

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

Report to Scrutiny Board (Children and Families)

Date: 24th October 2018

Subject: Aspire, Empower, Accomplish - Supporting Young People with Special Educational Needs and Disabilities in Leeds – Tracking of scrutiny recommendations 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.

6. 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.
- 1.2 Appendix 3 of this report sets out the specific areas for improvement as identified in the Area SEND Ofsted / CQC Inspection outcome letter and details of progress made to-date.

2 Background information

- 2.1 At the meeting on 18th 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 23rd 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 and then received a further tracking report in September 2017. At that stage, the Scrutiny Board agreed that 4 out of the 11 recommendations had been fully implemented and no longer required tracking.
- 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.

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. Details of progress against each recommendation are set out within the table at Appendix 2.

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 Best Council Plan

- 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 People's Plan (CYPP) 2018-2021. 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.

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

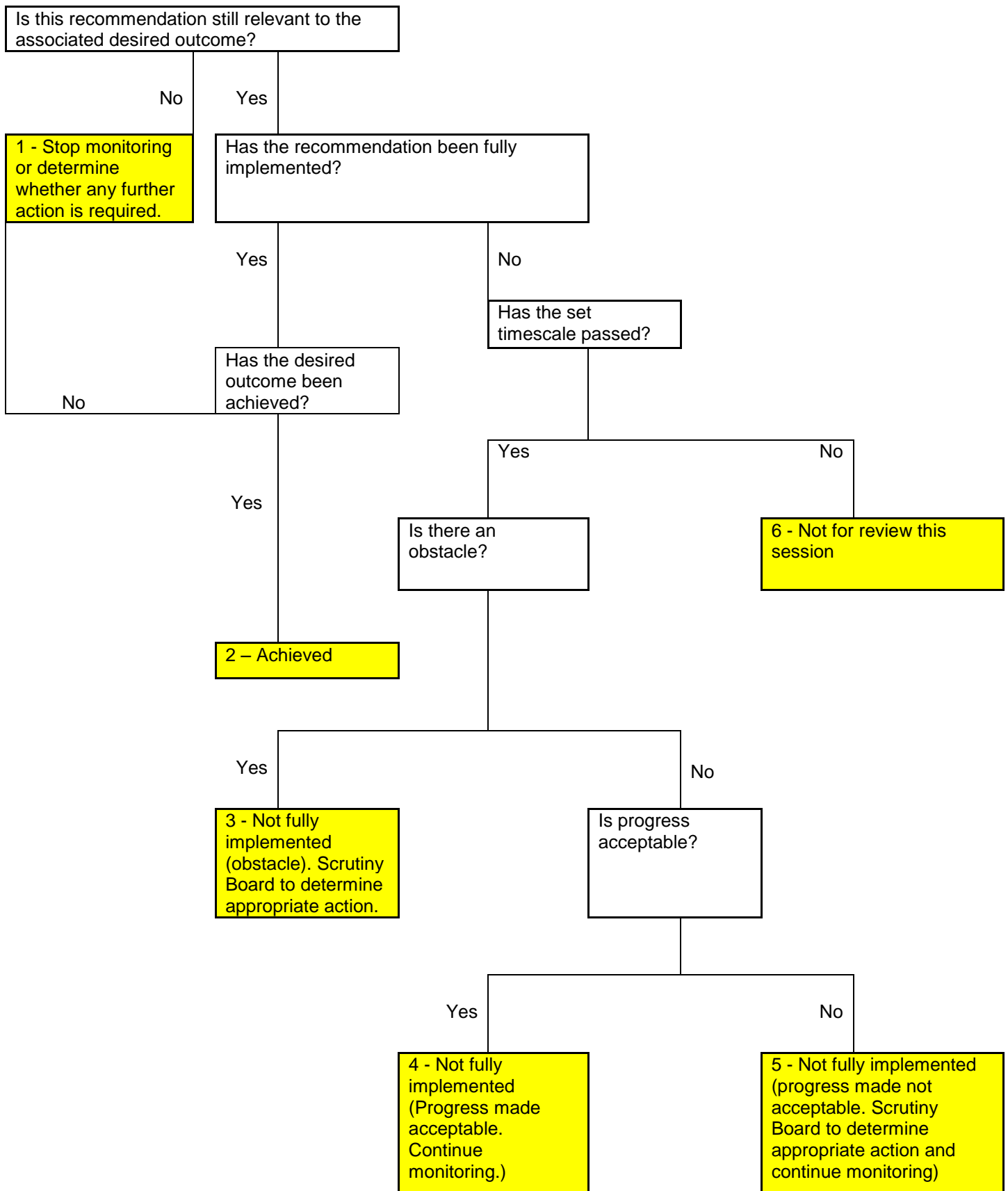
- Note the progress in the areas for improvement as identified in the Area SEND Ofsted / CQC Inspection outcome letter and make any recommendations where progress is unsatisfactory and determine the action the Board wishes to take as a result.

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:
Questions to be considered by Scrutiny Boards



Appendix 2

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. 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.

Position reported in September 2017:

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.

Current Position:

EHC plans issued from new assessments are carried out in a timely manner with 96.6% finalised within 20 weeks (SEN2 2017). With regard to the transfer of statements of SEN to EHC plans, Leeds local authority is pleased that we have, together as a local area, achieved 100% of the conversions required to be completed by April 2018.

On the 10th of May 2018, Steve Walker received a letter from Nadhim Zahawi MP, the Parliamentary Under-Secretary of State for Children and Families confirming that we successfully completed all transfer reviews by the statutory deadline.

In recognition of our position as leaders in the process and effective use of technology, Leeds has been asked by the DfE to support other local authorities.

Position Status (categories 1 – 6) *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.

Position reported in September 2017:

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.

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.

Current Position:

Since the initial introduction, in the 2015/16 My Health My School (MHMS) survey, of disability monitoring questions, developed collaboratively with colleagues from a range of council services this information has been collected in each of the subsequent two years i.e. 2016-17 and 2017-18 providing a total of three years' worth of data. The MHMS survey question 5 specifically asks the following:

Q5. Do you have, or do you consider yourself to have, a disability?

Percentage	Primary			Secondary		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Yes	5%	5%	6%	7%	8%	9%
No	95%	95%	94%	93%	92%	91%

The definition of 'disability' provided in the survey is: "A physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. Impairment is a problem in body function or structure which may cause someone to find it difficult to complete a task or action such as feed or dress themselves".

As well as being used at a school level, the survey findings on disability monitoring previously reported at Complex Needs Partnership Board (CNPB) will be reported to the Learning Inclusion Service.

Regarding the development of the tailored MHMS SILC survey this was discussed at last September's SILC development meeting following which a revision of the question set was supported and subsequently implemented to produce a final draft (18th October).

The draft SILC survey was ready for a live pilot using the council's survey tool with Leeds SILC's from Spring 2018 onwards. However, as the original MHMS survey was also being reviewed in preparation for the new academic year 2018-19 the decision was taken to align the SILC survey and the new post-16 survey also being newly introduced this year. The SILC survey was tested with pupils from the East SILC in July 2018 for both readability and to ensure appropriate accessible content for SILC pupils. The final SILC survey will be ready and online for the Autumn term along with other MHMS surveys.

Position Status (categories 1 – 6) *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.

Position reported in September 2017:

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.

Current Position:

In light of the Children and Families Directorate reorganisation of the way services for children and young people with SEND are delivered, the SENSAP team rather than an individual senior leader have responsibility for involving families in the SILC Cluster.

SENSAP are working on understanding what families, specifically those with children who have an EHCP, think of the process, progress and services we offer. All pupils in the SILC cluster fall into this group. The Statutory Assessment and Provision Lead and the Senior Casework Officers are currently attending coffee mornings not only at the SILCs, when possible, but also at a variety of parent groups.

A systemic and comprehensive plan to gather parent voice, as part of the assessment process and the day to day work of the SENSAP team, is in development with the support of the Voice, Influence and Change team. The responsibility for developing and implementing this plan, as part of service improvement, is with a Senior Casework Officer.

Position Status (categories 1 – 6) *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.

Position reported in September 2017:

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.

Current Position:

Using the DfE January School Census (2017) a cohort of 11 pupils with a physical disability (PD) as their primary SEN need and no other identified secondary need has been identified. All 11 pupils attended a mainstream school and their needs were classified as SEN Support.

The types of physical disabilities discussed in this section include conditions such as Muscular Dystrophy, Spinal Cord Injury, Spina Bifida, Cerebral Palsy and amputation following severe meningitis or accident.

Poor attendance can adversely affect a pupil's level of attainment. The data below shows the average levels of attendance for the Leeds Year 11 cohort of 11 pupils with PD in comparison with Leeds Year 11 pupils without PD.

HT1-6 2016/17	Leeds PD Year 11 cohort	Leeds Year 11 cohort
Attendance	87.6%	93.3%
Overall absence rate	12.4%	6.7%
Persistent absence rate	9.1%*	17.2%

Data HT1-6 2016-17 * 1 pupil

The data shows that pupils with physical disability only, have slightly lower attendance levels than their peers without physical disability.

Within this cohort, the majority of the absence was as the result of medical/dental appointments, rather than illness (not medical or dental appointments). It is interesting to compare it with the Year 11 2016/17 cohort as a whole. See table below. However, it is important to note that we are looking at absence in just one academic year and comparing a cohort of 11 pupils to a cohort of 7528 pupils.

Attendance code	Pupil Absence by Attendance Codes in HT1-6 2016-17	% reason for 2016/17 Yr 11 PD cohort	% reason for 2016/17 Yr 11 cohort
I	Authorised absence due to Illness (NOT medical or dental etc appointments)	22.7	34.56
M	Authorised absence due to medical / dental appointments	54.1	5.36
R	Authorised absence due to religious observance	0.0	1.01
S	Authorised absence due to study leave	1.9	0.61
T	Authorised absence due to traveller absence	0.0	0.03
H	Authorised absence due to agreed family holiday	0.0	0.16

F	Authorised absence due to agreed extended family holiday	0.0	0.00
E	Authorised absence as pupil is excluded, with no alternative provision made	0.0	2.87
C	Authorised absence as pupil is absent due to other authorised circumstances	14.1	7.10
G	Unauthorised absence as pupil is on a family holiday, not agreed, or is taking days in excess of an agreed family holiday	0.0	2.41
U	Unauthorised absence as pupil arrived after registers closed	0.0	1.93
O	Unauthorised absence as pupil missed sessions for an unauthorised absence not covered by any other code / description	4.3	41.14
N	Unauthorised absence as pupil missed sessions for a reason that has not yet been provided	2.9	2.81

It is known that poor attendance can be one of the factors that adversely affect pupil attainment. Exploration of additional data available for this cohort of young people from the January School Census 2017 was inconclusive. Comparing attainment at KS2 with actual KS4 attainment in year 11 and home postcode to levels of deprivation did not show any patterns or links. This cohort of 11 pupils achieved a range of grades at GCSE.

Given the small size of this cohort of pupils (around 0.2% of each year group), any accurate analysis of attainment is very limited and therefore not statistically sound. In light of this, the next step would be to undertake a small piece of work with future cohorts of young people coming into year groups 10 and / or 11. To co-produce a short report, detailing their individual experiences of barriers to learning and what might have helped.

Position Status (categories 1 – 6) *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.

Position reported in September 2017:

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.

Current Position:

Following extensive co-production described previously, the Leeds PfA Strategy 2017-2022 has been published and included in the Leeds Local Offer.

In light of the Children and Families Directorate reorganisation of the way services for children and young people with SEND are delivered, the strategy will be amended to reflect the current governance and delivery structure while retaining the vision and aims of the original version. The current version will remain published until that work is complete.

Progress in delivering the strategy will be reported to and governed by the SEND Partnership Board, a sub group of the Children and Families Trust Board.

Position Status (categories 1 – 6) *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.

Position reported in September 2017:

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.

Current Position:

A scoping workshop about the NICE guidelines was held as planned on 7 July 2017 to agree key activities. The group agreed to form a task and finish group and oversee a gap analysis of the NICE guidelines with all Adult Social Care, CSWS, and both Children's and Adult Health. The task and finish group met 5 September 2017, but due to the scope of the work and change involved, this has been managed by existing groups as part of ongoing service improvement.

Services have been working together through the Post 16 SEND Strategy Group and the Health SEND Steering Group.

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 of transition. The SENSAP post 16 team works closely with the Transitions Social Work team.

Innovative ways of working have been developed and managed through the Post 16 SEND group. The recent pilot, currently in its second year, regularised the evaluation of pupils at SILCs by the transitions team at an earlier age. The transitions social workers look at the ECH plans of year 10 pupils, without a transitions social worker or a children's social worker, then attend the relevant year 11 reviews to contribute to the discussion around preparing for adulthood. This collaborative approach prevents young people with high levels of need coming to the attention of the transitions team for the first time at age 17, allowing for better planning and resourcing.

The Health SEND Steering Group is also working on transitions. There has been a significant focus on aligning pathways, since children's health services are organised differently to adult health services, and both are provided across multiple NHS trusts. The Designated Medical Officer (DMO) is coordinating this work as part of the statutory role and involving professionals from Leeds City Council in the planning and coordination as appropriate.

There will be a health-led Transitions conference on the 24th of October 2018. The conference will be opened by a member of Children and Families Leadership and the Designated Clinical Officer (DCO) for Leeds. Contributions to the conference will include

external research programmes and those in Leeds working directly with children and young people through their transition to adulthood. Managers from both SENSAP and the transitions team will be speaking at the conference.

As a result of these efforts we expect better advice and better EHC plans leading to better outcomes.

Quality audits of the EHCP, particularly EHC plan outcomes, and parental voice will be used to evaluate the impact of transition work on the EHC plan. In addition to audit of the plans, the presence of evidence of careers advice, the notes provided by the transitions team attending annual reviews and parental satisfaction measures at different points in the process will provide a full picture of the support to inform planning.

Evaluating outcomes is addressed in Recommendation 11.

Position Status (categories 1 – 6) *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.

Position reported in September 2017:

The Nation 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.

Current Position:

The SEN Statutory Assessment and Provision Team (SENSAP) have set up a basic Excel spreadsheet to record the following information where a post 16 young person has an EHCP:

- The date the young person's EHCP ceases
- Subsequent destination of the young person, including:
 - University
 - Employment
 - Social Care
 - NEET
 - Turning 25

The time that the team expects to collect the most data will be in the autumn months with learners not returning to college for this academic year and the cessation of their EHCPs. October provides the best opportunity to collate and analysis data for a structure report.

A second phase will look at ways of improving destinations and explore with providers, the ways that they may be able to collate this data in the future.

Position Status (categories 1 – 6) *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.

Current Position:

Identification of SpLD School Census

	2015		Gap	2017		Gap	2018		Gap
	England	Leeds		England	Leeds		England	Leeds	
Primary	10.5	5.3	5.2	9.7	6.4	3.3	9.5	6.3	3.2
Secondary	20.9	12.2	8.7	21.1	17.0	3.1	21	17.5	2.5

Policy & Practice Support Provided

- Updated the Complex Needs Service Specific Literacy Difficulties (Dyslexia) Guidelines for schools, setting & parents – disseminated at city wide SENCo networks and available on the Leeds Local Offer:
<https://www.leeds.gov.uk/docs/Complex%20Needs%20Service%20Dyslexia%20Guidlines%202018.pdf>
- City wide cross phase SENCO conference (May 2018):
 - Launched Leeds promotional video to showcase the local offer for pupils with dyslexia (available here: <https://youtu.be/a5h5o1X1eC0>)
 - Workshops included ‘Mapping Provision for pupils with SpLD (dyslexia),’ ‘Supporting pupils with DCD,’ & ‘Using Assistive technology to support pupils with SpLD’
- Created a ‘Continuum of Need’ model to describe the process of assessment, identification, provision & outcomes for pupils in Leeds Schools
- Advice on Dyslexia in SENIT half termly Newsletter to all SENCos with links to suitable resources at www.leedsforlearning.co.uk. Including resources for Dyslexia Awareness Week 1-8 October 2018 & Cued Spelling.
- Targeted schools for training through a city wide database
- Reviewed data from Year 1-2 phonics screening to target schools for training
- SENIT representation at Dyslexia festival September 2018 (PATOSS & Yorkshire Rose Dyslexia)

Training

- Delivered Level 1 Dyslexia Capacity Building Training to 125 school delegates (since 2015)
- Delivered two 1 hour staff meetings to 107 schools (since 2015)
- Held SpLD intervention training for Alpha to Omega and The Active Literacy Kit at 90

schools (since 2015)

- Provided additional bespoke training on reading, phonics, spelling & memory to 15 schools (Sept 17 – July 2018) Increased professional development offer to schools from September 2018.

Further development 2018/19

New courses

- Secondary Level 1 Capacity Building (A Two day course for SENCOs and English Leads)
- Level Two Dyslexia Ca course to further embed good practice and policy for schools who have successfully completed Level 1 course. Pilot with 7 schools ended March 2018 and to be rolled out 2018/19.
- Phonological Awareness
- Targeted Intervention to Promote Reading Fluency

Next Steps

1. Review of SpLD top up funding (FFI) process; transition, quality assure provision
2. Work more collaboratively to secure right provision for children with SpLD (Dyslexia and DCD)
3. Develop further links with partners; WALLS, PATOSS, Roundhay, Regional dyslexia associations
4. Work with Learning Improvement to highlight the impact of good practice within quality first teaching, targeted support and whole school policies
5. Continue to target schools for training and build capacity regarding early and accurate identification and good provision.
6. Invite schools completing level 2 training to be 'local leaders' in their cluster

Waiting time for Dyslexia assessments by SENIT is between six and eight weeks at a maximum. Dyslexia assessments are completed within the school term of the request.

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.

Current Position:

All conversions are completed and, on the 10th of May 2018, Steve Walker received a letter from Nadhim Zahawi MP, the Parliamentary Under-Secretary of State for Children and Families confirming that we successfully completed all transfer reviews by the statutory deadline.

In recognition of our position as leaders in the process and effective use of technology, Leeds has been asked by the DfE to support other local authorities.

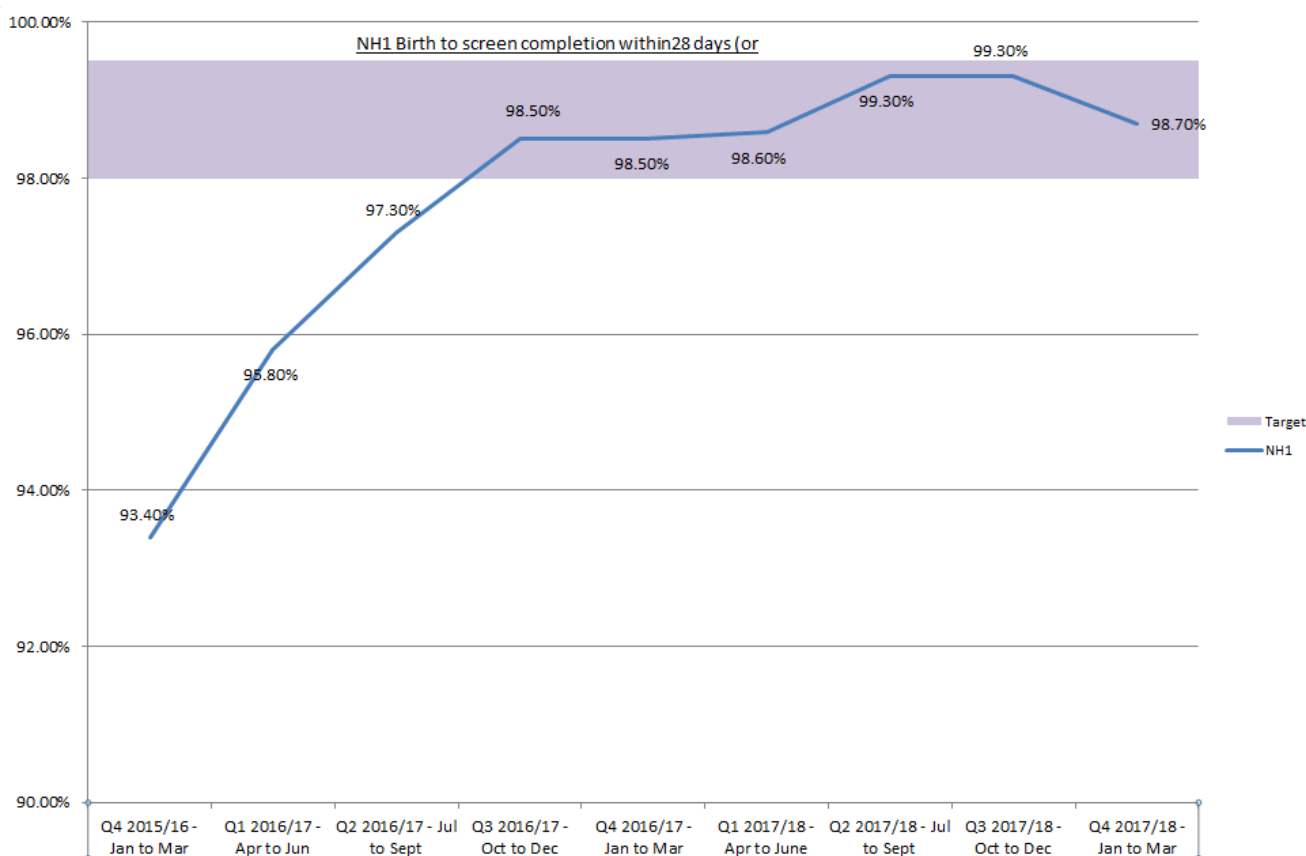
Desired Outcome - To check new born babies' hearing in a timely and effective manner.

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:

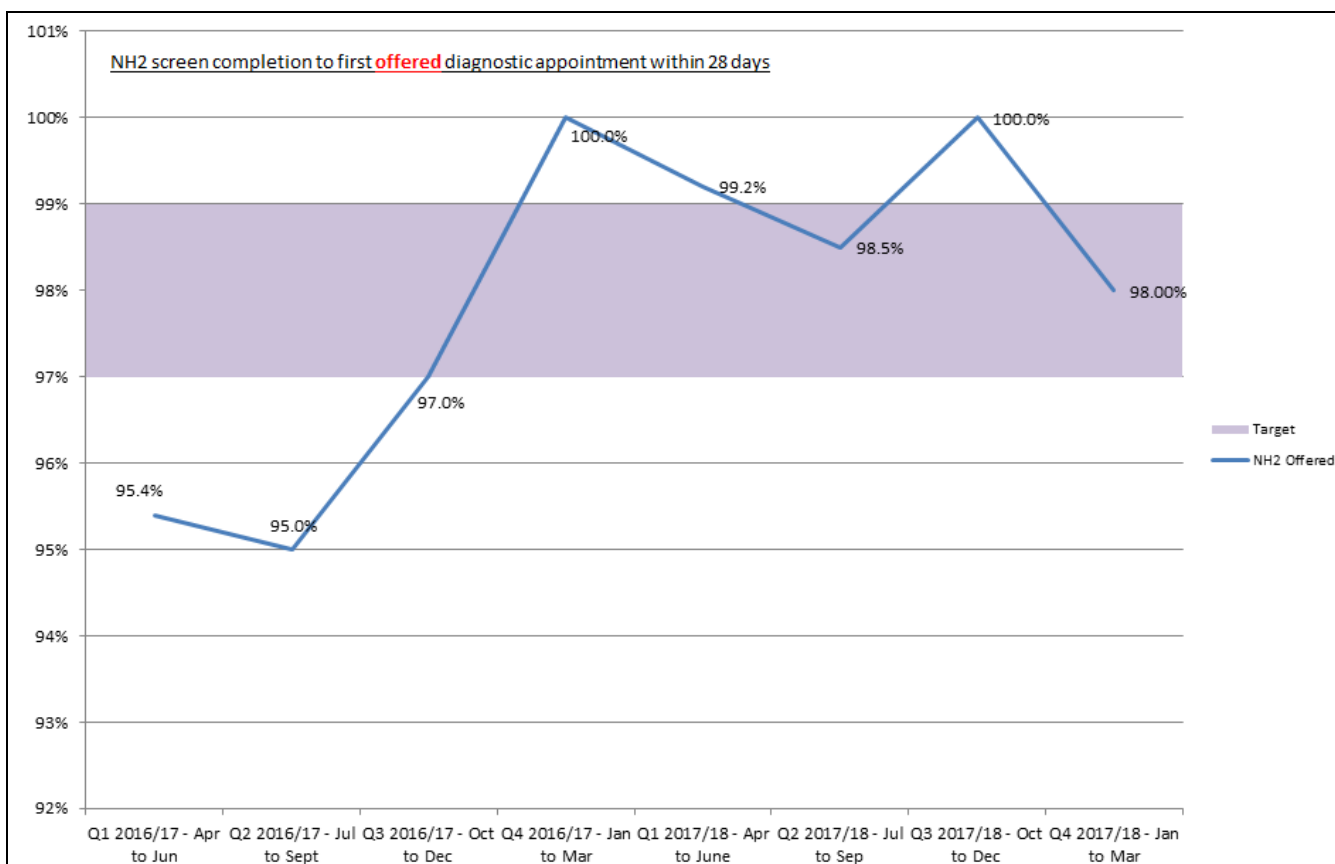
Nearly all new born hearing initial screening (NH1) is offered within the target of 97% within 28 days (up from the previous target of 95%). The exception being babies that are too poorly (the regional Neonatal Unit and Cardiac Unit are based in Leeds).



Information produced by the national NHSP team at 28/8/18 for NH1

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.



Information produced by the national NHSP team at 28/8/18 for NH2

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, 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.

The acceptable performance threshold as set by NHSE as commissioners is 97%; performance has remained within target since Q1 2016/17. This pathway is part of the CCG managed contract with NHS England, it has been addressed and will be continuously monitored.

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/ CPP/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

fell 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:

Following legislative changes to the process for tribunals, the Single Redress Working Group has been formed. Under that group the improvement work has been scoped and an overarching action plan has been developed. Actions from this group will be monitored as part of the directorate-wide improvement plan.

We will further strengthen and develop our principles, processes, mechanisms and guidance to embed short breaks within our EHC Plan process and streamline the assessment of care needs.

This means aligning EHCP Annual Reviews, the RADAR panel and social care, and wider team around the child meetings as below:

Actions

- Embed the Early Help assessment process within the EHC plan preliminary procedures. As part of a one assessment or plan approach, the early help plan will either be used prior to the multi-agency panel (MAP) meeting or as an outcome of the assessment process.
- Agree that the EHC plan will be the “spine document or plan” with the care and short breaks needs informed by social care or Early Help assessment to support identified outcomes and all stakeholders contributing to the process.
- Map and agree the process for obtaining appropriate and timely social care advice within the SENSAP service to inform the EHC Plan.
- Agree how the information from the EHC assessment or EHC plan can consistently and appropriately inform the relevant statutory Care plans.
- Align 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.
- Develop and integrate decision making, resource allocation and joined up working to support short, medium and long term outcomes identified in the EHC plan through the use of Personal Budgets, social care and health short breaks.

The review of Short Breaks provision has been completed and the findings were shared with providers in June 2018. Planning decisions are currently being made. The summary report is at 6.4 Background documents.

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:

Improving the quality of Education Health and Care Plans is a priority for SENSAP, Education Psychology and Leeds Community Healthcare NHS Trust. The core business of SENSAP is the Education Health and Care Plan; the quality of plans is scrutinised at all levels and checks have been built in to service delivery. Education Psychology provide the statutory advice as part of their core business; the quality of advice provision and monitoring improvement is part of the three year team plan. Leeds Community Healthcare NHS Trust have developed, between the Designated Clinical Officer and the Designated Medical Officer, a specific group to guide and monitor service improvement. The quality of the advice provision and support for assessment is part of every agenda.

Current Position:

There are established structures and resource in SENSAP to ensure the aspirations of the child or young person are reflected throughout the plan so outcomes are relevant and personal:

- Moderate plans and learn from the process and findings
- Audit EHC plans and EHC advice to improve the quality of plans year on year
- Use the preparing for adulthood outcome section to structure discussion from year 9
- Provide training to schools on writing outcomes

The Educational Psychology Team (EPT) plan provides the framework to improve outcomes i.e. the achievement, attainment and attendance of children and young people with SEND in statutory process develop processes and practices within the team and with partners to quality assure and embed learning into practice:

- Focus, over the next year, on post 16, early years and SEMH needs with a longer term view to have a continuous review cycle addressing other key stages and needs as appropriate.
- Develop a sustainable operational working model between the EPT and SENSAP
- Support and promote the importance of the graduated response for children and young people to develop robust, shared understanding of needs and provision

- Support and challenge to schools to provide a strong graduated response, and provision within a local mainstream environment for all children and young people with SEND.

The Designated Clinical Officer has developed internal processes to strengthen health advice which is coordinated through the Health SEND Steering Group:

- Moderate advice and learn from the process and findings
- Provide training on how to write effective advice linked to provision and funding
- Ongoing participation in the Multi-Agency Panel
- Better use of Systmone to complete the EHC1 jointly
- Stay abreast of any legislative changes (single point of redress tribunals)

The recent focus on EHC conversions had an impact on service delivery and the timeliness of EHC Reviews. This was due to the volume of plans and the ambitious time targets that were set by Government. The SENSAP team are now focusing on improving the timeliness of reviews.

SENSAP are also working on understanding what families, whose children who have an EHCP, think of the process, progress and services we offer. The Statutory Assessment and Provision Lead and the Senior Casework Officers are currently attending coffee mornings to develop relationships and open avenues of communication at a variety of parent groups and at the SILCs.

A systemic and comprehensive plan to gather parent voice, as part of the assessment process and the day to day work of the SENSAP team, is in development with the support of the Voice, Influence and Change team. The responsibility for developing and implementing this plan, as part of service improvement, is with a Senior Casework Officer.

The intention is to work closely with partners to ensure that key questions about advice, process and outcomes are part of working with our families.

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 was scheduled for 14 August 2017. The purpose of the meeting was 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 plan

Her Majesty's Prison Service (HMPS) worked with Youth Offending Team (YOT) Managers at the end of 2017/ beginning of 2018 to adapt Personal Learning Support Plans. Since February 2018, the Engagement and Resettlement Officer at HMPS Wetherby Young Offenders Institution has been quality checking PLSPs. The checks are themed and include the initial meeting, final review and resettlement arrangements in place for the young person. The PLSPs are individualised for each young person and shared with YOT

via email. The PLSPs are reviewed regularly onsite.

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

A centralised admin system is in place for seeking information on new plans from health service, and is moving forward with plans to cover annual reviews for SILCs from 2018-2019 school year.

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

LCH has now been moderating health information for one year through the SEND health steering group, and this is conducted quarterly. Feedback is posted on our intranet and circulated to teams for attention. Overall, health information is of good quality. We are focused on continual improvement.

ACTION 3 – Engage with Adult Health Care

Adult health care teams are aware of EHC process and supported to engage with central admin process.

The quality of advice submitted for the initial EHC assessment by Health is improving. The Speech and Language Therapy, Occupational Therapy, Physiotherapy and Nursing service all consistently use the EHC1 form. These services also submit joint advice where possible. Some services continue to use the most recent clinic letter, however this is mitigated by the change in emphasis and structure of the clinic letters.

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:

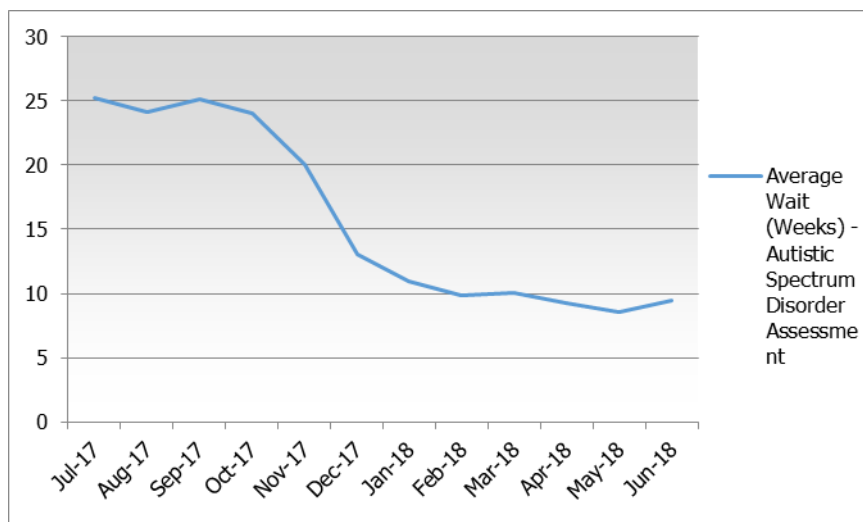
The number of patients waiting at month end and average wait time (weeks) has varied from month to month. As of March 2017, waiting list times had increased slightly due to the reduction in the number of functioning clinics and lack of fully skilled core staff.

Measures were put in place to reduce the waiting list numbers and the average wait time for assessment:

- outsource 100 assessments to other clinicians
- hire temporary staff to complete observations
- agree with current staff additional hours to complete an increased number of assessments
- apply additional administrative and managerial resource to actively manage the waiting list and coordinate the outsourced assessments

Current Position:

Service	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Number of Patients Waiting - Autistic Spectrum Disorder Assessment	214	194	186	154	112	61	70	68	70	86	124	171
Average Wait (Weeks) - Autistic Spectrum Disorder Assessment	25.3	24.1	25.1	24.1	20.1	13.0	10.9	9.8	10.1	9.3	8.5	9.5



As a result of the actions taken the average wait time has fallen substantially. As of June 2018:

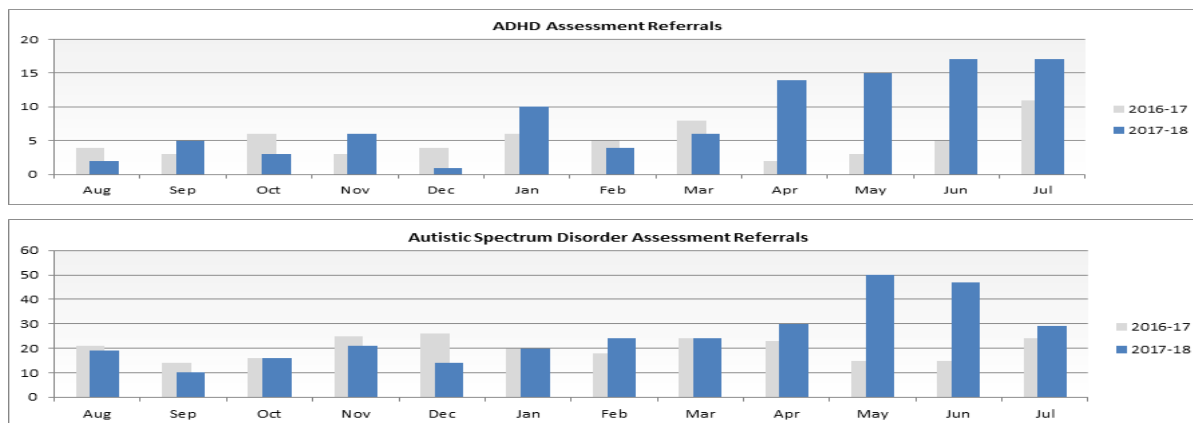
- Number of patients waiting for an assessment was 171 down from 214 at the same time last year
- Average wait time was 9.5 weeks, down from 25.5 weeks at the same time last year
- Various re-design structures are being evaluated as a result of this focused project to determine which model will provide sustained improvement.

The rising waitlist figures since April 2018 have been noted, but the average wait time has continued to fall and is well below 12 weeks. There is a plan in place to ensure that LCH can meet higher levels of demand and sustain the reduction in waiting list times for autism assessment.

LCH is planning a new Neurodevelopmental (ND) pathway. This is due to us grouping children with both a query around Autism and/or ADHD (Attention Deficit Hyperactivity Disorder) in addition to other complex ND needs, into one ND pathway. This is of benefit as children often present with a query in both Autism and ADHD areas and there has been previous duplication in assessment processes. This pathway will ensure a timely and more streamlined patient experience with less duplication.

Whilst LCH acknowledges that waiting lists have begun to rise they have a sustainable plan which began its implementation phase in July 2018.

The reasons for the increase in waiting lists have been due to staff movement and a rise in the number of Consultation Clinic appointments offered and onward referrals for ND assessment. This is both due to an increased level of activity within Consultation Clinics in CAMHS and the national increase in requests for ND assessments being replicated in Leeds.



The sustainable model is a ND pathway described as follows:

- Child or young person is referred to MINDMATE SPA with a ND query. This includes self referrals being accepted at MINDMATE SPA from 1st October 2018.
- Data is gathered from a range of agencies and professionals and a decision is made at MINDMATE SPA whether the child or young person meets the criteria for further screening for ND consideration. If they don't meet the criteria they are given bespoke advice and recommendations and if they do meet the criteria they go for specialist screening in CAMHS
- The ND screening is staffed by a range of senior professionals with a specialism in Autism assessment and/or ADHD assessment, There is also a newly-recruited Psychology Assistant for 2 days per week (0.4wte) who has experience in screening for Autism and will therefore save specialist clinician time undertaking most of the school observations as necessary.
- Following this, there is a graded approach to the child's assessment needs and therefore every child will receive an assessment based on their individual presentation. This ensures children who need fairly straight forward assessment and intervention, will be undertaken accordingly and therefore building capacity for children with more complex presentations who need a more detailed and possibly longer assessment process. We are also in consultation with the Commissioner and other partner agencies about the Leeds post assessment and diagnosis offer.
- Part of making the pathway sustainable will be an ongoing training programme for staff in CAMHS that do not have a specialist knowledge of ND conditions to ensure a wider staff resource in the future.

To support this whole process the team are currently in consultation with their senior management within LCH. This is to consider resources to facilitate the specialist ND clinicians having the appropriate capacity needed for the pathway, and to consider funding for outsourced appointments to reduce the current waits, whilst implementing this pathway.

They have done extensive research on demand and capacity and mapped out the patient

journey in detail. This research gives a clear understanding of what the service needs to be sustainable in the future. They anticipate reduced waits both in the medium and long term.

Within 12 months they expect for waits to be within the 12 week limit and the demand and capacity work shows this is achievable.

	Number of waiters	Number waiting >12 weeks	Average wait (weeks)
ADHD Assessment	81	34	11.6
Autistic Spectrum Disorder Assessment	216	111	12.9

The team are also meeting with colleagues in the LCH ICAN (Integrated Children with Additional Needs) service to look at an integrated pathway for the pre-school and school age children. Similarly we are also recruiting to a Transitions post within Leeds CAMHS that will serve the needs of children with a learning disability and/or Autism in their transition to adult services.

The increase in diagnosis has had an impact on Leeds City Council services. There has been an increase in referrals to STARS; this service is specific to autism and requires a diagnosis for access. The advice provided to families post diagnosis often specifically suggests the family seek an Education Health and Care (EHC) plan. Autism is an identified need in about a third of applications for EHC assessment heard at the Multi-Agency Panel. The increase in need for autism placements has outstripped our projections.

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:

Wait times in LCH Children's Speech and Language Therapy Service are now averaging at or below 12 weeks across the service for both initial waits and follow up waits.

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 through major and minor changes to the front end and back office functions.

The Local Offer is a mechanism that families can use to influence and inform commissioning and service provision as well as a way to collate the service information in one place.

The Service Improvement Team manages the website and feedback to the dedicated email address. An annually produced report about the Leeds Local Offer describes upgrades and technical improvements; user navigation and take up statistical data and user feedback.

Current Position:

The accessibility and appeal of the Leeds Local Offer has been improved through structural and aesthetic changes to the front page. The front page uses standard Children and Families branding, has less text and there are videos demonstrating how to use the directory and search. On the front page there is also a video explaining the unique selling point of the Leeds Local Offer: that we have a duty to respond and regularly publish our responses to comments and suggestions about the offer of services.

Promotional materials for ongoing marketing have been updated and printed, using consistent Children and Families branding. There are leaflets in business card and post card size to promote the site. These leaflets are provided to parents and professionals as part of quality conversations with members of SENSAP and the Educational Psychology team.

A review of the young person's version was undertaken in the summer of 2017. Young

people from the West SILC Powerhouse were engaged in the review and the possible development of a local offer social media profile or a dedicated mobile app. Focus groups were held with parents and young people via EPIC Leeds and with students attending Post 16 colleges.

The review also looked at a bespoke mobile app commissioned by Liverpool City Council, built by Splinter C Ltd and available through itunes.apple.com

From the review, it is clear that there is little appetite from families and young people to develop a specific young person's version of the Leeds Local Offer on the existing website or through a separate social media provider.

As part of raising and sustaining awareness we are continuing to:

- Make better use of the face-to-face contacts every day by embedding promotion of the Leeds Local Offer within all staff contacts, especially with families new to services in Leeds and at all public-facing events and activities, through using the promotional leaflets.
- Where appropriate, hold focused Leeds Local Offer Live events to promote the link between services and the website. Two events have been held to date. The first general event was attended by 273 people comprising 135 practitioners and professionals, 34 parents or carers and 104 young people. The second event in November 2017, with a particular focus on Preparing for Adulthood, was attended by 91 people comprising 32 practitioners and professionals and 59 parents or carers and young people.


Significant technical changes were made (winter 2017/18) to the Home Page of the Leeds Local Offer website. To enhance the directory and guided menu, improve search functionality and 'push' the feedback message to users of the site.

As a result of these changes, direct contact to the dedicated email has increased; comments are now a mixture of feedback on the site and questions about services, previously our feedback by email was entirely about the site itself. Traffic to the website is slightly higher this year and currently helps circa 300 people self-serve each month.

Audience Overview

Sep 1, 2016 - Aug 31, 2017

Some data in this report may have been removed when a threshold was applied. [Learn more](#)

 All Users
100.00% Sessions

Unique Visitors

2,178

% of Total: 100.00% (2,178)



Visits

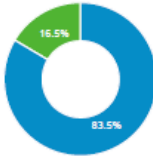
3,339

% of Total: 100.00% (3,339)



Type of Visitors

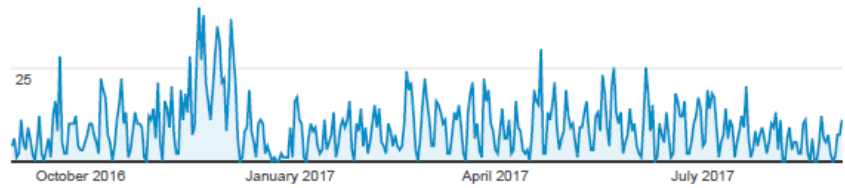
■ New Visitor ■ Returning Visitor



Visits

● Sessions

50




Visits by Location

Country	Sessions
United Kingdom	2,148
(not set)	794
Russia	139
United States	89
Germanv	37

Audience Overview

Sep 1, 2017 - Aug 28, 2018

Some data in this report may have been removed when a threshold was applied. [Learn more](#)

 All Users
100.00% Sessions

Unique Visitors

2,926

% of Total: 100.00% (2,926)



Visits

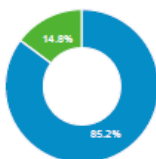
3,874

% of Total: 100.00% (3,874)



Type of Visitors

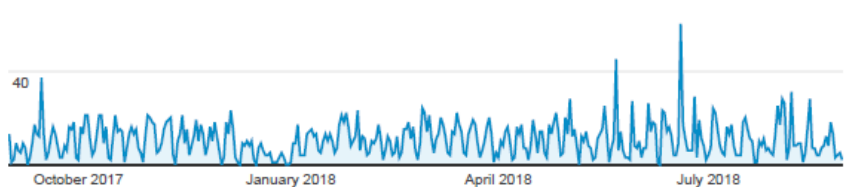
■ New Visitor ■ Returning Visitor



Visits

● Sessions

80



Visits by Location

Country	Sessions
United Kingdom	3,023
(not set)	533
France	238
United States	27
Ireland	13

Audience Overview

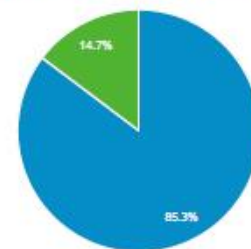
Sep 1, 2014 - Aug 24, 2018

All Users
100.00% Users

Overview



■ New Visitor ■ Returning Visitor



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:

Leeds City Wide School Attendance

Primary Level

Academic Year

SEN Status	Census Category	2017/18*	2016/17	2015/16	2014/15
SEN Support	K or A or P	94.7%	94.8%	95.0%	95.1%
EHCP/Statement	E or S	93.5%	93.5%	93.8%	93.8%
No SEN	N	96.3%	96.2%	96.4%	96.3%
All Primary Pupils		96.0%	96.0%	96.2%	96.1%

Secondary Level**Academic Year**

SEN Status	Census Category	2017/18*	2016/17	2015/16	2014/15
SEN Support	K or A or P	91.2%	90.6%	90.7%	90.9%
EHCP/Statement	E or S	91.8%	92.6%	91.9%	91.5%
No SEN	N	95.0%	94.8%	95.1%	94.9%
All Secondary Pupils		94.5%	94.3%	94.5%	94.4%

*2017/18 for Autumn and Spring Terms only

The data shown above only includes pupils for whom SEN Status was recorded on the January School Census.

Restorative Early Support Teams (REST) bring together social work and family support staff locally, with the aim of trying a more flexible, multi-disciplinary approach to working with families within their own communities. RES arrangements are additional to and not instead of cluster and early help resources. REST work across early help and social work and are building new ways of working with local schools and services using the 'Leeds Practice Model'.

The RES Teams will provide better support for the 3As through developing better practice and better joint working between schools and local services.

Children and young people with medical needs such as Crohn's disease, Asthma, Cancer, Diabetes, Sickle Cell Anaemia and Epilepsy are more likely to have time out of school. This type of need is characterised by hospital appointments for treatment, consultations and periods of inpatient care.

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.

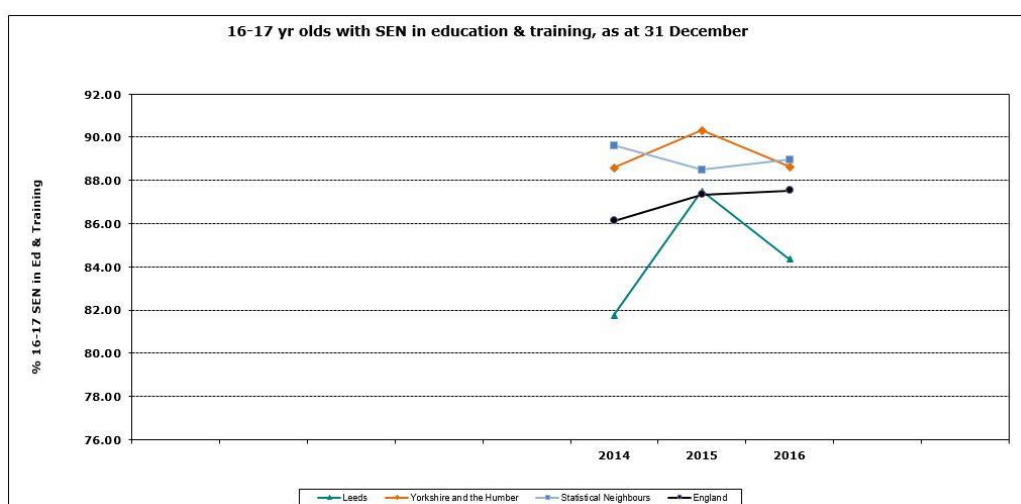
In addition, there have been changes in Council service structures and individual roles and responsibilities. Some have been planned, but others have been interim arrangements to meet challenging budget saving targets and revised operational requirements and priorities. These have directly or indirectly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

16-17 year olds with SEN in education & training

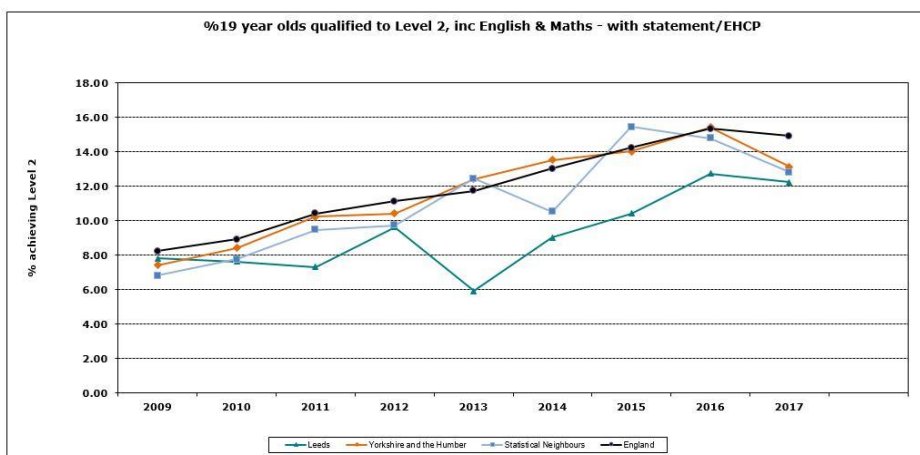
	2014	2015	2016	Change from previous year
Leeds	81.76	87.50	84.36	-3.14
Yorkshire and the Humber	88.57	90.31	88.64	-1.67
Statistical Neighbours	89.62	88.48	88.98	0.47
England	86.13	87.34	87.52	0.18



Leeds are ranked 128 nationally and has less young people with SEN (aged 16 to 17) in education and training than our statistical neighbours, Yorkshire and the Humber and nationally.

% 19 year olds qualified to Level 2, inc. English & Maths with statement / EHCP

	2009	2010	2011	2012	2013	2014	2015	2016	2017	Change from previous year
Leeds	7.80	7.60	7.30	9.60	5.90	9.00	10.40	12.70	12.20	-0.50
Yorkshire and the Humber	7.40	8.40	10.20	10.40	12.40	13.50	14.00	15.40	13.10	-2.30
Statistical Neighbours	6.80	7.75	9.44	9.71	12.41	10.49	15.41	14.76	12.78	-1.98
England	8.20	8.90	10.40	11.10	11.70	13.00	14.20	15.30	14.90	-0.40



In Leeds over the previous nine years, the percentage of young people aged 19 with an EHCP (or old statement at the time) attaining qualifications to Level 2 has improved from 7.80 to 12.20%. However, Leeds is behind its statistical neighbours, Yorkshire and the Humber and nationally.

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:

This data is from the academic year 2016/17.

The average progress 8 score in Leeds for SEN Support pupils is -0.39 (the national average is -0.43).

The average progress 8 score for Leeds EHCP pupils (SEN with a statement or EHCP is the SFR definition) is -0.91 (the national average is -1.04).

The average progress 8 score for non-SEN pupils is +0.18 (the national average is +0.07).

When comparing changes from one year to the next it is more helpful to look at the relative gap in attainment. This change in gap is shown below:

Pupil cohort	2015/16 Gap to national (points behind national)	2016/17 Gap to national (points behind national)
Average progress 8 score for SEN Support pupils	-0.19	-0.04
Average progress 8 score for SEN pupils with a statement or EHCP	-0.43	-0.13
Average progress 8 score for non SEN pupils	0 - Same as national	+0.11 (points in front of national)

NB A minus sign indicates how far behind the national average Leeds is performing. A plus sign indicates how far in front of the national average Leeds is performing.

The data shows that the gap has closed considerably between 205/16 and 2016/17 for the two SEN cohorts. With Leeds also performing above the national average for non SEN pupils.

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.

Current Position:

Moving to outcome oriented pathways is now embedded in the Leeds Community Healthcare Children's Services Strategy. Outcome measures are in use with many pathways. This is complex work, and Leeds continues to be at an advanced level comparatively nationally. Work is ongoing.



Nadhim Zahawi MP
Parliamentary Under-Secretary of State for Children and Families
Sanctuary Buildings 20 Great Smith Street Westminster London SW1P 3BT
tel: 0370 000 2288 www.education.gov.uk/help/contactus

Mr Steve Walker
Director of Children's Services
Leeds City Council

10 May 2018

Dear Steve,

SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND): COMPLETING THE TRANSFER OF STATEMENTS OF SEN TO EHC PLANS

As you know, the Children and Families Act 2014 introduced the biggest changes to special educational needs and disability (SEND) support in a generation, putting children and young people with SEND at the heart of the process and ensuring that they are supported all the way through from 0-25 if needed.

Completing the transfer of Statements of SEN to quality Education Health and Care (EHC) plans is an important milestone and I am pleased that your April data return to the Department shows you have successfully completed all your transfer reviews by the statutory deadline.

I want to thank you, your colleagues and partners for the commitment and hard work you have shown to completing the transfers on schedule, and to the families who have worked with you on this journey. Moving across to EHC plans should have enabled those children, young people and their families to feel the benefit of the reforms and to receive a more joined-up approach to meeting their needs and improving their outcomes.

The end of the transition period marks the beginning of a new phase for the SEND reforms, focussed on continuing to improve the quality of EHC plans through annual reviews, the quality of provision, and the joining up of services. I look forward to working with you further so that together we achieve our shared vision of improved outcomes for children and young people with SEN and disability.

I am copying this letter to the leader of the council and to the MP for Leeds.

Yours sincerely,

Nadhim Zahawi MP
Parliamentary Under-Secretary of State for Children and Families

EP TEAM PRIORITIES PLAN 2017-19

What	How
Outcome 1: To improve outcomes i.e. the achievement, attainment and attendance of children and young people with SEND in statutory process	
Improve further the quality and consistency of EP EHC advice	<ul style="list-style-type: none"> • Write a framework which details the focus of quality indicators for EHC advice. • Develop consistent understanding of quality through team meetings and individual supervision. • Peer moderation process is developed with focus on quality advice and relevant to the 0-25 process. • SENSAP Quality assurance model feeds into EP practice. • Ensure EHC advice for early years and post 16 is consistent and of high quality. • Shared understanding in the EP team of universal, targeted and specialist provision in mainstream school. • Shared understanding of the SILC offer.
Develop a sustainable operational working model between the EPT and SENSAP	<ul style="list-style-type: none"> • Operational issues are addressed through clear processes and structure. • SCO and SEP meetings target issues and are fed back to team. • Regular reviews are held to support development of joint responses to statutory issues, including post 16.
Outcome 2: To ensure the graduated response for children and young people is effective and supports attainment, achievement, attendance and inclusion (i.e. Early Help)	
To develop traded offer to support non statutory work in schools	<ul style="list-style-type: none"> • Develop the EPT strategic vision within children's services for traded capacity and planning. • Identify the development needs for intervention and training and explore possible pilots and sustainability.
To develop and ensure a consistent SEMH offer which supports the graduated response from the EPT	<ul style="list-style-type: none"> • Mindmate - Training planned and delivered and evaluated for SEMH (linked to Mindmate). • SEP and EP working in partnerships with AIP. SEPS offer for AIP partnership working is shared with AIP chairs. • Contribute professional advice to AIP area developments. • Team meetings focus on developing shared understanding of SEMH provision in mainstream. (Ref: Outcome 1) • SEPS and EPs focus together on SEMH provision through supervision, reflection on at least three reports annually and one case study. The annual cycle is reviewed and evaluated. • Develop EPT QA process for SEMH advice for EHC and feed back to team.
To embed a consistent offer of early support for schools and settings	<ul style="list-style-type: none"> • City Wide consultations are embedded in the offer to all settings. • CPD develops a consistent understanding of the EP role in early help • SLT links with partners and wider agenda are established

To ensure EP team processes support early intervention conversations	<ul style="list-style-type: none"> • IPMs are used effectively to support pre statutory work with the most vulnerable pupils. • Data identifies targeted work for 2018-19 academic year.
To develop working partnership with Learning Improvement Team and Social Care to support early intervention conversations	<ul style="list-style-type: none"> • PRG and SRG terms of reference are reviewed with PEP. • SEP, SPEP meet with area officers from social care and share EP team practices and Core offer. • SEPS feed into the Local Authority offer for schools which are identified as requires improvement or not meeting the need of vulnerable learners currently through SRG, PRG and MAP.
To improve attainment, achievement and attendance of CLA through supporting early intervention	<ul style="list-style-type: none"> • EP involvement is reflected in Personal Education Plans. • SEP and Virtual school link with AIP to develop joint focuses.
To have clarity of EPT offer for EY Children in relation to the wider strategic vision of the Complex Needs Service offer.	<ul style="list-style-type: none"> • EY work is targeted and coordinated with area practitioners. • Links to SENIT are strengthened. • SPEP engages in the development of CNS strategic vision and EY offer.
Outcome 3: Schools will continue to be supported effectively and sustainably in critical incidents	
To develop a sustainable critical incident response across service	<ul style="list-style-type: none"> • Increase the number of EPs able to respond to critical incidents. • All EPs are confident in the critical incident response processes. • Local authority processes are robust so EPs can respond effectively settings in meeting the needs of children and young people.
Outcome 4: To promote professional wellbeing at work, development opportunities are available throughout the team and embedded into the service delivery model.	
To increase engagement and opportunity for all EPs in wider work.	<ul style="list-style-type: none"> • Supervision and PALS focuses on EP development planning. • Identification of tasks and opportunities which offer operational/systemic input from EPs. • Develop an overview of CPD i.e. record of activity. • Implementation and review of service enabling time in terms of professional wellbeing and development.

Autism Assessment Waits

CAMHS Assessment Clinics:

There were 3 autism assessment clinics based around Leeds, an extra clinic has been added on a temporary basis (mainly staffed with clinicians working extra hours in addition to their WTE and temporary staff) and ensured that clinics were working at full (and sometimes more) capacity.

Securing funding for the outsourcing of autism assessments:

Funding was secured from NHS England to enable Leeds CAMHS to work in partnership with Clinical Partners who were commissioned to undertake 100 assessments on behalf of Leeds CAMHS. These assessments have been offered on a 7 day basis in (mainly) CAMHS premises around Leeds. There has been significant amount of CAMHS administration and managerial time that has supported this project.

Administrative Support:

From within the exiting admin team the waiting list initiative have been well supported by two members of the team, almost all of their time has been exclusively spent on this process for at least the last six months.

ADOS training:

Purchase of ADOS training for 15 members of staff within CAMHS to ensure parity in the quality of the child based assessment component of the assessment process. This was coupled with purchasing three more ADOS assessments kits to ensure there was enough equipment in the service to undertake the increased level of assessment activity.

Assistant Psychologists:

Recruitment of 2 band 4 assistant psychologists on a 12 month contract (one assistant had her contract extended by 4 months until Jan 18), with dedicated time to support the autism assessment process by undertaking school observations, observing ADOS assessments amongst many other things.

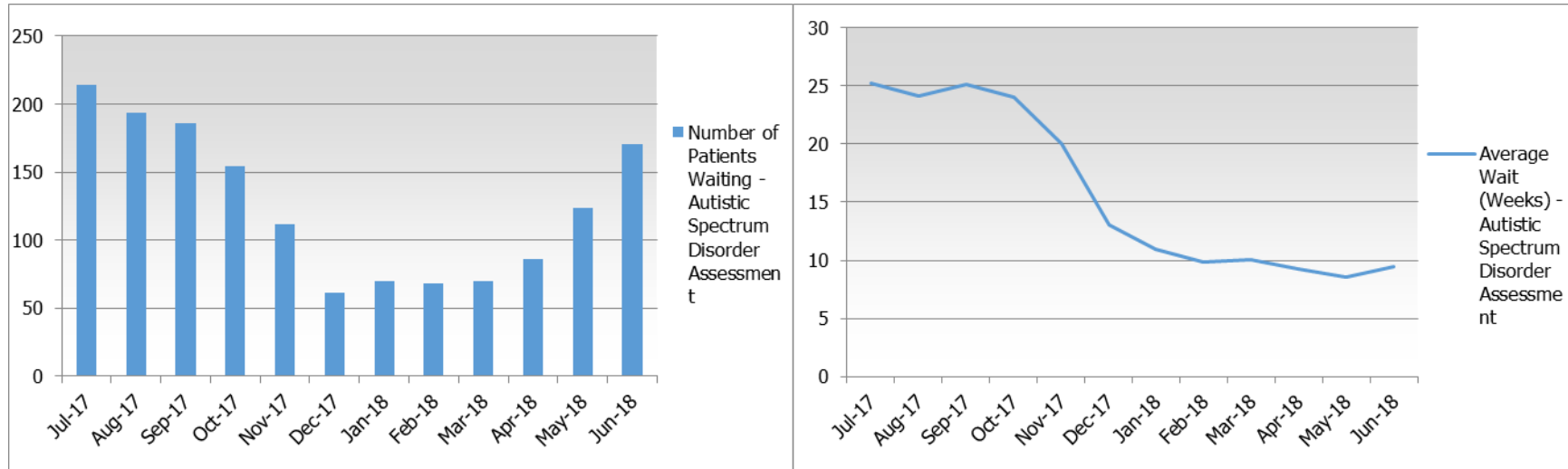
Project management/ Managerial oversight

Aleesha Shazad was initially in post as a project manager and Sara Clarke has taken over this role from Sept 17. This has been very much a logistical role to support the work of colleagues and Clinical Partners. It has also required a 'forensic' level of oversight and management of the waiting list on a daily basis to ensure that appointments are been offered, DNA's are being managed etc. and that when data is requested it is current and of worth.

The following details progress over the last year.

Autistic Spectrum Disorder Assessment Waiting times July 2017 to June 2018

Service	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Number of Patients Waiting - Autistic Spectrum Disorder Assessment	214	194	186	154	112	61	70	68	70	86	124	171
Average Wait (Weeks) - Autistic Spectrum Disorder Assessment	25.3	24.1	25.1	24.1	20.1	13.0	10.9	9.8	10.1	9.3	8.5	9.5



Short Breaks Review

SUMMARY REPORT

|

April 2018



Introduction

The Leeds Children and Families service has reviewed the Short Breaks services we commission for children and young people with SEND and their families in partnership with colleagues from Complex Needs, Health and EPIC - the parent/carer and families participation forum.

It is really important that we work with our partners, stakeholders and families to provide the best possible services with the resources available to us. This document sets out the work we have undertaken, what we have found, and our plans for short breaks services in future.

What is a short break?

Short breaks form part of a wider package of support available to disabled children and their families. They are designed to support families that could potentially be at risk of breakdown or significant disadvantage and enhance disabled children and young people's personal social and emotional development.

In Leeds, we commission short breaks services at three levels:

Universal short breaks

Universal short breaks aim to support children and young people with additional needs to access 'universal' services that are open to all. Currently we commission training, advice and support for organisations and venues with the aim of helping families to access appropriate and inclusive provision.

Targeted short breaks

Targeted short breaks meet specific needs. In Leeds we currently commission targeted short breaks through an annual grant round where organisations can apply for funding to provide targeted short breaks. In 2018/19 our budget is £500,000 which we have invested in 23 schemes delivering almost 55,000 hours of activity.

Specialist short breaks

Specialist short breaks are for children and young people with very complex needs. A variety of specialist short breaks are available including overnights at Rainbow House residential home and the Complex Needs Fostering Short Breaks Service both provided by Leeds City Council.

Parents and carers can also receive a direct payment for a short break delivered by a Personal Assistant or with support from an Individual Support Worker through a contracted provider.

“In Leeds, the focus has been on increasing access to universal settings”

The focus in Leeds has been on increasing access to universal settings so that wherever possible children and young people can take part in activities with their non-disabled peers and be active members of their local community. At the same time we have worked closely

with our partners and providers to try and enhance our targeted and specialist short breaks offer.

Commissioning Review

We recognise the importance of short breaks services for children and young people with SEND and their families. By working closely with providers, partners and families we have continued to develop our short breaks offer in recent years. However, we also recognise that increasing demand on services, financial pressures and changing needs mean that it is important that we periodically review the services we commission to ensure they are still best use of resources and meet the needs of children and families.

To do this effectively we wanted to look at a range of data including the number of children and young people with SEND in Leeds, the numbers accessing short breaks, what their needs are and the areas of the city in which they live. Just as importantly, we wanted to speak with children, young people and families as well as providers, professionals and other stakeholders to understand their views on short breaks and what is important to them.

A Health Short Breaks review is ongoing and the findings of this Short Breaks Review will inform the process within Health and will feed into any conclusions.

Consultation

For this review we engaged with 38 stakeholders, 100 parents and carers and 83 young people.

1) Stakeholders: We held two stakeholder events to talk to short break providers and representatives from parents' groups about their views on all types of short breaks, what they knew about the offer within the city, what outcomes we wanted, what works and what could be improved.

2) Children & Young People with SEND and their Families / Carers: We wanted to consult with a range of young people and their parents and carers. We did this by publishing an online survey, holding a dedicated consultation session and visiting a number of short breaks services and parents' coffee mornings.

We will use the data we have gathered and the feedback received through the consultation to help inform future commissioning decisions.

What we have found?

Demand for short breaks will continue to increase

The number of children and young people with SEND will rise in line with population growth and in turn will lead to increasing demand for short breaks. School census projections from 2016 onwards suggest an increase of 2,179 children / young people with SEND in Leeds between 2016 and 2020.

Overall 5% of children and young people with SEND access a targeted short break. Due to the varied nature of universal short breaks it is not possible to say how many children with

SEND access universal provision across the city, although we know children and young people with SEND do sometimes experience barriers in accessing universal provision (see below).

Consultation with parents indicates that waiting lists/availability is the second biggest barrier to accessing short breaks after location. Parents and carers also clearly identified weekends and holidays as a time when more short breaks, particularly play scheme provision, is needed.

Short Breaks are valued by both children and young people and parents

Short breaks play an important role in providing fun and enjoyable activities that support social and emotional development but also in preventing family breakdown.

The results of the 'My Health, My School' survey 2015-16 showed that children who identified as having a disability in mainstream settings are less likely than their non-disabled peers to take part in regular after school activities and are less likely to be happy with the number of good friends they have.

Consultation with stakeholders identified key outcomes for short breaks including reducing social isolation, making friends and participating in fun and enjoyable activities that help young people develop independence and learn to manage risk. Short breaks services also act as early intervention and help prevent family breakdown. Parents also reported that they value the informal peer support networks that often form around short breaks.

A survey of parents undertaken as part of the review asked what was important to them about a short break. The results demonstrate that short breaks fulfil multiple functions for children and their families:



There are significant strengths in the current short breaks offer

Significant developments have been achieved in our short breaks offer in recent years. Feedback from providers, parents and other stakeholders indicated that the partnership working and sharing of best practice between providers and with Leeds City Council has been a strength of the approach in recent years.

In 2017/18, the number of hours of targeted short breaks increased by 25%

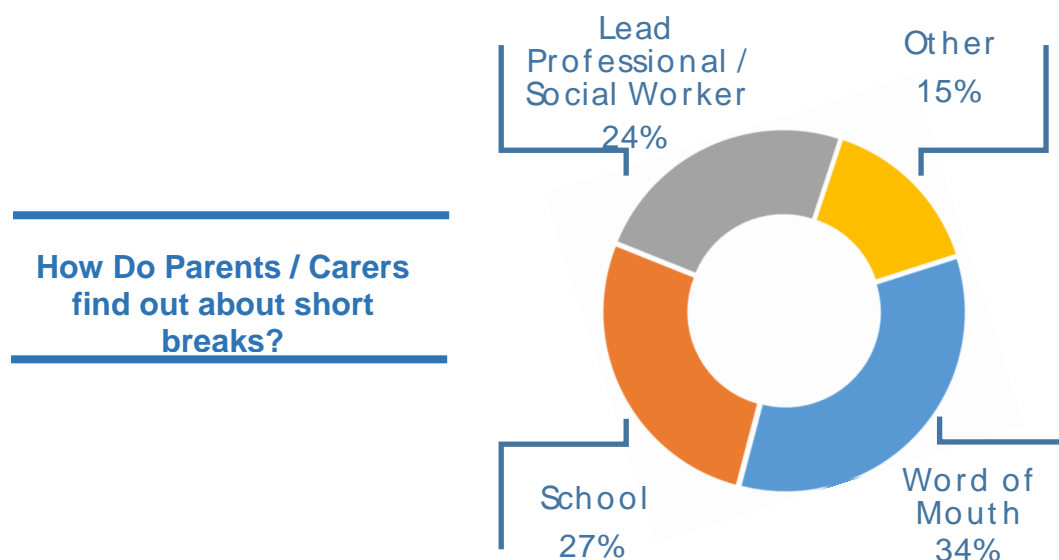
In 2016/17 the number of hours of targeted short breaks provision commissioned across Leeds was 44,000 hours. In 2018/19 we have commissioned 54,891 hours. This is a 25% increase whilst also focusing on an improvement in quality and enhanced staffing ratios for weekend and holiday play schemes to enable services to work with those children and young people with more complex needs.

The almost 55,000 hours commissioned in 18/19 is a decrease on the figure commissioned in 17/18 (67,000 hours), however this is largely due to an emphasis on improving quality and staffing ratios of provision to enable services to better support those children and young people with a higher level of need.

Awareness of services and inclusiveness of services, particularly universal services, remains a challenge

Feedback from parents, carers and families clearly identified that many universal settings are not accessible for children and young people with SEND. Families gave a number of examples of services that were not inclusive including inappropriate facilities and training/awareness of staff. Some parents said that once children exhibit 'challenging behaviour' they are refused access to services and often attention turns to parents who feel 'on trial'. Feedback indicates that a lack of inclusion in some universal settings is placing greater pressure on targeted and specialist resources.

Stakeholder consultation indicates that knowledge of services, particularly universal services, differs significantly between organisations and individuals. A survey of parents carried out as part of the review shows that word of mouth is the most common method for parents to hear about provision was word of mouth, followed by their school or lead professional / social worker.



Autism Spectrum Disorder was identified as the most common disability for children accessing a targeted short break

The most common disability type for children and young people accessing a targeted short break is Autism spectrum disorder. Data from 2016/17 shows 186 out of a total of 839 (22%) children and young people accessing a targeted short break were identified as having

Autism Spectrum Disorder. The children and young people least likely to access the services were those with Multi-Sensory Impairment (0%), followed by Speech, Language and Communication Needs (1%) and Social Emotional and Mental Health (1%).

When comparing Leeds population data with information on those accessing a targeted short break we can see that 82% of children and young people with Multiple and Profound Learning Disability accessed a targeted short break compared with 21% of children and young people with Autism Spectrum Disorder.

For both targeted and specialist short breaks, the children and young people accessing them were most likely to be male and White British. Boys / young men accounted for 72% of targeted short breaks and 66% of specialist short breaks, and 79% of children and young people accessing these services were classified as White British. The last census data for Leeds shows 18.9 of the population are from an ethnic minority group.

The most common age range for a targeted short break is 10 – 14 at 32% with over 15s accounting for the highest percentage of specialist short breaks at 37%.

There are currently 54 children and young people who receive regular respite at Rainbow House, 35 of whom are male and 19 female. Eighty percent of these cyp have severe/complex learning disabilities, including autism spectrum disorder. 225 cyp to date have been approved to receive support from a Personal Assistant via a Direct Payment.

There is not an equal geographical split of services

School census data from 2016 indicates that the inner city south and east wards have the highest percentage of pupils with SEND, however we know this is not reflected in the location of our commissioned services. This question about the geographical split of services was also raised in the stakeholder consultation, and it was felt that there is not an equal geographical spread of services, and the knowledge of what services are available across the city varies amongst individuals and organisations.

We can see from the data that this unequal geographical spread of services at a targeted level does not necessarily mean that families in some areas are not accessing services. The percentage of the population accessing targeted short breaks from the east, south and west of the city is roughly the same, approximately 4%. It may indicate that some families have to travel further to access services, which could impact on the ability of the short break to deliver the intended outcomes.

Through consultation both young people and parents and carers spoke about issues around transport emphasising the importance of local short breaks being delivered wherever possible. Some young people spoke about services working for them due to the fact they were available near to home and in the survey undertaken of parents and carers, the location of short breaks was identified as the most common barrier to accessing services, with 46% of respondents highlighting this.

Services must be personalised and offer a variety of activities

Taking forward the personalisation agenda was highlighted as an important aspect within short breaks. Feedback highlighted that work is ongoing to ensure more personalised services, however there is more to do to fully embed personalisation and personal budgets in particular.

Feedback from stakeholders, parents/carers and children and young people emphasised the importance of a range of short breaks that provided a variety of activities based on individual interests.

What range of activities should short breaks provide?



Many children and young people said they liked outdoor and physical activities whilst others stated they enjoyed quieter time including craft based activities. A number of young people, especially at the older age



range, said they were most interested in computer and gaming based activities. This highlights the importance of short breaks being able to offer



a range of activities based on individual preferences and interests.

Whatever type of activity young people were most interested in, they consistently fed back the fact that they valued the opportunity to spend time with their peers and make friends through fun activities.

It is also important to note the important role that short breaks play in developing skills to support preparation for adulthood through fun and enjoyable activities.

Conclusions

- By working closely with partners and providers we have been able to increase the number of targeted short break hours available from 44,000 in 16/17 to 54,000 in 18/19. This is a 25% increase whilst also increasing quality and staffing ratios to enable access to those with a higher level of need.
- This increase has been as a result of a sustained period of intensive work by providers, partners and the local authority and it would be difficult to deliver a further increase in provision due to the value for money currently being achieved
- Families report many universal services are still not accessible and inclusive for children with SEND – this continues to be a priority for further work.
- Short breaks are valued by young people and families and provide an opportunity to support social inclusion and friendship through fun and enjoyable activities. Developing independence and managing risk are key factors in early intervention/prevention of family breakdown
- Significant developments have taken place in recent years in terms of partnership working between providers of short breaks and the local authority, through sharing best practice and communication. This is a strength that should be retained
- It is key to offer a variety of short breaks services which are personalised to meet the needs of individual young people
- Whilst the most common disability type for young people accessing targeted short breaks is Autism, parents still feel many that when children or young people exhibit 'challenging behaviour' they are refused access to services

- There are significant challenges to be faced, in particular in relation to the provision of specialist short breaks through ISW and Direct Payments due difficulties in recruitment of Personal Assistants/ISW workers.

What does this mean for future commissioning?

Further emphasis will be made on supporting access to universal settings by providing a service which can help signpost into the universal offer and support organisations to become more inclusive.

There should be continued investment in Targeted Short Breaks to build upon the good work that has taken place and the strong partnerships that have been developed over recent years.

Future Commissioning Considerations:

Offering **longer term arrangements** to successful providers for weekend and holiday play schemes and increasing the number of hours of this type of provision

Ensuring a **more even split of weekend and holiday** play schemes across the city

Continuing with a **smaller grant round** for other targeted short breaks to retain a variety of services across a variety of locations

Increase inclusivity within universal provision

Ensuring services provide a fun, enjoyable and social activity for children and young people but also provide stimulating activities that support their **development and preparation for adulthood**

Reviewing current ISW contract for specialist short breaks and consider the **role of direct payments** and future arrangements for meeting need

Continuing our work to further develop approaches to **personalisation** throughout the spectrum of universal, targeted and specialist short breaks

Increase knowledge of a positive behaviour support approach and **embed PBS principles** within a range of settings

Commissioning Considerations Update (June 18):

A market event was held in April to share the review findings with stakeholders and to outline a preferred commissioning option based on the considerations above. Stakeholders were in broad agreement that the consultation findings reflected what they heard/saw on a daily basis however they expressed concern that the proposed

commissioning option (a core contract delivering both weekend and school holiday activity schemes) presented significant challenges for an April 2019 start date.

A commissioning options appraisal has been undertaken and the Children and Families Commissioning Board has approved the following plan:

- 2019/20 continue with a targeted short breaks grants process
 - From April 2020 onwards award a core contract delivering both weekend and school holiday activity schemes divided into 3 lots covering each wedge of the city. This would be complemented with a grants pot, part of which would be ring-fenced for additional school holiday play schemes.
 - We will work with the market from July 2018 onwards to facilitate a move to the new contracting arrangements and Voluntary Action Leeds (VAL) will provide support to the voluntary sector around consortium working. We hope to offer a six month mobilisation period following contract award to ensure providers are ready to start delivery in April 2020.
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