held (in 2016).

One key piece of work with children and young people used the ‘tree of life’ tool to explore with young people with SEND their aspirations for the future, any barriers that are currently or might get in the way of achieving their aspirations, and the support they need to overcome these barriers. Young people and practitioners found this to be a powerful tool to use, and the intention is to establish the tree of life tool in our training and workforce development offer across the partnership to engage with children and young people. The findings from this consultation have fed into our supported internship programme.

Further research was undertaken through an audit of 90 EHC plans specifically focused on content relating to preparation for adulthood. This work was undertaken by a multi-agency group including secondary SENCOs, a SILC head teacher, an educational psychologist and a representative from the EPIC Leeds Parent Participation forum. The audit found that EHC plans were generally more focused on education than health and care, and there were opportunities to improve the content of the plans in relation to preparation for adulthood. The findings of the audit were shared with the SENSAP team, who reviewed and developed the EHC plan guidance to include more specific prompts in relation to preparation for adulthood, and further training and development has been undertaken with SENSAP in relation to young people’s annual EHC plan reviews.

Alongside this review and consultation work, a multi-agency transitions group including colleges, educational psychologists, SENCOs, specialist schools, the Transitions Team and health colleagues has been working on an employment pathway, with the aim of using this in educational settings from Year Nine onwards. In January 2017, representatives from this group attended the citywide career information advice and guidance network to discuss

EHC plans, SEND and support. They will also be sharing feedback from young people and the audit exercise, as well as the revised EHC plan templates. The aim of sharing the information at this event is to prompt careers advisors in schools to consult with their SENCOs about young people with SEND, and to feed this joint working into plans for young people.

A number of workshops and a city wide event took place in March 2017 to celebrate the work to date and to explore what has worked well, what has been challenging, reaffirm the long term vision and goals and explore next achievable steps in relation to preparing for adulthood. Following this event the PfA strategy was finalised and ready to share with Scrutiny board for the September 2017 meeting.

Current Position:

The Leeds PfA Strategy 2017-2022 has been written following a series of workshops, focus groups, surveys and city wide events over the past 18 months as described above.

A draft of the strategy went out to consultation and was live for three weeks from 19 June to 7 July. The draft strategy was e-mailed with a consultation response form to key partners (the lists has over 1000 e-mail addresses):

- Members of the CNPB
- The Director of Children and Families Service extended leadership team
- Complex Needs management team,
- Area Inclusions Partnerships
- Clusters via Targeted Services Leaders
- The complex needs service
- SEN Coordinators in schools
- Early years providers
- Post 16 providers
- Health providers and commissioners
- The Carers Information Advice and Guidance network
- The Voice Influence and Change network (children and young people)
- EPIC Leeds - (parents and carers)
- Adult Social care
- Transitions service
- Children's Social Care
- SEN governors

The draft strategy and response form were also available on the local authority's website. Child Friendly Leeds, Leeds Preparing for Adulthood, Forum Central and other partners helped to raise awareness of the consultation via twitter.

To promote accessibility an easy read version of the draft strategy and response form was also produced and received positive feedback from Forum Central, Leeds and York Foundation Trust (LYPFT) Easy-on-the-i team, parents, carers and some staff.

There were 35 responses in total either through email, through a live feedback board at the forum massive marketplace, at meetings and boards that were attended and through a consultation at Rainbow House. The 35 responses came from a variety of sources, including:

- Adults and young people with learning disabilities.
- Parents and carers

- SENCOs
- Staff working with young
- Third sector organisations
- Members of the public

Whilst some of the responses were from individuals, others responded on behalf of teams or services, such as the transitions service and adult social care.

The feedback was analysed and put into broad themes:

- Strategy effectiveness (mainly to do with outcomes, indicators, priorities and actions)
 - How progress is measured
 - Content
 - Implementation
 - Relationship between outcomes, priorities, indicators
- Funding
- Transitions
- Layout/design
- Content
- Language
- Missing (some responses felt that the strategy could be more explicit about young people with complex and profound disabilities).

The strategy will be launched after the summer break, though the complex needs newsletter, social media and at various partnership groups and boards. The strategy will be a key feature of the next annual PfA city wide event in spring 2018. Work to deliver the strategy will be reported to and governed by the CNPB, a sub group of the Children and Families Trust Board.

An approved city-wide PfA Strategy that has been co-produced will enable the local authority and wider children and families trust partners to focus our efforts on improving the preparing for adulthood outcomes and turning the curve on the indicators set out in the strategy. This will enable us to fulfil our legal duties on PfA as defined in the SEND Code of Practice. Ultimately, successfully implementing a shared PfA strategy will deliver improved destinations and outcomes into adulthood for young people.

Position Status - 4 *This is to be formally agreed by the Scrutiny Board*

Desired Outcome - To ensure that the complexities and barriers to providing supported and effective transition in health and social care services are addressed across all providers in Leeds.

Recommendation 10 – That the Director of Children’s Services and the Complex Needs Partnership Board oversees the development of a plan aimed at addressing the recommendations within the ‘Transition from children’s to adults’ services for young people using health or social care services’ NICE guideline, across the local authority and all relevant health and social care partners in Leeds. Reporting to, and working collaboratively with, the Children and Families Trust Board and the Health and Wellbeing Board to secure positive outcomes. The Complex Needs Partnership Board is required to provide a progress update to the Scrutiny Board (Children’s Services) at a future meeting.

Formal response: The Director of Children’s services and the Complex Needs Partnership

Board accepts this recommendation and will request that partners agencies come together to establish a specific Task and Finish group. The remit of the group will be to map current practices and developments against the NICE guidelines.

Background:

The NICE guidelines set out a number of 'Overarching principles' to shape best practice in relation to transitions as well as guidance in the areas of 'transitions planning', 'support before transfer', 'support after transfer' and 'supporting infrastructure'.

Overarching principle 1

Involve young people and their carers in service design, delivery and evaluation related to transition by:

- Co-producing transition policies and strategies with them
- Planning, co-producing and piloting materials and tools
- Asking them if the services helped them achieve agreed outcomes
- Feeding back to them about the effect their involvement has had

Overarching principle 2

Ensure transition support is developmentally appropriate, taking into account the person's:

- Maturity
- Cognitive abilities
- Psychological status
- Needs in respect of long-term conditions
- Social and personal circumstances
- Caring responsibilities
- Communication needs

Overarching principle 3

Ensure transition support:

- Is strengths-based and focuses on what is positive and possible for the young person rather than on a pre-determined set of transition options
- Identifies the support available to the young person, which includes but is not limited to their family or carers.

Overarching principle 4

Use person-centred approaches to ensure that transition support:

- Treats the young person as an equal partner in the process and takes full account of their views and needs
- Involves the young person and their family or carers, primary care practitioners and colleagues in education, as appropriate
- Supports the young person to make decisions and builds their confidence to direct

their own care and support over time

- Fully involves the young person in terms of the way it is planned, implemented and reviewed
- Addresses all relevant outcomes, including those related to:
 - education and employment
 - community inclusion
 - health and wellbeing, including emotional health
 - independent living and housing options
- Involves agreeing goals with the young person
- Includes a review of the transition plan with the young person at least annually or more often if their needs change.

Overarching principle 5

Health and social care service managers in children's and adults' services should work together in an integrated way to ensure a smooth and gradual transition for young people^[1]. This work could involve, for example, developing:

- A joint mission statement or vision for transition
- Jointly agreed and shared transition protocols, information-sharing protocols and approaches to practice.

Overarching principle 6

Service managers in both adults' and children's services, across health, social care and education, should proactively identify and plan for young people in their locality with transition support needs.

Overarching principle 7

Every service involved in supporting a young person should take responsibility for sharing safeguarding information with other organisations, in line with local information-sharing and confidentiality policies.

Overarching principle 8

Check that the young person is registered with a GP.

Overarching principle 9

Consider ensuring the young person has a named GP.

Current position:

The Transitions Social Work teams work across Adults and Health and Children and Families directorates to support young people and their families through the process. This work is referenced in Recommendation 8. The SENSAP post 16 team work closely with the Transitions Social work team.

A cross agency scoping workshop was held on 7 July to agree key activities. A task and finish group has been formed to oversee a gap analysis of the NICE guidelines with all

partners contributing (Adult Social Care, CSWS, both Children's and Adult Health). The Health SEND Steering Group also focusing on this area and this work will feed into the task and finish group. Recommendations from the group will be taken to CNPB.

The task and finish group is scheduled to meet 5 September to set up the gap analysis work which will inform future activity.

Position Status - 4 *This is to be formally agreed by the Scrutiny Board*

Desired Outcome - To fully understand which interventions and support measures have provided the best outcomes for children and young people with SEND to enable effective future commissioning, service planning and investment.

Recommendation 11 – That the Director of Children's Services develops an evidence base of 'what works' based on the collection of intelligence and outcome information for SEND young adults who have been supported into adulthood wholly or in part by Leeds City Council.

Formal response: The Director of Children's services accepts this recommendation. We propose to engage a range of key personnel including officers from children's services Complex Needs, Commissioning and Market Management Service and 14 -19 Partnerships alongside colleagues from Adult Social Care commissioning and social work services and colleagues from the performance and intelligence service. These key partners together will scope and plan the work required to implement this recommendation. The work will be undertaken in two stages.

The first step will involve clearly identifying the work already undertaken to collect data and intelligence across a range services working with this group of young people. Performance data alongside the views of young people and parent carers is already collected to inform commissioning decisions and resource allocation and increasing emphasis is being placed on this. Colleagues in the Children's Performance service also provide performance monitoring support to the Complex Needs service and a number of different performance reports are already in place. Therefore it is important to establish a clear baseline of what intelligence and outcome information already exists amongst key partners which can support us in our aim to identify good practice and 'what works' in supporting young adults with SEND through their journey to adulthood. The first actions may include:

- Identifying what information currently exists amongst key partners to create a baseline
- Considering how this information is currently used to commission, plan services and drive investment
- Considering whether this information can be better shared where appropriate
- Identifying if the information that already exists can be used more effectively to build an evidence base of 'what works'

Consideration will be given to whether additional data needs to be collected and what systems may be required to collect the data and intelligence necessary to comprehensively identify best practice.

This work will not just focus on the use of data to identify this but on engagement with young people, families and key stakeholders in order to understand their experiences and views of what worked for them.

In addition national, regional and local best practice will be considered as part of a clear evidence base.

This project will aim to bring together a clear picture of what data exists, which interventions have provided the best outcomes and 'what works' for young adults with SEND who are being supported into adulthood. It is important that this links with and complements other pieces of work such as individual service and commissioning reviews which could utilise the improved evidence base to ensure decisions made regarding the deployment of resources are as robust as possible and outcomes are maximised.

Current Position:

The National Institute for Health and Social Care Excellence (NICE) published guidelines in February 2016 titled '*Transition from children's to adults' services for young people using health or social care services*'. These guidelines set out a number of 'Overarching principles' which they feel sets out best practice in relation to transitions as well as guidance in the areas of 'transitions planning', 'support before transfer', 'support after transfer' and 'supporting infrastructure'.

These principles have been outlined in more detail above under Recommendation 10. They also form the basis for describing 'what works' within a model of best practice in Leeds regarding the development of an evidence base for practice in Leeds.

Leeds employs a co-production approach where the voice and influence of children, young people and parents and carers is valued and has a strong influence in the development of strategy and policy. Parent and carer participation forum EPIC Leeds play a key role in strategic meetings including the CNPB and are involved in all major strategy development. Children and young people are also consulted at a strategic level with support from the Voice, Influence and Change Team.

Leeds City Council Children and Families Directorate and Adults and Health Directorate collaborate strongly around transitions including through the involvement of the Transitions Social Work Team who manage the transitions process for those with SEND or are carer for an adult with a disability.

This transitions team sits across Adults and Health and Children and Families Directorates and allows named transitions social workers to support young people, families and professionals as a young person transitions from children to adults social care. This is in line with requirements with the NICE transitions guidelines to ensure each young person transitioning has a named worker. This team starts working with young people with SEND at the age of 16 to ensure an experienced worker can help develop and co-ordinate the transitions plan to ensure appropriate accommodation and support services are put in place to enable a smooth transition into adult social care.

Within this there are a number of key areas identified which enable a successful transition into adult social care which strongly contribute to the achievement of the best possible outcomes for children and young people following transition to adulthood. These key areas identified as 'what works' in transitions have been identified through discussion with key professionals (including within the transitions team) and a key case study.

Preparation for Transitions to start as early as possible:

The transitions team will start working with a child or young person around the age of 16 however transition planning starts from year 9 (age 14) in line with NICE guidelines. The earlier the planning for transitions starts the better the expected outcomes can be and the smoother the transition to adult services is likely to be. Although formal transition planning may start at year 9 preparation for adulthood should be a theme that runs through the support to children and families from a young age in order to ensure that children and young people with SEND achieve their full potential as they transition to adulthood.

Good communication and joint working between Adult and Children's Social Care

It is clear that good communication between all those professionals supporting young people and their families is essential in achieving successful outcomes and managing a smooth transition to adult social care support. The named transitions worker plays a key role in co-ordinating and managing the transition plan and putting in place the support required following transition however it is clear that positive and proactive engagement and good communication between the transitions worker and other key professionals including the CHAD social worker and key professionals in Adult Social Care is critical to successful planning for transitions. This close joint working in a team around the young person and family, and with the views of the young person and family at the heart of this joint working, will ensure the process supports a successful transition to adulthood in a way that maximises the ability of the young person to achieve their potential through successful outcomes and minimises anxieties for children and their families.

Strengths based/restorative/personalised support

It is clear that the way in which support is provided to children, young people and families throughout their childhood, as well as the way in which their future support is planned from year 9 onwards, has a significant impact on the ability of young people to achieve their potential and maximise outcomes in adulthood. The NICE transition guidelines references 'strengths based' support which is also terminology used by colleagues in Adult Social Care. In Children and Families there is a strong emphasis on restorative approaches which work 'with' children and families rather than working 'to' or 'for' families and promote a 'personalised' approach which ensures that plans, and the support delivered, is tailored specifically to individual need rather than expecting families to fit with fixed and static service offers. Whatever the terminology used it is clear that transition planning should be led by the needs and views of young people and their families. Planning should consider the strengths of the young person and their families, communities and support networks and build upon these to ensure that, wherever possible, support is routed within communities. The transition process itself, and the potential to maximise outcomes in adulthood, are most successful when this approach to support has been consistently applied and young people and families have been supported in personalised way which maximises their individual strengths and capacities. Where this has not been the case and needs have not been met in a personalised way or that dependence upon services had been created it is likely that this will negatively impact upon the ability of the young person to achieve their potential and maximise their outcomes in adulthood.

Leeds Case Study – ID

ID is a young person who had been in local authority care for a number of years and had been living at Acorn Lodge complex needs children's home since 2015. ID had autism, ADHD, moderate to severe learning disabilities and epilepsy. In early 2017 he transitioned into a 24 hour staffed supported living placement living with one other person in a three bed house. In order to support this transition staff at Acorn Lodge worked closely alongside the transitions social worker, CHAD social work team and other workers supporting the young person. A specific plan was developed by staff at Acorn Lodge which was led by the wishes of the young person themselves and planned his transition to the adult accommodation. This plan identified the terminology the young person wished to use in relation to their current and future accommodation and diarised the timeline for staff to visit the young person at his current accommodation and a programme of day, tea time and overnight visits to his new accommodation. This approach was led by the young person themselves and supported by those who know the young person best. This close working and intensive work led by the views and wishes of the young person themselves was extremely important in ensuring the transition was tailored to their individual needs,

including communication needs, and preferences and planned well in advance to allow the young person time to familiarise themselves with their new accommodation and the staff who will be supporting them there.

ID is now doing well in their new supported accommodation and it is widely accepted this is in no small part due to the close joint working and careful planning led by the young person themselves and at a pace that the young person was comfortable with.

Future work

Recommendations 11 and 10 are very closely linked and as such, the 'blue print' for 'what works' and the evidence base to work to is provided through the NICE guidelines.

The information and data on the destinations of young people 18 to 25 years has never been previously collected and it will take some time for this evidence to be fully gathered as young people grow to become adults.

ACTION

To build a system to collect, collate and monitor destination data for young people with an EHC PLANS at the end of the life of the plan.

Position Status - 4 *This is to be formally agreed by the Scrutiny Board*

Appendix 3

Ofsted / CQC Area SEND Inspection Outcomes

Desired Outcome - To effectively identify children and young people who experience Specific Learning Difficulties (SpLD)

Outcome 1.1 - Dyslexia

Leaders have not responded to SPLD – particularly dyslexia, and the proportion seen nationally for the same group. Consequently, leaders have not ensured all children with SPLD have their needs identified adequately. Parents and young people have concerns about the impact of unmet needs stemming from dyslexia on their emotional health.

Background:

Dyslexia occurs across a range of abilities and is best thought of as a continuum; ranging from mild to severe. In the UK, recent estimates state that around 10% of the population are thought to be dyslexic whilst 4% are severely affected.

Local Picture

The SEND Code of Practice (2014) requires schools to undertake a cyclical process of *Assess, Plan, Do and Review*; work in collaboration with parents, seek pupil voice and source specialist advice where appropriate. The Complex Needs Service Dyslexia Guidelines provide a clear rationale for schools to support identification and provision for pupils with SpLD. Schools should ensure that good quality first teaching with appropriate adaptations enables pupils to access the curriculum alongside evidence based interventions that are specifically tailored to provide cumulative, multisensory and structured teaching. All provision should be monitored for impact. Where pupils are deemed to need further specialist support, the school should contact the Complex Needs service who can provide specialist advice and assessment as appropriate.

Schools are expected to use up to £6,000 of their notional inclusion budget per pupil to meet identified needs and further top up funding is available for pupils who are most severely affected. The Special Educational Needs Inclusion (SENIT) team offers bespoke and central training around identification, screening, policy, evidence based interventions, securing good progress and working in partnership with parents.

Quality first teaching should mean that learners with mild dyslexia make progress in line with age-related expectations without the need for any additional intervention or formal identification.

Placement on the school's SEN Register is an indication that a school has determined a need to make additional provision for pupils who are more severely affected.

On this register pupils with dyslexia are classified under the umbrella term, 'SpLD' which also includes pupils with Dyscalculia and ADHD (with Dyslexia broadly expected to be by far the largest category).

In 2015/16, 112,391 children and young people were on roll in primary and secondary schools across Leeds. The number of pupils in our schools who may therefore be affected by dyslexia could be between 11,239 (10%) and 4,495 (4%).

In 2016, a total of 16,258 children and young people in Leeds were placed on the SEN Register with 1309 pupils identified under the category of SpLD. This equates to 1.16% of

the whole school population and 8.05% of the identified SEN population.

Despite a local increase in identification from 4% to 8.05% over the last two years there continues to be a significant discrepancy between the local picture and the national average representation for SpLD, which is around 15% of the SEN Cohort.

These figures not only suggest that children in Leeds with dyslexia are being under identified, it is also possible that provision is not as systemic as it is in some other parts of the UK. The key actions are summarised below:

Current Position:

- Complex Needs Service (CNS) Guidelines provide consistent approach to identification, assessment, support and provision for SPLD (Dyslexia). These were disseminated to all schools in 2015
- Best practice census guidelines disseminated to all schools
- Formal identification of dyslexia is only available to those most severely affected (in line with CNS guidelines)
- Funding For Inclusion (FFI) top up funding available for pupils with most severe form of dyslexia to ensure clear continuum of support from quality first teaching to specialist teaching interventions
- Skills and expertise of school staff (SENCOs, teachers) to understand dyslexia, identify, assess and meet needs are addressed through SENIT training offer, which 77 schools have accessed to date

Further development 2017/18

- Development of SENIT training offer to support schools' capacity to identify and meet needs
- Review of CNS dyslexia guidelines with range of partners and professionals
- Work with Learning Improvement to develop good practice within quality first teaching, targeted support and whole school policies
- Invite schools completing level 2 training to be 'local leaders' in their cluster

Review data from Year 1-2 phonics screening to target schools for training

Desired Outcome - To improve the support provided to children and young people with SEND by improving the quality and timeliness of EHC plans

Outcome 1.2 – Education Health Care Plan Conversions

The local area established an unrealistic timetable for conversion of statements of SEN, to EHC plans, resulting in unnecessary pressure on schools and colleges. Equally the timescale has created a log jam and many reviewed plans are not getting back to parents and schools before the date of the next review meeting.

Background:

Please note that this outcome is consistent with Recommendation 1 and the actions are the same.

As of 20 July there are 305 conversions that require drafting into an EHC plan. This is

roughly in line with the original planned timeline. There is a plan in place so that key year groups and cohorts of children are prioritised accordingly, leading to minimised risk of impact for the individual child / family. Reporting of conversions undertaken is reported to the DfE every month via the Transfer Reviews Data Collection.

Current Position:

ACTION 1

- The remaining 305 EHC plans will be evenly distributed to each officer in the casework team (including managers) using a project-style task and finish approach. The projected numbers allow for contingency planning to meet any staffing changes or urgent other work
- There will be a focus on completing draft conversions over the summer
- At 31 Aug any draft conversions awaiting finalisation will be completed in Sept /Oct 2017
- Oct 2017 onwards the Casework Team will continue with next year's phase transfers and any review back log – this will return the service back to a good baseline by April 2018.

ACTION 2

To contact every school during Autumn term to ensure that SENSAP has had everything through that they were expecting regarding conversions.

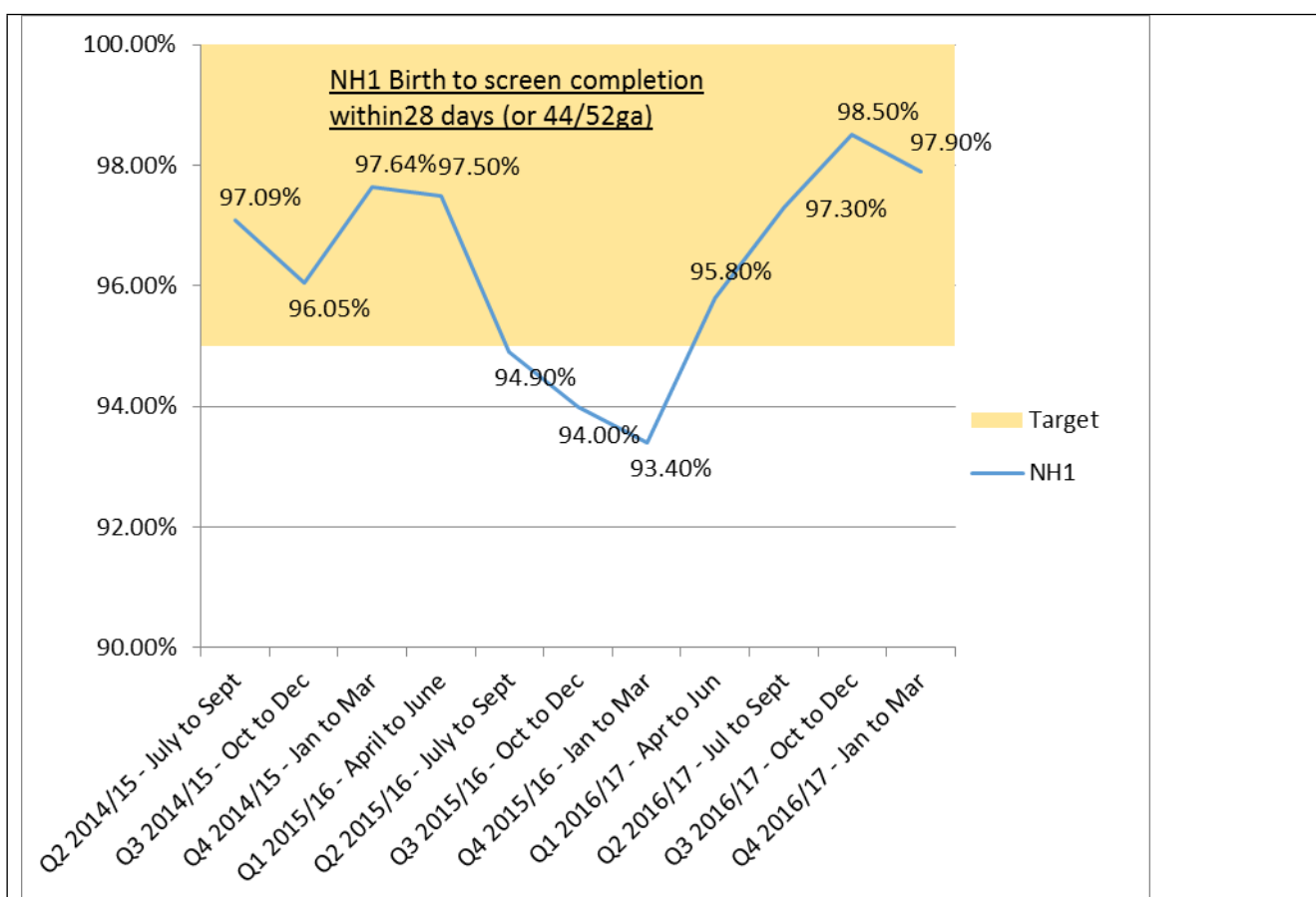
Desired Outcome - To check new born babies' hearing in a timely and effective manner.

Outcome 1.3 – Needs of babies

The NHS England Commissioner oversees an action plan to improve the early identification of the needs of babies, because this is not effective as it could be. For example, fewer checks take place on new born babies' hearing compared with other areas in England.

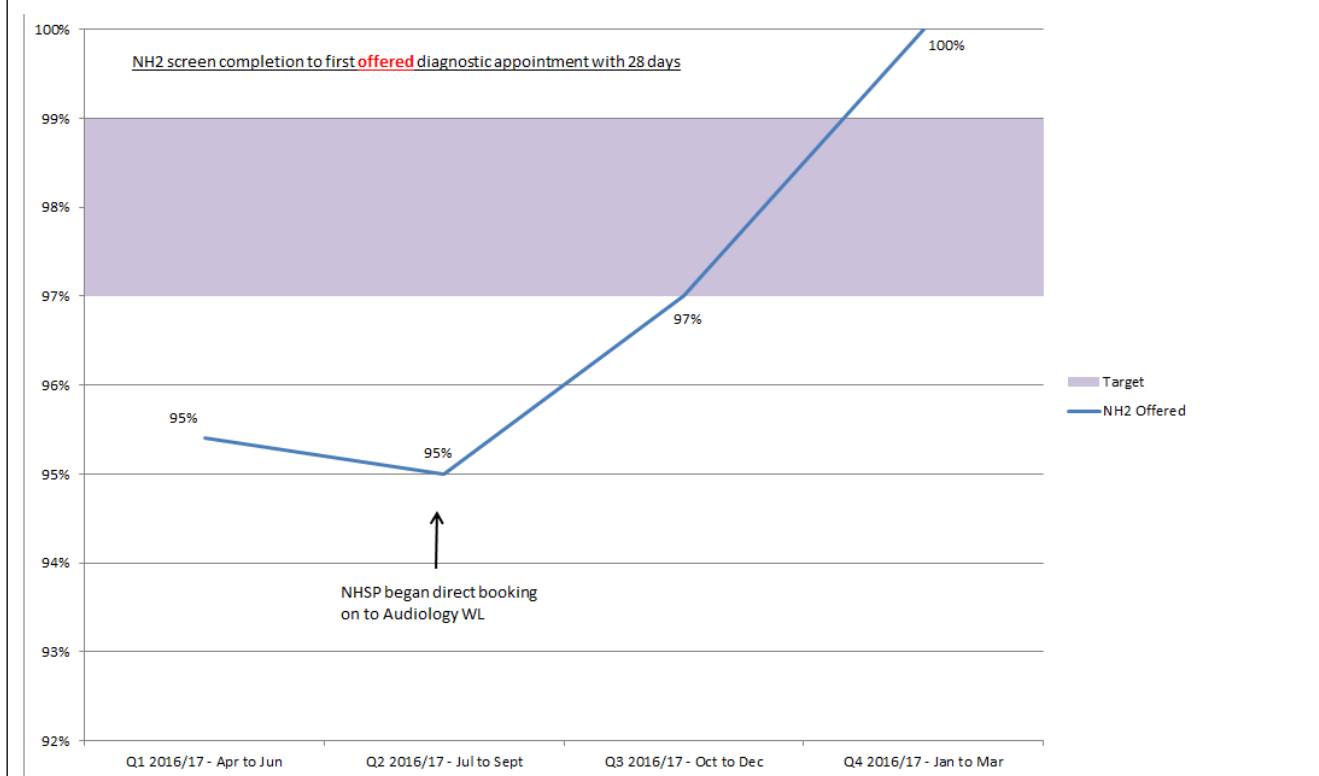
Background:

Nearly all new born hearing initial screening (NH1) is offered within the target of 95% within 28 days. The exception being babies that are too poorly (the regional Neonatal Unit and Cardiac Unit are based in Leeds).

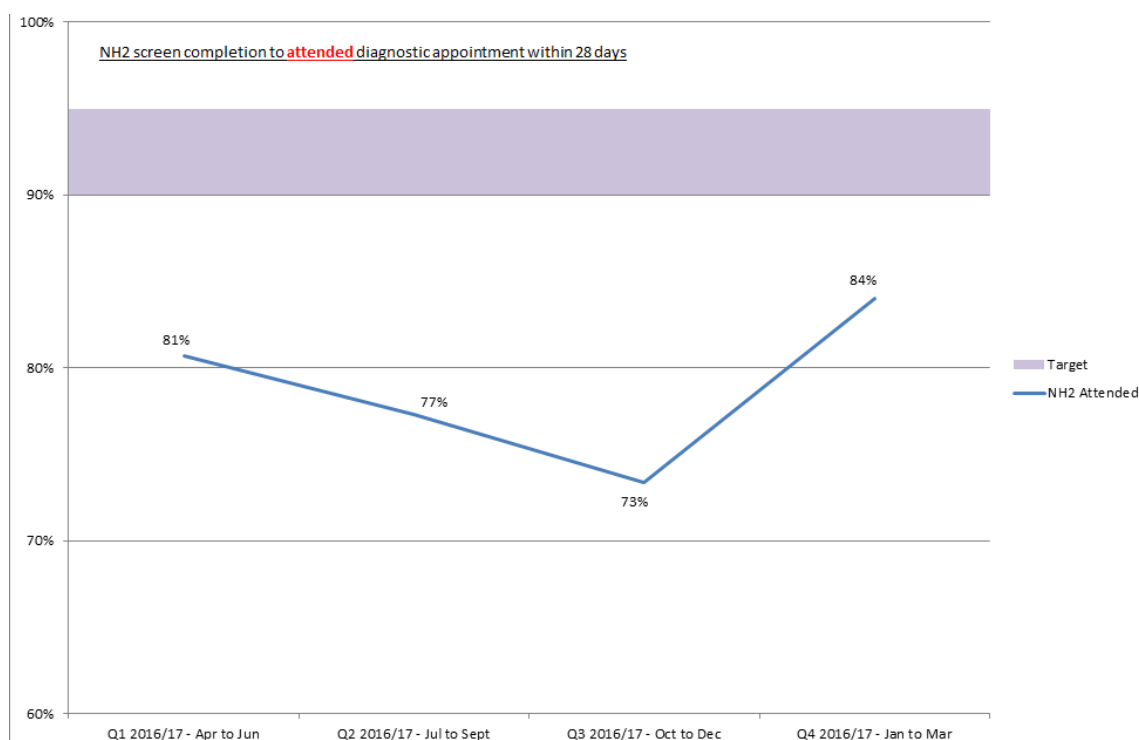


The drop below target occurred when staff were TUPE from Leeds Community (LCH) Health to Leeds Teaching Hospital Trust (LTHT) and four out of fourteen staff were on Maternity leave at the same time.

New born hearing (NH2) is a referral to audiology and this is affected greatly by percentage as the numbers are small. A quality audit visit for LTHT was undertaken in June 2017 and was very positive about the hearing programme.



In Q4 all families (100%) were offered diagnostic appointments within the target of 28 days as above. However, within the same item period only 84% of families attended as below.



Current Position:

All children in Leeds are seen as a priority. The screening programme has strengthened relationships with audiology and now staff book directly into audiology, at the same time having conversations with parents to explain the importance of attendance. Where the four week target is not met it is often because of patient choice. There is evidence to show that in all cases, all appointments are offered within the four week timescale. If appointments cannot be found within the four weeks then audiology are contacted to arrange more clinics. This has only happened once this year and was dealt with accordingly. On occasion all audiology departments will struggle with capacity. As this pathway is part of the CCG managed contract with NHS England, it would be escalated if it were not being addressed.

Desired Outcome - To review the delivery of health checks

Outcome 1.4 Health checks at the point of transition for young people

The School Nursing Service is not commissioned to complete health checks at key points of transition for young people. This commissioning decision limits the opportunity to identify the needs of young people at these crucially important times.

Background:

The School Nursing Service is not commissioned to undertake universal reviews of children beyond the school entry assessment. This is an informed decision based on the very limited capacity of the service. Ofsted Inspectors acknowledged this when they were here, and recognised that Public Health were not in a position to respond by increasing the number of

health checks that are offered.

Current Position:

From a commissioning perspective, the response to this 'area for development' from Ofsted is that it will be fed into the engagement/consultation as part of the service review of 0-19 Healthy Child Pathway services.

Re-procurement of the 0-19 Healthy Child Services (School Nursing and Health Visiting) is scheduled to take place over the next 2 years with a view to a new service being in place by April 2019.

The Ofsted comment regarding the number of health checks undertaken by the School Nursing Service will be considered during the process of developing a new specification, alongside consultation with stakeholders, evidence of effectiveness, guidance and best practice documentation. However, there is no likelihood of additional investment at the current time. Therefore the new specification will, as now, need to find a balance between capacity and the range of expectations.

Desired Outcome - To ensure that for all children and young people aged 0-25 have their social care needs appropriately identified and that this is included as part of the EHC planning process and is included in the EHC plan through a quality Section D. This will also link through to shared social care outcomes and corresponding provision. This includes information and advice from Early Help/CiN/CLP/CLA plans including any universal, targeted and/or specialist interventions, short breaks etc.

Outcome 1.5 Short breaks

Some parents reported that their child's need for social development away from their immediate family, through short breaks, is not accurately identified. Examples of EHC plans indicated that for some young people this is the case. Leaders recognise that the assessment of need for social development outside of the family, through short breaks and leisure activities and including personal budgets and direct payments, is not linked to the EHC planning process. This is causing anxiety and confusion for parents, many of whom felt there is little transparency in how services are allocated to meet identified needs. Leaders' plans show they are going to revisit this element of their offer so that it is better aligned to the EHC planning process.

Background:

These issues were already identified by the Complex Needs service as areas for development. They have been incorporated into the wider post-area review and Scrutiny Board developments to support the integration of this work with interdependent actions.

Current Position:

The project has been scoped and an overarching action plan has been developed as below:

Actions

- To further strengthen and develop the required processes, mechanisms and guidance/principles to embed short breaks within our EHC Plan process to streamline the assessment of care needs. To include aligning Annual Reviews, RADAR and social care/team around the child meetings. To ensure the EHC plan is the "spine document/plan" with the care/short breaks needs informed by social care or Early Help to support identified outcomes and all stakeholders contribute to the process
- Embedding of the Early Help assessment process within the EHC plan

preliminary procedures to support a one assessment / plan approach either prior to the multi-agency process (MAP) meeting or as identified as part of the assessment process

- Ensure that the process for obtaining appropriate and timely social care advice is embedded within the SENSAP service
- Ensure that the information from the EHC assessment and or EHC plan accurately and appropriately informs the relevant statutory Care plans
- Development and integration of education, social care and health short breaks, Personal Budgets including decision making, resource allocation and joined up working to support short, medium and long term outcomes identified in the EHC plan
- Alignment of the EHC plan annual reviews with the Resource, Allocation, Decision, Review (RADAR) process so that reviews of direct payments take place once a year at the same time

Project plan

Action No	Date of Entry	Action Title	Action Details	Person Responsible	Review Date	Progress / Notes	Status
1	10th May 2017	Project scoping	Agree the scope and proposed outcomes.	VC/LS	22nd June 2017	Scope, outcomes and outline planning agreed	Completed
2	22nd June 2017	Planning	Agree approach, key actions and timeline.	VC/LS	28th July 2017	Action plans developed.	Completed
3	22nd June 2017	Identification of care/short breaks needs in EHC Plans deadline April 2019	Development of guidance and assessment tools to support the identification of care/short breaks needs within an EHC plan. This will include initial identification as part of the EHC plan application process, assessment process and ongoing support via annual reviews.	MM/VC	1st Sept 2017	Meeting arranged for 27th July to develop action plan	In progress
4	22nd June 2017	Alignment of EHC Plan Annual Reviews and CSWS CIN and CPP Reviews - deadline April 2019	To develop a pilot for aligning the timetabling of the reviews and develop guidance for delivery of the meeting. Three CHAD social workers will be nominated (one from each area) to join a task and finish group with VC/RT/MM/LS (?) to develop a trial process and approach. Detailed action plan to be developed.	MM/VC	1st Sept 2017	VC to discuss with Ruth Terry and add to CHAD/SENSAP action plan and timeframes.	In progress
5	22nd June 2017	Integration of Early Help Plans and EHC Plans - deadline April 2019	LS/VC to meet with Julie Longworth, Ruth Terry and Mary Armitage to agree vision, scope and next steps. Detailed action plan to be developed to incorporate Early Help in the alignment cycle as per item 4..	LS/VC	4th Sept 2017	Meeting arranged for the 4th September 2017 to allow for the initial development of the Early Help Strategy.	In progress

Desired Outcome - All EHC plans have quality outcomes with time frames that link to the end of key stages.

Outcome 2.1 Quality of Education Health Care Plans

In many EHC plans, the connection between the description of the child's needs and the intended outcomes of the plan is poor. Many outcomes are based on the universal expectation that a child will make progress in core subjects in school. Too few are child specific. The limited focus on what is important to the individual child restricts the opportunity for progress in those areas.

The connection between outcomes and actions to ensure that outcomes are met is not strong. Examples of service protocols being listed as actions that do not relate to the

specific child, contribute nothing to the effectiveness of plans.

In a range of support plans for children and young people who have additional needs, the lack of detailed analysis of the barriers to young people achieving good outcomes, weakens their effectiveness. As a result, this group makes slow progress.

Background:

The focus is on improving plans through a variety of actions.

Current Position:

The ongoing actions include:

- Strengthening care and health advice
 - Link to the Health SEND Steering Group
 - Working with the Designated Clinical Officer (DCO) and SALT
 - Linking the review of short breaks provision to EHC plans
- Development of an advice exemplar
- Continued moderation of plans and collation of learning from the process
- Pull the aspirations of the child or young person throughout their plan
- Auditing of EHC plans
 - Comparing previous plans with newer plans and develops an external moderation process that improves the quality of plans year on year

Desired Outcome - For young people to have a personalised plan which is monitored and reviewed.

Outcome 2.2 Young people with custodial sentences

The education plans for young people who have SEND from Leeds who are serving custodial sentences, do not relate to the education, health or care needs of each young person but, instead, focus on standard targets for behaviour in the prison. This lack of recognition of their individual needs does not aid their effective re-integration into society when released.

Background:

A first response was to engage with the Head of Youth Offending service (YOS) to establish the current baseline process of monitoring of cases via a quarterly monitoring action by YOS officers.

YOS made contact with *Her Majesty's Young Offender Institution* (HMYOI) Wetherby and raised the inspection outcome with the Governor. Initial thoughts included:

- YOS education officers to ensure that all practitioners are aware of the need to ensure individualised plans for young people
- To monitor education and sentence plans via the YOS quarterly audit programme
- Ensure that YOS officers are able to challenge institutions to ensure that objectives that are set are personalised and not standardised

It was important to include officers from the Complex Needs service (SENSAP and Educational Psychology) to understand their involvement with HMYOI Wetherby. Contact has also been made with the Resettlement Consortium Manager South and West Yorkshire in relation to young people's destinations from HMYOI Wetherby.

A half day at HMYOI Wetherby was spent in touring and discussing with the Head of Education and the Head of Inclusion the current issues they have identified in working with young people with SEND in custody. This issues include :

- Lack of information available to Wetherby in relation to a young person in custody.
- Or by the time information is available the young person may have served their sentence.
- Operational issues and the regime of the prison prove highly challenging and can impact on young people's education
- Additionally, there can be issues facing young people post custody in terms of their destinations for employment and further education

Current Position:

A multidisciplinary meeting including the teams highlighted above has been scheduled for 14 August 2017. The purpose of the meeting is to create a stepped action plan to meet the desired outcome: For young people to have a personalised plan which is monitored and reviewed. The action plan to:

- Establish remedial actions to education plans
- Strengthen relations and partnership working
- Increase support given to HMYOI Wetherby
- Establish processes and practices with YOS and HMYOI Wetherby
- Develop processes to demonstrate improvement in educations plans, and how these are to be monitored
- Understand and strengthen transition arrangements for young people leaving custody. (Coming into custody – time in custody – exit from custody). To include apprenticeships, further education and job opportunities
- Create a benchmark personalised education

Desired Outcome - For health staff to provide good quality health information into the EHC assessment process in a timely way.

Outcome 2.3 Health information for Education Health Care Plans

The existing arrangements for the effective exchange and quality assurance of health information are not robust for the conversion of statements of special educational needs to EHC plans. This means that health staff are not always aware that a child has an EHC plan; for example, some practitioners are not asked to contribute to plans despite having completed a recent health assessment on children in the care of the local authority.

Current Position:

ACTION 1 – Improve administrative processes around EHC plans including conversions to ensure staff are notified when health information is required

The following has been achieved:

- All EHC plans are now flagged on SystmOne (Health ICT) and reports can be run to

see how many children have EHC plans for any given team (this will enable all teams including the Looked After Nurse team to contribute to plans)

- The administrative process for exchange of information between SENSAP and Leeds Community Healthcare (LCH) has been further developed with flowchart of the process, circulated to all involved. This now covers all services within LCH, including adult services
- Plans underway with SILCs to improve notification to health of conversions and annual reviews by using established administration process
- Labels have been applied to reports and letters in the Electronic Patient Record that are appropriate to use for the EHC plan process so admin can expedite the provision of information to SENSAP

ACTION 2 - Governance procedure for health information and quality assuring EHCPs

- EHC plan guidance for health developed using feedback from inspection audit of health information (Jan 2017) and the Council for Disabled Children guidance. This has been circulated to all teams
- Health SEND Steering group reviews on one section of the EHC1 (advice form) at each meeting for quality, and identifies further support teams need to improve. Information circulated to health teams and guidance updated as a result

ACTION 3 – Engage with Adult Health Care

- Adult health services are involved with the processes in LCH, and have been included in the administrative processes

Desired Outcome - To reduce waiting lists as quickly as possible with full efficiency and quality of care to be NICE compliant.

Outcome 2.4 Autism

Children and young people wait too long to have their health needs assessed or checked by some health services. The CCG has secured additional funding to increase resources at LCH to reduce waiting times for ASD assessment because some children have experienced waits of over 52 weeks.

Background:

The number of patients waiting at month end and average wait time (weeks) has varied from month to month. As of March 2017, waiting list times had increased slightly due to the reduction in the number of functioning clinics and lack of fully skilled core staff. As of 20 June 2017:

- Number of patients waiting for an assessment was 197
- Number of patients waiting longer than 12 weeks was 156
- Average wait time was 25.5 weeks

Current Position:

Actions taken to address this and to ensure a positive impact across the next 6 months are:

- 15 members of staff undertook Autism Diagnostic Observation Schedule (ADOS) training (for child assessments) in June 2017. It is beneficial for as many staff as possible to undertake this training so more child assessments can be done within ASC clinics and within the complex clinics
- Additional ADOS kits have been ordered, one for each of the three wedges and a spare. This will enable more clinics to take place. Additional ADOS protocol forms have also been ordered
- Implementation of additional clinics (currently in scope for three weekly core clinics)
- A Saturday clinic is to start as of September 2017 and planning has commenced. This will include skilled CAMHS staff and additional agency staff if required (there is potential to use Speech and Language Therapists from Leeds Beckett University)
- Agency staff will initially undertake 20 full assessments (as a trial with the opportunity to increase if a positive outcome is seen). This is due to start at the end of July 2017 (after a tendering process) and completed within two months. Planning for school observations to be done in advance due to school holidays in July
- A Project Manager has been employed to provide dedicated coordination to the Autism waiting list initiative on a three to six month contract
- Various re-design structures are being reviewed to determine which model would provide the best results within the shortest period of time. As an interim measure an additional core clinic will be implemented as of beginning of July 2017.

Desired Outcome - For children to continue to be seen for initial assessment within 18 weeks of referral and to receive their follow up appointments within 18 weeks of moving to the waiting list for a follow up.

Outcome 2.5 Speech and Language Therapy (SALT)

Decisions made by LCH leaders about recruiting speech and language therapists to the NHS mainstream provision, and their plans to implement new ways of working, are not effectively meeting the needs of children who still wait too long to receive their services. More than 600 children in school based settings and more than 200 children in clinic settings are experiencing prolonged waits that exceed 18 weeks*.

* The numbers quoted at the time of inspection were not accurate and had not been verified by the LCH performance service.

Background:

In April 2013, LCH Children's Speech and Language Therapy Service went through an organisation wide review of services. This was to ensure appropriate savings targets were achieved in the organisation. The review looked at: Clinical pathways; outcomes / value added; consistency of offer across the city and settings; bandings of colleagues; systems and process; productivity and right person, right place and right time for the child.

Due to having one of the largest services in the country the move over to the new service delivery model was undertaken whilst maintaining the previous model. The consequence

of this has been unacceptable waiting times for children requiring intervention which the service is actively addressing with organisational support. Of particular issue are the way that waiting lists have been set up and appointments not outcomed on the data system. The main bulk of the work since Easter has been to cleanse the waits and ensure waits are true waits.

There is an over-arching NHS Core commissioned SALT service ensuring equal access for all children with speech, language and communication needs across the city and the traded offer to schools does not impact on the equality of this NHS Core offer. All vacancies have been approved for recruitment and vacancies not filled at the time of the SEND assessment have been recruited to.

Current Position:

The summer waiting list initiative is underway in terms of preparation and planning. Activity happening now includes:

- Cleansing of the waiting list to identify true waiters
- Piloting a two part telephone triage that will:
 - Establish contact, apologise and check appointment still required
 - Assign an appointment for the summer holidays
- Communicate our summer plan with schools as school-age children are affected
- Identify and ring fence clinical appointments required over the summer to maintain our initial assessment waiting list targets
- Identify and ring fence clinical appointments required over the summer to offer internal waiting list appointments
- Partnership working with Leeds Beckett University and their SALT students to offer internal waiting list (group) appointments as part of additional clinical practice (in paired sessions with our own SLTs)

Desired Outcome - For parents and carers to have clarity and understanding of the transport arrangements.

Outcome 2.6 Transport

The arrangements to ensure that the health needs of children and young people who have special educational needs are met while they are supported by the escorts in the transport team are not clear. Inspection evidence indicates there is a discrepancy between policy and practice in different settings.

Current Position:

The Children's Transport policy fulfils the Local Authority's statutory duty in setting out the eligibility criteria for transport assistance only. It does not set out every possible type of assistance that may be offered as each child has bespoke needs. A review suggested that the application form used to assess eligibility for transport assistance may have given parents unrealistic expectations about what medical assistance may be available to their child whilst being transported. The form has been revised and now advises parents that:

- In common with other local authorities, Leeds is unable to administer medicines or perform medical interventions on children while they are being transported. However, a

child may be assisted to self-medicate by handing them their own medication, such as an Epipen or inhaler

- If the child's health or medical condition is likely to cause concern when travelling, the parent should provide details, to include any actions that should be taken and what, if any, warning signs drivers & passenger assistants should be aware of
- When assessing applications a risk assessment is also undertaken. If this indicates a potential need for medical intervention then the parent is contacted to seek advice on what response they would prefer to a medical emergency. Their wishes are recorded on the child's file, and shared with those who transport them
- In an emergency situation, the driver or passenger assistant would call 999 or divert to the nearest appropriate medical facility

A review of the reporting systems used by drivers and passenger assistants also showed room for improvement. It was found that where drivers took the view that a child appeared too unwell to be transported, this could be wrongly recorded as an uncompleted journey due to the child taking a sick day. In these circumstances it is possible that whilst a parent has felt their child was well enough to attend school, a driver has not agreed. Reporting of such incidents has been made more robust to ensure better monitoring and review of such cases.

Dialogue with parents and carers continues via EPIC Leeds (Parent Participation forum) to explore the experiences of families and ensure that policy and practice are consistent.

Desired Outcome - To Increase the uptake of the Leeds Local Offer

Outcome 2.7 Leeds Local Offer

Nearly all of the parents that inspectors spoke to during the inspection did not know of, or use, the LLO. This means that they miss out on key services or do not know where to get high quality support. The feedback from a small number of parents in August 2016 is being acted upon by leaders and some parents, through the EPIC Leeds (Parent' Participation forum) remain involved in improving the offer.

Background:

The Leeds Local Offer website went live on 1 September 2014. The content and technical functionality of the website has been upgraded and improved during the past three years. The Complex Needs Best Practice Development team continue to manage the website and co-produce improvements with parents, carers, young people and children. An annually produced Leeds Local Offer report describes upgrades and technical improvements; user navigation and take up statistical data and user feedback. Participation in a West Yorkshire Consortium Group that meets bi monthly enables the local authority the share experience and benchmark activity.

The Local Offer is also a mechanism that families can use to influence and inform service provision.

Current Position:

A recently agreed business case sets out the actions that will be undertaken to support the accessibility and appeal of the Leeds Local Offer through minor structural changes to the front page, incorporating images into the directory and marketing options.

Other actions include:

- Making better use of the face-to-face contacts our people have every day by embedding

promotion of the Leeds Local Offer within all complex needs service staff contacts with families new to services in Leeds, and at all public-facing events/activities

- Promotion of the unique feature of the site as a place where feedback about service offers will be collated, published and responded to
- Review of young person's version. Work has begun on engaging with young people with SEND (via the West SILC, EPIC Leeds playgroup and colleges)
- To continue to supplement information hosted online with Leeds Local Offer Live Events, the most recent event being the PfA event 7 June 2017 at the Civic Hall. The event was attended by 273 people comprising 135 practitioners and professionals, 34 parents or carers and 104 young people

Desired Outcome - For this cohort of pupils to be above the national average for attendance.

Outcome 3.1 Improve learners attendance

For over 100 pupils who needed additional support was amongst the lowest in England in 2016.

Current Position:

Attendance remains an obsession for the department. As part of this Children and Families have been looking at those children with the worst school attendance. Data from the DfE January School Census provides a comprehensive breakdown of attendance within the city and through the vulnerable learners Practice Improvement Meeting there is an emphasis on improving school attendance as part of the role of everyone who works with children and young people.

This area of work will be strengthened and actions developed through the introduction of the Neglect Strategy and the Restorative Support Teams (funded by the Innovation Programme bid).

The Restorative Support Teams will provide multi-disciplinary support to families in the seven high need clusters in the city.

Desired Outcome - For attainment in English and Mathematics by the age of 19 to be above the national average (second quartile). Proportion of young people aged 17 who have SEND and are Not in Education, Employment, or Training (NEET) is above the national average.

Outcome 3.2 Attainment

Attainment in English and mathematics by the age of 19 remains low for this group. Equally, the proportion of young people aged 17 who have SEND and remain in education or employment with training in 2015 was 82% compared with the national figure of 88%.

Background:

Supported by Council services and partners, work to take forward the City ambition for a NEET free city under the City Deal and the NEET obsession of the Children's and Young People's Partnership Board, has achieved considerable progress in reducing the number of young people identified as NEET and Not Known.

However, the challenge remains and the Council retains a statutory duty to provide a sufficiency of learning places and support to the most vulnerable learners. Through the

targeted Information, Advice and Guidance Service and in conjunction with the wider leadership role of:

- Supporting learning institutions to meet their duties around Careers Education, Information, Advice and Guidance (CEIAG)
- Building effective links with local businesses to better connect education with the world of work
- Enabling young people to make informed choices

Children's Scrutiny Board concluded its inquiry on NEET prevention and reduction and the monitoring of the implementation of its recommendations in September 2016. However, since that time there have been a number of significant changes in policy, learning provision and support, infrastructure and funding constraints. This has led to significant changes in the resources available to be deployed by services internally and for the commissioning of programmes at national, city region and local level.

In addition, there have been changes in Council service structures and individual roles and responsibilities. Some have been planned, but others have been interim arrangements to meet challenging budget saving targets and revised operational requirements and priorities. These have directly or indirectly impacted on this agenda.

The NEET label is used by many services to describe different cohorts of young people ranging in ages from 14 to 25 years. The definition of NEET used by the DfE includes young people in years 12 and 13 of secondary education (16 and 17 years old) not in Education, Employment or Training.

Current Position:

The NEET Prevention and Reduction Working Group will have a central focus on the cohort of young people as defined by the DfE but will also take a broader view and look at groups of young people aged 16 to 24 years that have specific needs. The group will meet monthly.

A refreshed holistic approach is required to:

- Ensure that individual services can meet their relevant statutory duties whilst contributing to a broader set of objectives to prevent and reduce NEET
- Clarify management reporting roles and responsibilities to avoid duplication of effort
- Review strategy, goals, prioritisation and deployment of resources

A two stage process is proposed, focusing initially on internal arrangements and secondly on how this plays into wide stakeholder partnerships in the city. The aims and objectives below will inform the development of a detailed work programme with time bound tasks assigned to lead officers. Please note that these are subject to agreement at this time.

Stage one aims:

- To clarify the purpose of functional areas, individual staff roles and responsibilities and the interactions between these to achieve an integrated approach to NEET prevention and reduction
- To share and communicate information and intelligence to support collaboration and

effective cross service working to make best use of limited resources and improve outcomes for young people

- To deploy resources and expertise to achieve the optimum balance of provision between wider enabling activity, universal and targeted services appropriate to local needs and opportunities
- To ensure that we have the capacity and capability to collate, analyse and intelligently use data for the purposes of reporting progress against baselines and targets; reviewing the effectiveness and impact of interventions; and developing an evidence based approach to the shaping and commissioning of services

Stage one objectives:

- To review and clarify the role and purpose of functional service areas and individual staff roles / responsibilities and deployment in the context of an integrated system wide approach
 - Sufficiency Planning
 - Careers Education, Information, Advice and Guidance (CEIAG)
 - Engagement
 - Skills / Labour market
 - Data (owner and primary client)
- To review and improve where required the interface and interaction between functional operational areas to deliver added value and achieve improved outcomes for young people
- To refresh the baseline information on needs and priority groups and how these interact and align with other service provision in the Council and in the context of the localities agenda.
- To map service provision that is directly delivered and commissioned by the Council and others in the context of changing landscape of provision
- To avoid service gaps and duplication and position Council led provision to make best use of resource
- To identify and plan for policy and system changes that may impact on the behaviour and actions of young people, learning institutions, service providers and employers to maximise opportunities and mitigate adverse impacts.
- To quantify resource inputs across services and outcomes in financial terms to support improved business plans and investment decisions

Stage two will be developed on completion of stage one and in the knowledge of known need and the Council offer in the context of city provision.

Desired Outcome – To narrow the gap between the Progress 8 score for children and young people with SEND in Leeds against the national average

Outcome 3.3 Educational outcomes and progress

Overall, educational outcomes for children and young people who have SEND are poor. Indicative results for 2016 reveal progress in half the secondary schools is slow, particularly for those who need additional support.

The Learning Improvement service works with schools to improve the outcomes of children and young people who have SEND. As a result, schools develop systems that provide better support to children and young people. Unfortunately, the impact on the educational progress children and young people make, particularly for young people who have additional support needs, is limited.

Leaders have not used information about the progress young people with different needs make, to target their support for schools to do better. However, since September 2016, systems to use information about the progress of different groups of young people are being developed and put to better use.

Background:

Action to improve overall educational outcomes for children and young people sits with head teachers. Within the Children and Families directorate, a SEND Monitoring Group has been established that brings both Learning Improvement and Complex Needs services together to explore and understand the barriers in both primary and secondary mainstream provision and to review achievement in specialist provision.

The first step in supporting schools is to identify what the barriers are to improving performance and identifying where the challenges lie. For example, coding of need correctly, the use of the SEN Register (is the child or young person behind in their learning rather than having SEND?)

There is a wider challenge discussion regarding diminishing the differences in progress between non SEN pupils, pupils requiring SEN Support and Pupils with an EHCP as shown by the Leeds Progress 8 data.

It is about being able to identify where performance gaps between cohorts of children and young people are too wide and sign post specialists to address SEND progress with the specific school setting.

An example of this is where Learning improvement now lead on the process of reviewing the SILCs prior to Ofsted inspection. Making the process internal, in partnership with the Complex Needs service, has focussed the challenge and support given to these settings.

Progress 8 is the name of the accountability measure used to track the progress of pupils in secondary provision, across a selected set of eight subjects. It is calculated each year on the basis of the actual results of all of the pupils taking exams at the end of key stage 4 that year.

The average progress score in Leeds for SEN Support pupils is -0.57 (the national average is -0.38) and for EHCP pupils it is -1.46 (the national average is -1.03). The average progress score for non-SEN pupils is 0.06 (the national average is the same). A score of +1 means pupils are achieving one grade more in each GCSE qualification. This data is from the academic year 2015/16.

The provision for pupils classified as requiring SEN Support and pupils with an EHC plan will be different; therefore it is useful for each of these two cohorts to have their own 'desired outcome' ie target Progress 8 score.

A realistic short term target for improving progress for pupils with SEN Support would be - 0.3 and for pupils with an EHC [plan would be -0.1. This would bring Leeds up to the national average.

Current Position:

ACTIONS

- A desk top review and analysis of six secondary schools was undertaken (April / May 2017) to examine factors that may influence the performance of pupils with SEND. Key factors included:
 - School leadership
 - Governor review and challenge
 - Impact of SENCO / SEND lead
 - Inconsistent implementation of school policy around behaviour
- A similar review and analysis of primary school to be presented to the SEND Monitoring Group 1 August 2017
- An internal workshop will be facilitated 11 September 2017 for colleagues from both Learning Improvement and Complex Needs to share the learning from the secondary and primary school reviews described above
- Identify and map intervention process to offer support where a school receives Grade 3 or 4 at Ofsted inspection or where there are comments in the body of the Ofsted report highlighting poor outcomes for pupils with SEND. A learning enquiry pilot was undertaken with Leeds West Academy following publication of their Ofsted inspection from resources available

Desired Outcome - For outcome measures to be progressively introduced within Health Children's Services and demonstrate progress for the child or young person in reaching their potential and working towards goals.

Outcome 3.4 Use of outcome measures in health services is variable

This has been recognised by the designated clinical officer, who is working with health commissioners to use the CQUIN scheme to develop child focused outcomes within children's health services.

Background:

Current Position:

ACTION 1 – Outcome measures as an Integrated Children's Additional Needs service (I CAN) Commissioning for Quality and Innovation (CQUIN) – Q4 reported April 2017

Goal setting has been embedded in occupational therapy, physiotherapy and Complex Communication Assessment / Complex Developmental Assessment pathways. Work is

ongoing to ensure that case coordinators are identified for children and young people who have multiple services involved. The Canadian Occupational Performance Measure (COPM) was tested with one pathway and found to be an appropriate tool. Some challenges in the use of the COPM were identified, highlighting the need for further systems development to support review of goals.

Training has been provided to all groups within I CAN portfolio on health coaching, and further training on goal setting has been provided to several teams, with others booked in. The culture of the wider team is shifting to be more child and family centred and more outcome oriented. Ongoing support is needed to maintain the momentum and to continue to improve the quality of this approach. Outcome measurement at an individual clinical level is now well on the way. Further work is needed to realise outcome measurement at a service level.

ACTION 2 – Health teams who work with children and young people with SEND receiving Health Coaching training – goal centred model of collaborative practice

Over 100 staff from all teams that work with children and young people with SEND have attended health coaching training. Training sessions are ongoing and processes to support clinical supervision of coaching practice are being developed.

My Health, My School Survey 2016 Mainstream Disability Responses

Primary disability N = 255 Secondary disability N = 274

No	Question	Responses	Primary Disability		Secondary Disability	
			Yes (N and %)	No (N and %)	Yes (N and %)	No (N and %)
Q15	Overall how many times are you physically active for 30 mins or more?	14 or more	92 36%	1594 33%	60 22%	643 17%
Q14	In the last four weeks (not in school) have you:	Yes	188 74%	3811 80%	168 61%	2611 70%
	1. Visited a park	Yes	124 49%	2387 50%	98 36%	1190 32%
	2. Been swimming	Yes	149 58%	3282 69%	134 49%	2005 54%
Q16	Does anything stop you from taking part in physical activities?	Multi response	160 36%	3314 47%	128 21%	2053 30%
	1. Nothing stops me	Multi response	31 7%	501 7%	59 10%	512 8%
	2. I can't get there	Multi response	N/A	N/A	67 11%	792 12%
	3. I have no one to go with	Multi response	30 7%	55 1%	50 8%	45 1%
Q17	Do you help look after somebody in your family because they:	Some/most days	138 54%	2253 47%	117 43%	1401 38%
	1. Are ill	Some/most days	66 26%	735 15%	55 20%	447 12%
	2. Have a mental health problem	Some/most days	82 32%	923 19%	82 30%	583 16%
	3. Have a disability	Some/most days	114 45%	1886 40%	130 48%	1540 42%
Q44	My school has been good at helping me to keep myself safe from the risks of having unhealthy relationships	Strongly Agree/Agree	N/A	N/A	81 55%	1335 65%
Q48	Which of the following things do you worry about the most?	Multi response	109 13%	1338 11%	110 9%	828 7%
	1. Being bullied					

	2. Exams	Multi response	98 12%	1661 13%	149 13%	2078 17%
	3. The way I look	Multi response	50 6%	908 7%	117 10%	1270 11%
	4. A death	Multi response	103 12%	1665 13%	1127 9%	110 9%
Q4 9	How happy do you feel about the number of good friends you have?	Very Happy	142 56%	3086 65%	117 43%	2018 54%
		Very unhappy	48 19%	916 19%	19 7%	45 1%
No .	Question	Responses	Primary		Secondary	
			Disability		Disability	
			Yes (N and %)	No (N and %)	Yes (N and %)	No (N and %)
Q5 0	How often do you feel the following?	Every day/Most Days	198 78%	4036 85%	175 64%	2949 79%
	1. Happy					
	2. Confident	Every day/Most Days	152 60%	3372 71%	130 47%	2125 57%
	3. Sad or upset	Every day/Most Days	51 20%	576 12%	88 32%	570 15%
	4. Bad tempered or angry	Every day/Most Days	66 26%	801 17%	124 48%	889 24%
Q5 1	5. Stressed or anxious	Every day/Most Days	63 25%	728 15%	117 43%	972 26%
	How well do you think you cope with feeling the following?	Not well/ Not well at all	71 28%	867 18%	92 34%	698 19%
	1. Sad or upset					
	2. Bad tempered or angry	Not well/ Not well at all	118 46%	1555 33%	147 54%	1284 35%
Q5 2	3. Stressed or anxious	Not well/ Not well at all	95 37%	1153 24%	115 42%	1070 29%
	When I am worried about something I can talk to:	Yes	214 84%	4248 89%	176 64%	2680 72%
	1. My parents/carers					
Q5 3	2. My friends	Yes	166 65%	3426 72%	179 65%	2554 69%
	3. Adults at school	Yes	170 67%	3034 64%	98 36%	991 27%
Q5 3	Have you ever hurt yourself on purpose? (often referred to as self-harm)	Yes	N/A	N/A	46 31%	331 16%

Q5 4	If yes to Q53, which of the following statements describes you? I used to hurt myself but no longer do it	Yes	N/A	N/A	14 30%	166 50%
	I regularly (every day) hurt myself	Yes	N/A	N/A	1 22%	17 5%
Q5 5	How safe do you feel in the following places?	Very safe/safe	243 95%	4722 99%	253 92%	3661 99%
	1. At home					
	2. During lessons at school	Very safe/safe	240 94%	4641 97%	223 81%	3512 95%
	3. At school, not in lessons	Very safe/safe	228 89%	4460 82%	198 72%	3322 89%
	4. School toilets	Very safe/safe	187 73%	3932 82%	166 61%	2775 75%
	5. Travelling to and from school	Very safe/safe	210 82%	4287 90%	197 72%	3282 88%
No .	Question	Responses	Primary Disability		Secondary Disability	
			Yes (N and %)		No (N and %)	
Q6 0	In the last 12 months, have often (if at all) have you been bullied	Yes	164 64%	3319 70%	135 49%	2693 73%
	1. Not at all					
	2. A few times this year	Yes	57 22%	1093 23%	80 29%	793 21%
	3. Most days	Yes	19 7%	166 3%	29 11%	77 2%
Q6 1	If you have been bullied in or around school in the last 12 months, do you think it was because of any of the following? A disability or special need	Multi response	26 13%	42 2%	56 13%	29 1%
	Size (either overweight or underweight)	Multi response	19 9%	253 10%	48 11%	269 13%
	Appearance	Multi response	18 9%	326 13%	60 14%	440 21%
Q6 2	How much do you agree or disagree with following statements?	Agree	202 79%	3926 82%	122 45%	1975 53%
	1. My school is a welcoming and caring place					
	2. My school helps me if I am worried or have a problem	Agree	187 73%	3572 75%	112 41%	1714 46%
	3. I enjoy going to school	Agree	136 53%	3135 66%	89 32%	1425 38%
	4. I enjoy my life	Agree	178 70%	4044 85%	158 58%	2758 74%

Q6 3	In the last 12 months, have you done any of these at your school? Had a chance to have a say in the way the school is run	Yes	99 39%	2047 43%	63 23%	790 21%
	Made decisions (or voted) in a class or school council	Yes	163 64%	3341 70%	95 35%	1476 40%
	Had a chance to say how Leeds as a city is run e.g. voted for Leeds Children's Mayor or helped to choose priorities for the Youth Parliament	Yes	41 16%	800 17%	36 13%	510 14%
Q6 9	To make sure you are safe and healthy, would you know where to go to get help or advice for each of these things? 1. Emotional health	No	59 23%	1024 21%	89 33%	1063 29%
	2. Self-harm	No	N/A	N/A	52 36%	720 36%
	3. How to cope with a separation	No	89 35%	1462 31%	101 37%	1391 38%
	4. How to cope with a death	No	79 31%	1398 29%	97 36%	1266 34%
	5. Grooming (Child sexual exploitation)	No	N/A	N/A	95 35%	1313 36%
	6. Radicalisation/extremism	No	N/A	N/A	51 36%	747 37%

Dyslexia – July 2017

Prepared by:

Jenny Scott – SENIT Officer

Jill Igoe – SENIT Team Leader

Joan Kavanagh – SENIT Team Leader

Karen Jessup – Senior Educational Psychologist

Kathryn Parkinson - Senior Educational Psychologist

Context:

The recent Ofsted report (Jan 2017) for Children's Services in Leeds stated that:

"Leaders have not responded to Specific learning disabilities (SpLD) – particularly dyslexia, and the proportion seen nationally for the same group. Consequently, leaders have not ensured all children with SpLD have their needs identified adequately. Parents and young people have concerns about the impact of unmet needs stemming from dyslexia on their emotional health."

This report reflects on what this statement means for Children and Young People living with dyslexia in Leeds. The introduction includes a discussion around some of the central issues relating to identification and support and uses both local and national data to help give context to the Ofsted findings. It outlines schools' responsibilities, describes what the local authority is currently doing to support pupils with SpLD (dyslexia) and suggests future development plans to help further improve outcomes. It is hoped that in doing so, the scrutiny board will have a clearer local picture of this area and in doing so be able to make an informed response.

Introduction

Dyslexia literally means 'a difficulty with words' and primarily affects the skills involved in accurate and fluent word reading and spelling. It occurs across a range of abilities and is best thought of as a continuum; ranging from mild to severe.

Despite increasing consensus around what the characteristic features are, there is no universally-agreed operational definition. Assessments used to 'diagnose' dyslexia vary and identification is subjective and at the discretion of an assessor. It is therefore difficult to measure accurately the prevalence of dyslexia and estimates not only vary widely from country to country but also within the UK. Broadly speaking, UK prevalence is thought to affect between 4% and 10% of the population with 4% severely affected (Butterworth and Kovas (2013); BDA 2010).

Local Picture

In 2015/16 there was a total of 112 391 children and young people on roll in our primary and secondary schools in Leeds (LG Inform: 2015/16). Put simply this figure translates as potentially suggesting that between 4466 (4%) and 11239 (10%) children and young people across the city will be affected by dyslexia.

A good proportion of these learners would be viewed as having mild dyslexic tendencies and would not be expected to be placed on their school's SEN register. Reasonable adjustments including use of assistive technologies within good quality first teaching, should mean that

children who are moderately affected can make good progress in line with age –related expectations without the need for any additional intervention or support. This is also true in those authorities in England and Wales (McKay, 2005) who have won acclaim for their focus on supporting pupils with dyslexia and where there is parental confidence that a pupil's needs can be met within good quality-first teaching². In line with the new SEN Code of Practice (2014), placement on the SEN Register is an indication that a school has determined a need to give additional provision to pupils more severely affected. In 2016 in Leeds a total of 16, 258 CYP in both primary and high schools were placed on the SEN Register (13.6% of our school population). 1,309 of these pupils were identified as having SpLD. ³ This equates to 1.16% of the whole school population and 8.05% of the identified SEN population. This percentage has almost doubled over the last two years. Despite the growth, there continues to be a significant discrepancy between the local picture of SpLD and the national average representation for SpLD in the same year (10.1% at primary and 21.4% at secondary of the SEN Cohort – See Appendix 9). This figure of 1309 pupils is only 1.07% of our school population in Leeds. This is far less than the estimate that 4% of pupils with SpLD (dyslexia) who are likely to be severely affected. It is possible to come to the conclusion that children and young people in Leeds with dyslexia are being under identified, and as such it is likely that provision for pupils who are affected may not be in place in the way in which it should be.

Schools' response to SpLD

The expectation is for schools to adhere to the SEND Code of Practice (2014) to identify and meet a variety of SEN needs, including pupils with SpLD.

In accordance with the SEND Code of Practice, schools are expected to undertake a cyclical process of *Assess, Plan, Do and Review*; work in collaboration with parents, seek pupil voice and specialist advice where appropriate. An example of good practice within school would involve regular monitoring and tracking of pupils' progress and screening for pupils who may be deemed at risk of specific literacy difficulties.

Schools should ensure that good quality first teaching with appropriate adaptations enables pupils to access the curriculum, alongside evidence based interventions that are specifically tailored to provide cumulative, multisensory and structured teaching. All provision should be monitored for impact. Where pupils are deemed to need further specialist support, the school should contact the Complex Needs Service who can provide specialist advice and assessment as appropriate. The Complex Needs Service Dyslexia Guidelines provide a clear rationale for identification, assessment and provision for pupils with SpLD.

Schools are expected to use up to £6,000 of their notional inclusion budget per pupil to meet identified needs and further top up funding from the High Needs Block is available for pupils who are most severely affected. The SENIT team offers bespoke and central training around identification, screening, policy, evidence based interventions, securing good progress and working in partnership with parents.

² York CC, London Boroughs of Hackney & Southwark

³ Pupils with dyslexia are categorized under the umbrella term of 'SpLD' which whilst dyslexia is the most common (BDA 2017), also includes other specific difficulties such as Developmental Coordination Disorder (DCD), dyscalculia and ADHD/ADD.

Local Authority Work

Endorsed throughout the UK and adopted by the Complex Needs Team, the 'Rose' definition (2009) of dyslexia provides guidance for teachers and practitioners in school around the identification of dyslexia and provides a rationale for targeted intervention and support relative to the continuum of need. Rose points to the importance of intervention as paramount to pupil progress telling his readers: *"A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well-founded intervention."*

Over the past four years, members of the Complex Needs Service have, through formal post-graduate training and qualifications, gained a better understanding of what dyslexia is and developed the local authority offer to reflect this. The advisory teachers within the SEN Support and Inclusion team (SENIT), have had a particularly proactive role in this. Details of this work including guidelines for schools, capacity building courses, assessment, funding and intervention training are described throughout the position statement on pages 5-8 of this document. To date 77 schools have accessed Level 1 Dyslexia Capacity Building training, attended by SENCos and literacy leaders. Feedback from delegates attending the training has been overwhelmingly positive and the recent pilot for Dyslexia 2, aimed at embedding practice, suggests that schools have made significant progress in their ability to support pupils with SpLD (dyslexia). In addition, 47 schools have attended Active Literacy Kit training and 21 schools have attended Alpha to Omega training (evidence based SpLD interventions).

Three members of the SENIT team currently hold a diploma in SpLD which qualifies them to assess pupils formally. As a small team, (equivalent of 5.4 FTE), and a targeted audience of pupils with a broad spectrum of SEN, there are limitations relating to the capacity of this team to support all pupils with SpLD. That is why the emphasis needs to be on building expertise in schools. Currently, only those pupils at the very sharp end of the continuum of need can be seen for assessment using the Complex Needs Service referral system. The main focus of the team's work is to support schools to develop their understanding of dyslexia, identify, screen and provide suitable provision for these children.

The Complex Needs Service is keen to develop the offer to schools. A draft action plan has been completed and is attached in this report (See page 9). It is noted that in authorities where identification of SpLD is much higher, this is often reflected in a higher number of specific local authority roles.

Scrutiny Inquiry 1:1 Dyslexia Key Themes

Themes	Current Position
1. Identification	<p>How do we identify and record pupils with SpLD?</p> <ul style="list-style-type: none"> • Dyslexia Guidelines revised 2015 (See Appendix 2) reflect current Complex Needs Service Identification. These include a parent copy of the report. (Guidelines were disseminated across the city during targeted cluster sessions in ALL areas by SENIT in 2015) • SENIT Dyslexia Level 1 training provides screeners & checklists for early identification and a range of assessments aimed at identifying key areas of difficulty to inform next steps • Best Practice census guidelines issued annually during SENCo networks Spring 2017 and Conference (May 2017), Capacity Building courses (Jan 2017 & June 2017) • Three members of the SENIT team have a diploma in SPLD which qualifies them to formally assess pupils with SpLD. Currently formal identification only available for those most severely affected due to limited team capacity. • SpLD top up funding is now available for pupils with the most severe form of dyslexia (SENIT currently identifies these pupils)
2. Support for Schools	<ul style="list-style-type: none"> • Schools have access to a range of training opportunities which include <i>Dyslexia Capacity Building Courses level 1 and 2</i> for Literacy Coordinators and Senior Leaders. The course includes two staff meetings on awareness and strategies in Quality First Teaching (QFT) • To date, 77 schools have attended SENIT Level 1 training - 74 of which are Primary • Level 2 pilot (7 schools attended. This is a longer pilot, due to be completed Academic Year 2017/18) • 5 Leeds schools attending DfEE funding project delivered by Dyslexia Action/BDA (Bronze, Silver, Gold Awards Academic Year 2015-2016) • 47 schools have attended Active literacy Kit Training • 21 schools have attended Alpha to Omega Training • SpLD top up funding pathway changed 2016/17. Funding is now directed to schools via SENIT team and related to clear provision
3. Training	<p>SENIT Training offer 2017/18 includes:</p> <ul style="list-style-type: none"> • Level 1 Capacity Building training twice a year (see above attendance numbers) • SpLD intervention training; Alpha to Omega • SENIT Year 1 Phonic Intervention (Targeting pupils not expected to meet expected standard) <p>Further training opportunities available from SENIT:</p> <ul style="list-style-type: none"> • SENIT Multisensory Phonic Step Programme (Steps 1 to 4) • SpLD reading intervention • SpLD Reading fluency • Active Literacy Kit

- | | |
|--|--|
| | <ul style="list-style-type: none">• Memory Matters• Structured Spelling programme• Jelly and Bean Reading Intervention Programme |
|--|--|

References

The New SEN Code of Practice (2014) DFE-00205-2013

Kelly, K. and Phillips, S. (2011) *Teaching Literacy to Learners with Dyslexia*, London: Sage

Miles, T.R. (2004) *Dyslexia and Stress: 2nd Edition* London: Whurr

Riddick, B. (2010) *Living with Dyslexia: The social and emotional consequences of specific learning difficulties / disabilities, 2nd edition*, Oxon: Routledge.

Rose J. (2009) *Identifying and Teaching Children and Young People with Dyslexia and Literacy Difficulties*, June 2009, London: DFCS.

Rose J. (2006) *Independent Review of the Teaching of Early Reading: Final Report*, March 2006, London: DfES

Correlation between unidentified Dyslexia and SEMH (Prepared by: Karen Jessup & Kathryn Parkinson - Senior Educational Psychologists)

The provision for secondary age children with persistent reading difficulties calls for greater attention. It is well known that the nature of the problems for secondary aged children who have experienced repeated failure with reading often includes negative attitudes and disengagement that are much more entrenched than in primary schools. Additional support for those children starting secondary school without secure reading skills is essential if they are to make progress and not fall further behind their peers. Whilst we would recognise that these factors compound each other, it is somewhat simplistic to suggest a direct causal link or to separate these into component parts. The needs of SEMH pupils are complex and a stance which makes overly simplistic links risks not understanding individual needs nor recognising the inter relational aspects of context, experience, individual and school systems.

The data the local authority collects does not identify pupils who are accessing appropriate intervention for literacy difficulties. Unidentified SPLD cannot be quantified as unidentified does not necessarily equate to unmet needs. Data is therefore not available other than through Ofsted inspection reports.

The local authority has a Primary and Secondary Review Group (PRG and SRG) which monitors schools identified by Local Authority professionals as requiring additional support to improve practice and therefore outcomes for children. If a colleague from the Complex Needs Service (CNS) identified that a school is not meeting needs of children with dyslexia via their case work and after discussion and challenge to the school regarding their practice no improvement is seen, then a discussion will take place within the context of the wider PRG/SRG to determine if there are other issues and plan a way forward.

Next steps:

- EP team and SENIT meeting to scope out the CNS offer in existence and identify gaps.
- EP City Wide Consultation sessions available alongside EP and SENIT offer.
- CNS to review guidelines for dyslexia along with representatives from schools and recirculate in 2017-18 academic year.

References:

DfE/DfH (2015) Special Educational Needs and Disability **Code of Practice**

DfES (2002) **The National Literacy and Numeracy Strategies** Including all children in the literacy hour and daily mathematics lesson. Ref: DfES 0465/2002

DfES (2003) **The National Literacy Strategy** Targeting support: choosing and implementing interventions for children with significant literacy difficulties management guidance

Devon County Council (2005) **Inclusive Education in Devon: Dyslexia: Guidance on Identification, Assessment and Intervention.**

Milton Keynes Council (2003) **Milton Keynes Dyslexia Policy**

North East Lincolnshire Council (Undated) **North East Lincolnshire Dyslexia Policy and Working Guidelines**

Rose J. (2009) **Identifying and Teaching Children and Young People with Dyslexia and Literacy Difficulties** London: DFCS.

Rose, J. (2006). **Independent review of the teaching of early reading: Final report.** London: Department for Education and Skills.

Available at www.standards.dfes.gov.uk/phonics/rosereview/

SENIT Draft Action Plan for SpLD (Dyslexia)

Outcomes	Action Plan	Timescale
To increase the identification of pupils with SpLD (dyslexia) in order that identification is in line with national data	<ul style="list-style-type: none"> ○ Complex Needs Service to continue to highlight Best Practice census guidelines through cluster, New SENCo, SENCo Networks, Head teacher briefings ○ SENIT/School Improvement to plan Dyslexia Awareness Raising event (For Dyslexia Awareness Week 2nd to 6th October 2017) ○ Complex Needs Service Guidelines to be reviewed Autumn 2017 by a multidisciplinary team (Specialist teachers, Educational Psychologists, Learning Improvement, SENSAP SENCos, Best Practice Team). Parent and Pupil voice to form part of the review. ○ Disseminate guidelines across the city. Use INSITE, Leeds for Learning and the HUB, email taglines to raise profile ○ SENIT/EP team to share the 'Continuum of Need Model' to support identification, provision and links to funding 	<p>Ongoing (collect dates)</p> <p>October 2017</p> <p>November 2017</p> <p>November/December 2017</p> <p>Ongoing (to be included within the guidelines)</p>
To develop Leeds School skills and expertise in supporting pupils with SpLD (Dyslexia)	<ul style="list-style-type: none"> ○ SENIT to develop further training targeting high schools. ○ Following completion of pilot (Spring 2018), SENIT to extend level 2 Capacity Building training for SENCos/Literacy Leaders across city ○ Encourage 'Level Two' Schools to be local leaders in their area. 	<p>Spring term 2018</p> <p>Spring term 2018 (ongoing) Summer 2017 to November 2017</p>

To raise the awareness of available support and impact of intervention for pupils with SpLD (dyslexia)	<ul style="list-style-type: none"> ○ SENIT team to attend Head teacher briefing to outline LA training offer for SpLD dyslexia ○ SENIT/EP team to gather local information about schools not attended Dyslexia level 1 training to help target future attendance (update attendance lists) ○ SENIT to invite schools who have attended the training to talk about it at SENCo forums ○ Complex Needs Service and Learning Improvement to raise the profile of prevalence of dyslexia through developing training targeting pupils who would not normally receive support from SENIT ○ SENIT to trial further evidence based interventions in dyslexia based reading programmes (gather data to inform progress. ○ SENIT to publish data from intervention to demonstrate impact on pupil attainment and achievement (Phonic Screener Project, Alpha to Omega data, Active Literacy Kit) 	<p>October 2017 (as near as possible to DA Week)</p> <p>July 2017 to July 2018</p> <p>October 2017 to February 2018</p> <p>July 2018</p>
To review the Availability of dyslexia assessments	<ul style="list-style-type: none"> ○ SENIT to meet with newly formed Dyslexia Charity Dyslexia Alliance to seek to work in partnership. ○ Complex Needs Team (SENIT/EP) to visit authorities with good practice in SpLD Dyslexia (e.g., York, London Boroughs) ○ Consider working with schools to support Rose Recommendations (e.g. specialist teaching within school clusters) Develop a long term plan to coordinate this provision and direct support. 	<p>Ongoing</p>
To encourage the use of screening at a certain age i.e. 5 or 6 years	<ul style="list-style-type: none"> ○ SENIT to request data from Year 1/2 phonic screener to target school training. ○ Continue to address in Dyslexia training. ○ Explore further tracking of pupils at risk and measuring progress during Level 2 course ○ Invite Level 2 schools to present their work at SEN Conference/SENCo forums ○ Talking to authorities where good practice is identified (e.g. Target YORK research Response To Intervention) ○ SENIT team members to continue research during CPD and ensure 	<p>July 2018</p> <p>Autumn 2017 to Spring 2018</p>

	that CPD targets reflect this.	July 2018 Ongoing
To increase Heads' and governors' awareness of Dyslexia and local offer	<ul style="list-style-type: none"> ○ Share revised guidelines and data from interventions at Head teacher briefings. ○ Ensure schools extend open invitation to SEN governor attendance to dyslexia level 1 staff meeting. 	December 2017 & July 2018 December 2017



Leeds Preparing for Adulthood Strategy 2017-2022

Foreword and introduction

Preparing for Adulthood



Young people identified as having special educational needs and disabilities (SEND) have the same needs as everyone else. Over the past 18 months through auditing Education Health and Care Plans (EHCPs), focus groups, surveys and two city wide co-production events, young people, parents and carers and people who work with them have shared this view. They want to have fun, to make friends, to learn, to work, to have the opportunity to speak up and be heard and to be full participants in their community. Their SEND can mean that they experience barriers to this full engagement and achievement.

Young people (with SEND) may need extra support, sometimes significant support and adjustments, to meet a particular need. For example, a person who requires help in speaking, writing or being understood, is still meeting the same human need that we all share, the need to communicate. The only thing that is different is the degree of support or the way they meet that need, not the need itself.

Enabling young people (with SEND) to move successfully into adulthood, fits with the vision of Leeds to be the best place it can be: a compassionate and child friendly city with a strong economy. It is not only in the best interests of individuals and families with SEND but also for the communities of Leeds and the city as a whole, that collectively we have high aspirations for all our children and young people. That we support them to transition into adulthood and reach their full potential. That may be: employment, independent living, participating within an inclusive community, as well as meeting their health and well-being needs.

When a child is very young, or SEND is first identified, families need to know that the great majority of children and young people with SEND, with the right support, can find work, be supported to live independently, and participate in their community. Health workers, social workers, early years providers and schools must encourage these ambitions right from the start. They must seek to understand the interests, strengths and motivations of children and young people and use this as a basis for planning support around them.

With the right support, many young people (with SEND) can build the confidence and independence they need to be leaders of their own lives. For some young people with the most complex needs, it's about celebrating the small steps towards maximising autonomy and life experience. Preparation for adulthood is all about aspirations and opportunities.

This strategy outlines the intended outcomes, key priorities and indicators that will provide a framework for all services in Leeds working with children, young people and their families who are Preparing for Adulthood (PFA). The strategy will be driven and the indicators will be reviewed and monitored by the complex needs partnership board that reports to the children and families trust board.

By Preparing for Adulthood we mean preparing for:


- higher education and/or employment – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies
- independent living – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living
- participating in society, including having friends and supportive relationships, and participating in, and contributing to, the local community
- being as healthy as possible in adult life

Therefore Preparing for Adulthood is about enabling, empowering and supporting young people (with SEND) to:

- Acquire the skills they need to move successfully through their education; and pursue vocational opportunities through participation in volunteering opportunities; work tasters, work experience; supported internships; apprenticeships; job coaching; and paid employment.
- Develop the skills and confidence they need to become as independent as possible in relation to: travel; managing their finances and activities of daily living such as cooking and cleaning; living on their own or with others; and forming and sustaining positive relationships with friends and others into adult life.
- Become and remain active citizens; living and participating in their local communities and making a positive contribution to the development and improvement of them.
- Be able to keep themselves safe and healthy and know what health services are available to support them - including mental health services, and how to access what they need to maintain or achieve good health and well-being.



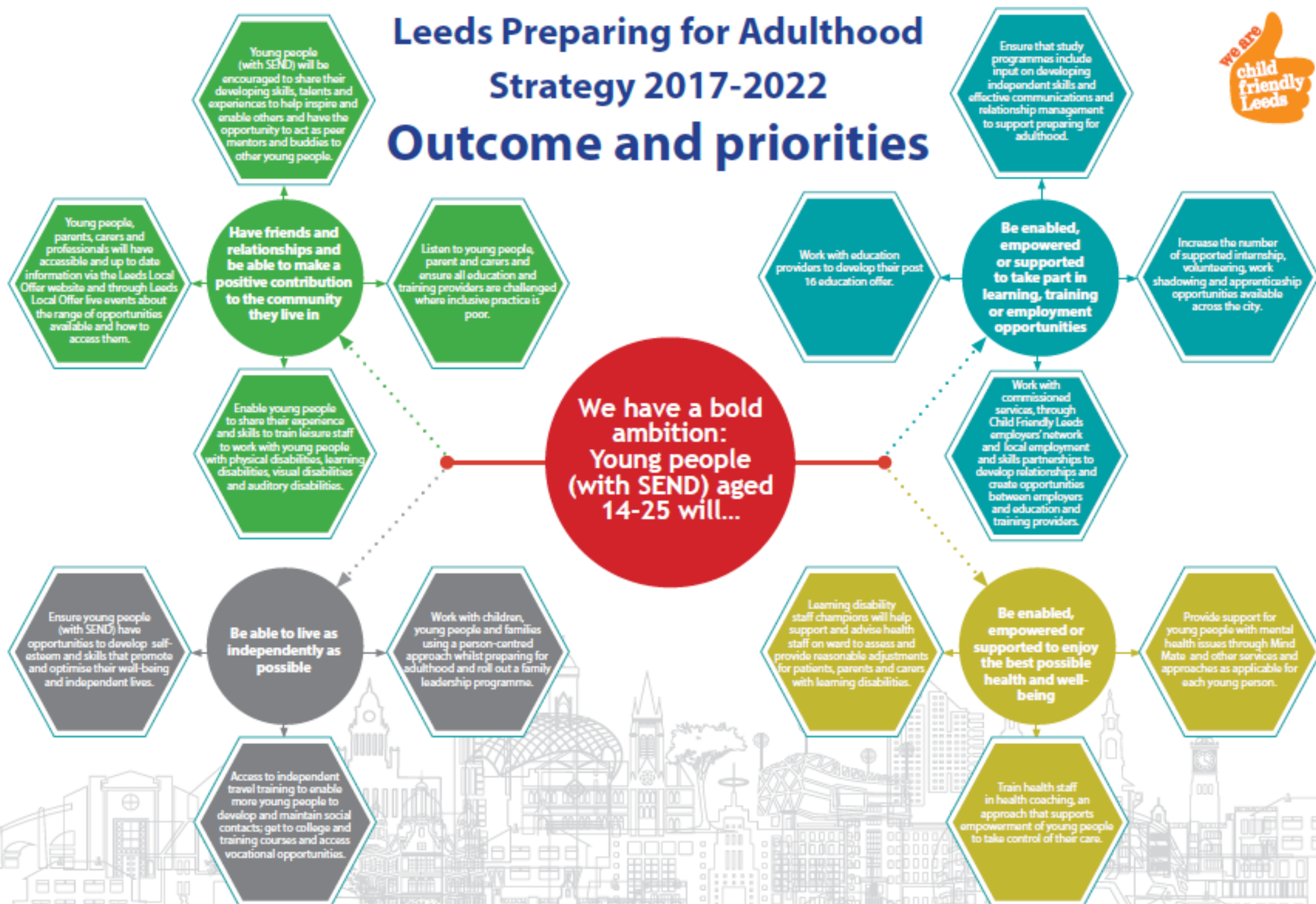
Lisa Hall
Councillor Mulhertn
Executive Board Member
for Children and Families



Steve Walker
Director of
Children and Families

Leeds Preparing for Adulthood Strategy 2017-2022

Outcome and priorities



Leeds Preparing for Adulthood Strategy 2017-2022

Indicators



Have friends and relationships and be able to make a positive contribution to the community they live in				
Be enabled, empowered or supported to take part in learning, training or employment opportunities				
Be able to live as independently as possible				
Be enabled, empowered or supported to enjoy the best possible health and well-being				
Uptake of the Leeds Local Offer website and numbers attending Leeds Local Offer live events.	★	★	★	★
Individuals' experiences of participating in post 16 education, training or employment has made a positive difference to their own lives and the lives of others.	★	★	★	★
Post 16 education courses include input on social and communication skills that help to build positive relationships with others in work and social environments.	★	★	★	★
Number and percentage of young people (with SEND) who participate in education, training and employment until they are 18.	★	★	★	★
Numbers of supported Internship placements.	★	★	★	★
Number of organisations providing employment and volunteering opportunities.	★	★	★	★
Number of post 16 education providers who have staff trained as a job coach.	★	★	★	★
Numbers of employers who have adjusted their recruitment practices in line with best practice.	★	★	★	★
Number of volunteering opportunities from commissioned services is increased.	★	★	★	★
Volunteering opportunities are appropriately matched to young people's skills.	★	★	★	★
Percentage of individual EHCP outcomes demonstrating progress and achievements in relation to independence.	★	★	★	★
Individuals' plans and reviews provide evidence of growing confidence and independent living skills.	★	★	★	★
Numbers of parents accessing the family leadership programme.	★	★	★	★
Evidence of peer mentoring and buddying systems in place, in settings and services and case studies demonstrate their use and effectiveness.	★	★	★	★
Numbers of young people achieving the housing option that they want.	★	★	★	★
Numbers of leisure facilities where training has been provided and a designated champion for young people with SEND is in place.	★	★	★	★
Numbers of learning disability health staff champions and those trained in health coaching.	★	★	★	★
Numbers of young people (with SEND) who have undertaken independent travel training.	★	★	★	★
Numbers and percentage of outcomes set at every EHCP transition. Annual Review (in year 9) that supports the four PFA outcomes; participating in their community, taking part in learning, training or employment, living independently and living healthily.	★	★	★	★

Key actions to deliver the priorities



Below are some key actions to deliver the 14 priorities and meet the four preparing for adulthood outcomes; young people (with SEND) making a positive contribution to their community; being supported to take part in learning, training and employment; independent living and living healthily. Please note that some actions are applicable to more than one outcome. A more detailed action plan will sit alongside this and will be overseen and governed by the complex needs partnership board that reports to the children and families trust board.

Young people (with SEND) aged 14-25 will have friends and relationships and be able to make a positive contribution to the community they live in

- ⚙ We will continue to work with young people, parents, carers and professionals to co-produce accessible and up to date information for the Leeds Local Offer website. We will hold Leeds Local Offer live events about the range of opportunities available and how they can be accessed.
- ⚙ We will encourage young people (with SEND) to share their developing skills, talents and experiences to help inspire and enable others.
- ⚙ We will ensure that study programmes include input on effective communications and relationship management to support preparing for adulthood.
- ⚙ We will promote opportunities for how young people (with SEND) can get involved in groups and forums and participate in the National Citizenship Scheme; Duke of Edinburgh Award and other national awards.
- ⚙ We will support and plan to develop and keep meaningful friendships throughout transitions post 16 and into adulthood.
- ⚙ We will explore 16-25 joint commissioning opportunities across children's and adults' services.
- ⚙ We will recognise, celebrate and share achievements and successes of young people, for example through the Leeds Youth Award, the Child Friendly Leeds Awards, the Care Leavers Awards and through social media related to PFA.
- ⚙ In line with the 2016 'Transition from children's to adults' services for young people using health or social care services' NICE guidelines we will jointly review current systems and practice to identify where changes are needed to improve transitions.

Young people (with SEND) aged 14-25 will be enabled, empowered or supported to take part in learning, training or employment opportunities

- ⚙ Where inclusive practice is poor the local authority will challenge providers.
- ⚙ Develop and share tools and best practice to support effective transition planning and preparation for adulthood.
- ⚙ Ensure schools and colleges provide study programmes that include employment, independent living, community living and good health.
- ⚙ The SEND partnership will work with education providers to develop their post 16 education offer.
- ⚙ Provide training for post 16 education staff to become job coaches.
- ⚙ Increase the number of supported internship opportunities available across the city.
- ⚙ Work with potential employers to adjust recruitment processes for young people (with SEND) in line with best practice used by disability confident employers.
- ⚙ Work with commissioned services, the Child Friendly Leeds employers' network and local employment and skills partnerships to develop relationships and create opportunities between employers and education and training providers.
- ⚙ Establish a post 16 PFA network, to build capacity, confidence, skills and share best and emerging practice.
- ⚙ Leeds City Council will work towards becoming a disability confident employer and will promote this to other organisations.

Key actions to deliver the priorities



Young people (with SEND) aged 14-25 will be able to live as independently as possible

- ⚙ Start preparing young people for adulthood from the earliest years.
- ⚙ Ensure young people (with SEND) have opportunities to develop skills that promote and optimise their independent lives.
- ⚙ Create a workforce development offer to enable staff working with young people and families to use strengths-based and person-centred planning approaches. This will focus on high aspirations for ordinary lives for all children and young people, including employment, independent living, community participation and good health.
- ⚙ Roll out a family leadership programme.
- ⚙ Work with organisations, groups and services to ensure that there are a range of support services available, that aim to further develop independence.
- ⚙ Young people will be enabled to share their experience and skills and have the opportunity to inspire other young people by being peer mentors or buddies.
- ⚙ Services will focus on how they can support people to progress towards preparing for adulthood outcomes.
- ⚙ Young people and their families will be involved in strategic planning and service design and commissioning services.
- ⚙ Young people and families will be involved in the ongoing development and review of the Leeds Local Offer.

Young people (with SEND) aged 14-25 will be enabled, empowered or supported to enjoy the best possible health and emotional well-being

- ⚙ Develop a training offer for leisure staff to promote inclusion for young people with SEND.
- ⚙ Learning disability staff champions will help to support and advise health staff on hospital wards to assess and provide reasonable adjustments for patients, parents and carers with learning disabilities.
- ⚙ Workshops will be held about accessing health services with school-aged young people.
- ⚙ We will help young people and their families having treatment by the ongoing development of the Leeds children's hospital TV channel.
- ⚙ We will make health coaching training for health professionals available, an approach that supports empowerment of young people to take control of their care.
- ⚙ We will promote access to independent travel training to enable more young people to develop and maintain social contacts; get to college and training courses and access vocational opportunities.
- ⚙ We will provide support for young people with mental health issues through Mind Mate and other services and approaches as applicable for each young person.
- ⚙ We will provide up-to-date and good quality information about provision and how to access it on the Leeds Local Offer.

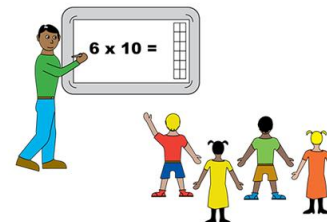
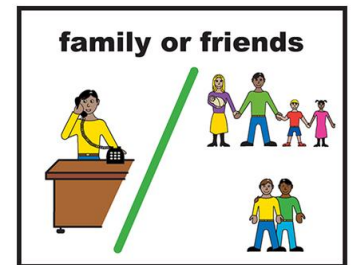
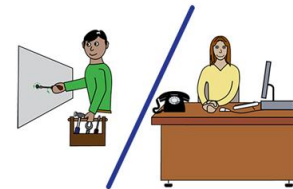
Appendix 7

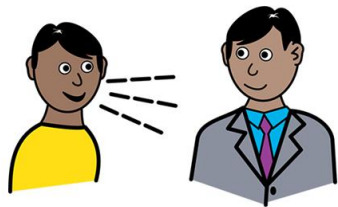


Leeds Preparing for Adulthood Strategy 2017-2022 Easy read version

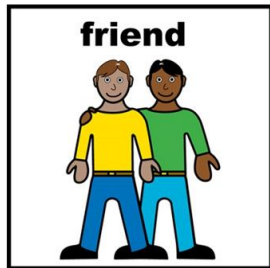


Getting ready for being an adult in Leeds





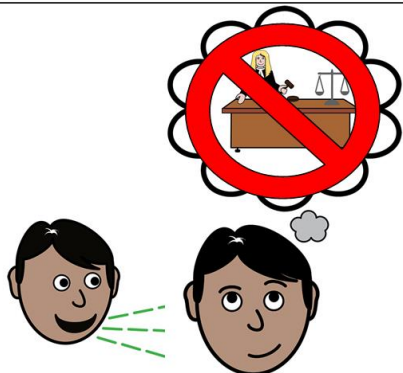
What people have told us
young people with special
educational needs and
disabilities in Leeds want...



To have fun and make friends.



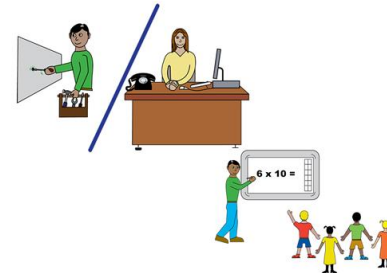
To work and be paid to
work.



To be heard by other people
and not be judged.



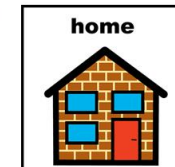
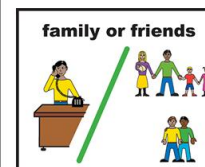
We want all young people
with special educational
needs in Leeds to...



To be able to work or go to
school or college.






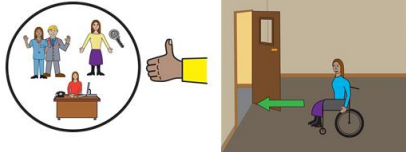

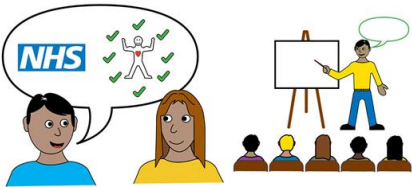

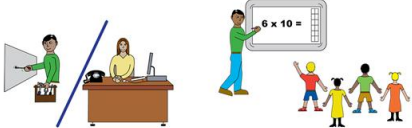
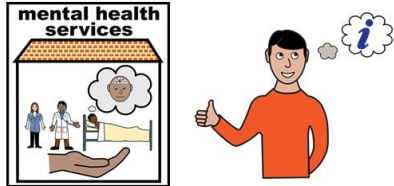
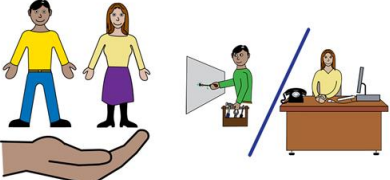
To be able to live on their own
or live with help from other
people.



To have friends and family who
they can talk to near to where
they live.



To be healthy when they
become an adult.

	<h2>What we're going to do</h2>		<p>We want families to learn how to help young people make choices.</p>
	<p>Make information about special educational needs and disabilities clear and interesting.</p>		<p>We want staff who help young people to help make places as easy to get to as possible.</p>
	<p>We want young people to look after each other.</p>		<p>We want doctors and nurses to help young people with looking after their bodies.</p>
	<p>We want young people to be able to learn about doing things on their own.</p>		<p>We want young people to be able to travel on their own to school, college or work.</p>
	<p>Get schools and colleges to teach young people about what they want to do when they grow up.</p>		<p>We want young people to have healthy minds.</p>
	<p>We want young people to take part in supported internships.</p>		