

Self-Evaluation Report

*An area wide approach to special
educational needs and disabilities
(Draft)*



September 2017

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1. Our Vision

Northumberland is committed to giving all children the best start in life and to support them to reach their full potential. We want vulnerable children and young people to develop their independence and resilience, to become confident adults who live fulfilled and productive lives.

To this end, we will work in partnership as professionals from a variety of organisations and with children, young people and their families to ensure that services and support for special educational needs and/or disabilities are high quality, accessible and efficient and have the maximum impact

2. Introduction

- 2.1 This self-evaluation report (SER) has been compiled in consultation with many groups and partnerships. It represents an evaluation of the Northumberland local area and its response to support children with special educational needs and disabilities (SEND). The area has reviewed its approach several times in the last two years, but this report represents a snapshot of the position as of September 2017. This report needs to be read in conjunction with other key documents including, the SEND strategy, the inclusion strategy, the Development plan, the Joint strategic needs assessment and the Joint commissioning strategy. To provide a simple over-view we have also developed a 'Priorities on a Page Document'.
- 2.2 Although there have been developments and improvements the Local Offer Page, we acknowledge that it requires strengthening and we are in the process of reviewing the offer which should be re-vamped by October 2017. Reporting to joint senior managers, governance bodies and elected members on the progress of SEND reforms is in place but it should be further developed in order to provide even greater scrutiny, challenge and a common understanding of the position.
- 2.3 The area got off to a slow start in 2014 and the use of external consultants to provide leadership resulted in a lack of strategic direction and embedding of the reforms within everyday working policy, strategy and practice. On the appointment of new leaders in 2015 and the subsequent restructure of the local authority education service progress has accelerated.
- 2.4 However in the summer of 2017 the impact of operational management was reviewed again and has led to the development of a new combined and integrated approach to management. For example a jointly funded post between the Council and the CCG to strengthen partnership working and fully embed a local area approach to SEND was created in June 2017. The role of the Designated Clinical Officer (DCO) has been reviewed and the role is now embedded within the newly created Partnership Development Manager post. The impact of the Head of School Improvement and Commissioner for SEND have also been scrutinised and new arrangements have been put in place to drive forward the changes that we have introduced.
- 2.4 In addition to these changes, the Independent Reviewing Officer post (IRO) appointed within social care has been reviewed and broadened to become a SEND Champion which will be appointed in October 2017.
- 2.5 At strategic leadership level the area is in a very strong position to ensure a robust approach. The interim Chief Executive, Daljit Lally, (previously Director of Children's Services) is also a senior leader in the Northumbria healthcare NHS foundation trust in her role as Executive Director of Community Services. The Director of Adult Social Care, Vanessa Bainbridge, is also the Accountable Officer of the Clinical Commissioning Group (CCG). The current interim Director of Children's Services, Andy Johnson (previously Director of Education and Skills), has a strong background in quality assurance and inspection and made some key changes to middle leadership to improve further the impact of the service. The Director of Nursing, Quality & Patient Safety, Annie Topping, has extensive experience of strategic planning and partnership working.

- 2.6 The Health and Wellbeing Board strongly supports the SEND agenda within Northumberland and established a SEND JSNA. The Director of Children's Services reports to the Board annually with the latest update being delivered on the 14th September 2017. Elected members are kept informed via the Family and Children's Scrutiny Committee and Council Cabinet. In 2016 they established a task and finish group to examine the challenges behind providing SEND support to children and families.
- 2.7 The Strategic Partnership Board sets strategic direction, monitors joint commissioning, reviews the SER and monitors the delivery of the Development Plan.
- 2.8 The Strategic Improvement Board is responsible for the delivery of the SEND Development Plan identifies task and finish groups and monitors their outcomes.
- 2.9 In addition to the above, the SEND area of work is connected to a number of other Boards and Groups within Northumberland Council, Northumberland CCG, Northumbria Healthcare NHS Foundation Trust and Northumberland, Tyne and Wear NHS Trust as required. These include, but are not restricted to:
- Parent Carer Forum Board (In it together group)
 - Local Safeguarding Children's Board
 - Joint Local Executive Board
 - Child Health STP
 - Corporate Parenting Board
- 2.10 Within the Council, the Local Area Nominated Lead for SEND is Andy Johnson, Interim Director of Children's Services. The Senior Leadership team within the Council have responsibility for different elements of the SEND agenda with overall operational management by the newly appointed Partnership Development Manager (Sam Barron).
- 2.11 Within the CCG, The Director of Nursing, Quality and Patient Safety, Annie Topping, is the Lead Director for SEND. There are two Heads of Commissioning and the Designated Nurse Safeguarding Children & LAC to lead on relevant aspects. One post is jointly commissioned between the council and the CCG and supports those with Mental Health, Learning Disability and ASD.
- 2.12 The DCO is Sam Barron who works closely with Rachel Mitcheson, Commissioning Lead for Children at the CCG. The DCO role has two days allocated and is jointly appointed to provide this role alongside the Partnership Development Manager for SEND role within the Local Authority. This enables an integrated and flexible approach to the role.
- 2.13 SEND issues in the health sphere of work are monitored through bi-monthly CCG meeting and a quarterly update on SEND is provided to the monthly Joint Local Executive Board and monthly exception reporting as required.

3. Executive Summary and Main Findings

3.1 **Key Strengths**

1. A strong self-assessment process in place that identifies areas of greatest priority and links them to a targeted development plan and strategy for improvement. This is demonstrated in the way in which our approach to management has been continually reviewed and improved with a strong link to impact and outcomes of post-holders.
2. There is committed and strong leadership across the area Education, Social Care and Health organisations, with agreed joint working practices. This is evidenced in the shared key strategic documents that have been adopted across services. The SER, the Development plan, the area strategy, the JSNA and the Inclusion strategy.
3. The DCO is also the lead senior manager who oversees commissioning within the Local Authority. This effectively brings together leadership roles within the CCG and the Council together enabling an integrated and flexible approach to the development and delivery of SEND.
4. There are positive working relationships between services and the main parent/carer forum for the area (In it Together) and this has led to significant progress in meeting the needs of children, young people and their families.
5. The quality of many individual services is strong, for example the Care Quality Commission rated community mental health services for people with learning disabilities or autism as outstanding in April 2017; the Northumbria Healthcare NHS Foundation Trust as outstanding in May 2016 and special schools across Northumberland are all rated good or outstanding. There are areas for development in mainstream schools outlined in the next section of the SER.
6. A joint commissioning strategy has been established and this is beginning to have a positive impact on co-ordinating services and ensuring value for money which in turn benefits CYP with SEND and parents. The current focus is to bring together the speech and language therapy and communication support teams.
7. Elected members – lead working groups and take a close interest in this area to ensure that level of scrutiny is good and the understanding of SEND in Northumberland and of the national SEND reforms are well understood at the level where resourcing decisions are made.
8. The Health Visiting screening programme is well-established and this means early identification is effective. We recognise more could be done to integrate this process with other services.
9. Education Health Care Plans (EHCPs) are currently completed within timescales and the area is on target to convert all statements into appropriate plans by April 2018. After a slow start, intervention by leaders has proved to be successful. This area of work continues to be kept under scrutiny.
10. All children and young people referred to health teams are seen within 18 weeks
11. Outcomes for children and young people who attend special schools in Northumberland are at least good and in many cases outstanding.
12. The proportion of pupils receiving SEN Support achieving a good level of development in the early years rose markedly between 2014 and 2016 and is above the national average.
13. The proportion of pupils receiving SEN Support in primary and first schools who achieve the expected standard in phonics (the decoding of words when reading) rose markedly between 2014 and 2016.
14. Outcomes at Key Stage 1 for SEN Support learners have been consistently strong and above the national average.

15. Outcomes at Key Stage 2 for SEN Support learners have been strong and improved further in 2017.
16. The proportion of pupils with an EHCP or statement who have attained A*-C grades in English and mathematics rose markedly between 2014 and 2016, and they had good outcomes in summer 2016. The school results for 2017 are being analysed to see if trends or comparisons can be drawn given the context of the changes to assessment that has taken place this year.
17. The overall absence rates of pupils with SEND and/or an EHCP fell significantly between 2014 and 2016
18. The proportion of pupils with SEND and/or an EHCP subject to fixed-term exclusion fell markedly and in 2016 only 0.1% of pupils with SEND and/or an EHCP were permanently excluded.
19. Historically a low number of learners with SEN Support experience fixed term or permanent exclusions compared to nationally published figures, we are concerned about an increasing trend in 2017.
20. The proportion of school leavers with SEND in education, training or employment rose to nearly 90% in 2016, however this remains an area for development.
21. Since 2014/15 participation of SEND learners in the Northumberland Adult Learning service (NALS) has nearly doubled, pass rates have risen from 84% to 90% and the achievement gap has been narrowed to less than 2% with those with a declared disability and / or learning difficulty out-performing those with no declared disability or learning difficulty.
22. The proportion of 19 year olds qualified to level 2 including English and mathematics with EHCPs / Statements is high in Northumberland.
23. Large numbers of parents say their children receive good support at school, and from health and care services. We recognise we need to extend the use of parental voice to influence planning and provision.

3.2 Key areas for development

Leadership and Governance

1. The Local Authority has reviewed the quality and impact of operational management several times between 2015 and 2017. By June 2017 there have been significant improvements but it was acknowledged that there is still more work to do to ensure stronger partnership working between services and maximise impact on outcomes for children and young people. Therefore further changes were made to roles and responsibilities within the service.
2. Leadership and governance within SEND are committed to drive improvement, leaders focus unremittingly on outcomes and are keen to ensure that the reforms are translated into an integrated system as soon as possible, after what is admitted to be a slow start. Reporting to senior leaders and elected members on the impact of SEND reforms is in place but it needs to be further developed in order to provide leaders with the tools to ensure greater scrutiny and quicker challenge.
3. The roles of the DCO, Commissioner for SEND, and Head of School improvement were reviewed again in June 2017 and it was acknowledged that insufficient capacity was available to fully deliver the strategic and operational elements of these roles. A new approach has been developed as from September 2017.
4. Joint Commissioning has begun and positive progress has been made within Mental Health. However this work needs to be built on and widened through the delivery of the new Joint Commissioning priorities, for example in speech and language therapies.

5. While there has been positive progress in involving children, young people and their families at a strategic level and in different pieces of work, greater engagement and co-production needs to be developed as routine practice. The Joint Commissioning plans will further establish co-production for all new initiatives and will be monitored through the SEND Strategic Partnership Board.

Identification and Assessment

1. Feedback from the Parent Carer Forum has indicated that the existing Local Offer is not as easily accessible or comprehensive as it could be and information can be difficult to find. A project team is in place, with completion anticipated by the end of 2017. Parents appreciate written as well as on-line resources, and dislike the term “local offer”, which many say they don’t understand.
2. While there are positive examples of engagement with children, young people and their families, these are associated with individual service development and would benefit from greater coordination under an overarching strategy for participation and engagement of children and young people. This is a key work-stream in 2017.
3. The Local Area has developed a graduated approach to meeting the needs of children and young people with SEND. The graduated approach is not always consistently understood in schools and settings and needs to be refreshed and extended. This will increase a shared responsibility for meeting the needs of pupils with SEND. This will be led by the development of training for SENCO’s and the establishment of a Mainstream Local Offer. A review of the role of the school improvement service has been carried out and a new school improvement post for SEND has been created, with an appointment by the end of 2017. A review of the use of top-up funding allocated to mainstream schools is also underway as part of the work of the Schools Forum.
4. As part of the work on further developing the Northumberland Graduated Approach, EHCP systems, paperwork, SEN Support Plans will be reviewed to ensure they always provide the right vehicle for success and plans are more consistently of a high quality.
5. Assessments processes that take place across education, health and care need to be even more aligned e.g. for looked after children (LAC) to ensure they are more consistently effective.

Pathways and Outcomes

1. Outcome data is monitored across individual services in education, health and care, however a Local Area Outcomes Framework needs to be developed to ensure a more holistic monitoring of outcomes is adopted by the separate agencies. This is a work-stream for 2017.
2. Multi-agency pathways for Post 16 and Post 19 education, health and social care provision exist within each service and organisation but a comprehensive transition guide needs to be developed and made accessible on the Local Offer. This will ensure that schools, parents and students are supported to make well informed decisions, with good outcomes and clear pathways in preparation for adulthood from Year 9 onwards. Better partnership working with local further education providers is a priority for improvement in 2017.
3. Transition pathways between children’s and adult health and social care services for those children and young people accessing regional / national health services could be clearer and work is in progress to enhance this.
4. The profile of SEND within children’s and adult social care needs to be enhanced so that Social work records always include accurate details of education needs, academic progress, whether a child or young person is at SEN Support / EHCP and the systems

for seeking social care advice for EHCP's. A newly created post of a Social Care SEND Champion will drive this work forwards in 2017.

5. The pathways for assessment and the provision of EHCP advice for those aged 18-25 accessing adult health and social care services require review to ensure there are clear systems for this age group; this will be a work-stream in 2017.
6. While there is strong practice in identifying children with SEND by the Health Visitor service, the mechanism by which health notify the council of possible SEND needs further development to ensure a holistic view of the child is always created.
7. A more regular multi-agency audit cycle (termly) of EHCP's to ensure high quality of plans is needed.
8. Outcomes at Key Stage 2 for both EHCP and SEN Support learners have been strong but results for those subject to EHCP declined in 2017. However, results for those subject to SEN Support improved further. Analysis of the new framework for assessment is necessary particularly in relation to its impact on SEND learners.
9. Employment Education and Training outcomes for Key Stage 4 pupils are not universally strong across the region and further work is necessary to identify areas of need.
10. In 2017 in Northumberland there has been an increase in fixed term or permanent exclusions, the reasons for these exclusions are being examined by the pupil placement panel and after analysis further action need to be taken to arrest this trend.
11. A high proportion of secondary/high schools and academies are not good enough. They have been subject to special measures. Pupils with SEND in these secondary schools have not made the progress of which they are capable. The LA needs to continue to work with the Regional Schools Commissioner (RSC) to challenge and support academies and ensure that the RSC prioritises SEND provision in Northumberland.

Financial Management

1. There are a relatively high number of children and young people accessing educational placements out of the county. This is both costly and makes outcomes difficult to monitor.
2. A review of the Travel Policy is being undertaken by elected members, to ensure children have maximum access to provision closer to their homes. The group will report back by the end of 2017, with potential improvements being introduced the following financial year.
3. The number of specialist places within mainstream additional resource provision is being reviewed and matched to local need. The number of places within special schools in Northumberland needs to be expanded with designations for each school being redefined and so called "designation- drift" being halted.
4. There is a need to review the practice of the SEND panel and ensure that representation is always multi-agency and that it is able to provide consistent challenge. The terms of reference and membership will be reviewed.
5. The Schools Forum additional needs group is focussing on the High Needs spend of the dedicated schools grant (DSG) and analysing how top up funding is used to support pupils. The context of the new national funding formula will also be analysed and funds need to be carefully allocated according to the new formula.
6. Information and pathways for personal budgets needs to be further developed and placed on the Local Offer.

4. Section 1 – How effectively does the local area identify children and young people who have special educational needs and/or disabilities?

1.1

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

Northumberland Evaluation

The efficiency and appropriateness of the response is effective within the Early Years as evidenced by the number of children with SEND accessing Early Years provision. This enables children to receive early support and make progress in the early years. The Local Area has developed a graduated approach to meeting the needs of children and young people with SEND. This approach is due to be refreshed with schools, settings and parents / carers and children and young people and will be relaunched in January 2018.

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

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

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

4. The Local Area has developed a graduated approach to meeting the needs of children and young people with SEND. The graduated approach is not consistently understood in all schools and settings and needs to be refreshed and extended to increase a shared responsibility for meeting the needs of pupils with SEND. This will be led by the development of training for SENCO's and the establishment of a Mainstream Local Offer. A review of the role of SEND Support Services will run alongside this work, this has already started through the Director of Education and Skills and will continue in 2017.

5. The Early Help arrangements in Northumberland provide a structured way for children with SEND who need additional support to be identified and provided with that support. The Early Help Assessment process enables a key professional working with a family to undertake an assessment and identify the planned actions required and then monitor and review these through a Team Around the Family (TAF). For children and families who may require a number of agencies to provide support the Early Help Locality Hubs provide a multi-agency referral process for key services working with children and families to ensure that identified needs are met as soon as possible.

6. There are sixteen registered children's centres in Northumberland and split into four localities, they are generally of good quality. Over 90% of all children 0-5 are registered with a children's centre. There is a clear universal offer for all children 0-5 and their parents delivered primarily by health but with key 'Learning Together Through Play' sessions delivered by Early Years Practitioners. Further targeted support is delivered to specific groups of children and their parents including targeted groups of children with SEND enabling nearly support to the child and the family.

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

1.2

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

Northumberland Evaluation

Monitoring arrangements are good for children within early years and primary however are less strong at secondary. There is a need to refresh settings and schools understanding of the graduated approach and the role that assessment plays which is scheduled for January 2018. The SEND Panel has a role in reviewing the quality of assessment information as part of reviewing applications for additional support. Applications to the SEND panel show inconsistency across the Local Area in terms of assessment information.

In terms of multi-agency involvement, the involvement in health and care in ensuring that assessment information remains up to date during transition is an area for development and is currently inconsistent. Care Leads are monitoring systems to ensure that information relating to SEND is always current.

1. The LA has a well-established SEND Panel which supports the LA decision making process. The panel considers requests for new EHCP assessment, decisions as to whether to issue an EHCP, mainstream top up requests and requests for changes in provision in annual reviews. The panel has broad membership from the SEND Assessment Team, SEND Support Services, school representation, Social Care and the DCO has the health representative. The DCO attends the SEND panel and monitors the quality of health advice to identify training needs for health teams re SEND. The current focus is the provision of high quality health outcomes within health following training provided 2016-17. The LA has a separate Post 16 Panel consisting of staff from the SEND

Assessment Team, Educational Psychology, Social Care, Careers and Children's Commissioning Service. As of the beginning of September 2017, 97% of EHCP assessments have been completed within timescale. There has been an average of 30 referrals per month from January 2016 to September 2017. The Panels are currently going through a review process to ensure membership is multi-agency and they provide consistent challenge in the decision making process.

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

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

1.3

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

Northumberland Evaluation

Northumberland LA knows its primary, first and early years settings well. There are good systems in place to monitor, support and challenge schools which enables children to make effective progress across Early Years and Primary, with evidence that outcomes are improving. The Local Area is less effective in effecting positive change at secondary level. Post 16 provision has good systems in place however acknowledges that the monitoring of routine assessment of educational attainment and progress for post 16 learners who are in the process of transition or who are placed outside of the LA schools or Learning and Skills Service is an area for development. More than half of secondary schools and around 20% of primary schools are academies with their organisation being the responsibility of the Regional schools commissioner. Closing the gap in the achievement of disadvantaged children and their peers is a priority across Northumberland, particularly at secondary level.

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

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

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

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

5. Any issues around school performance (including that of SEND learners) recognised by the LA through the processes noted above leads to schools being given 'Target School Status'. Additional challenge and support is then commissioned by the central School Improvement Team. The Council has recently taken a decision to create a SIP post with specific responsibility for school performance in relation to SEND to further support work in this area.

6. There is too much poor performance in mainstream secondary schools and academies. Nearly three-quarters of secondary schools are either academies or becoming academies. They work well with the LA however the power to drive change lies elsewhere with sponsors or trusts, or the regional schools commissioner. The 2015 report 'Closing the gap' shows that Northumberland was in the bottom 10 of the 150 LA's for the gap between disadvantaged pupils and all other pupils at secondary level. Although the difference is diminishing the authority is very concerned that progress is too slow in academies but will re-double its efforts working with them to address this issue.

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

8. The Council's own Post 16 provision, Northumberland Adult Learning Service (NALS), challenges its performance of outcomes, leadership and management, teaching, learning and assessment, personal development, behaviour and welfare. There is good use of data in the service to analyse and improve performance. There is strong focus on retention, achievement, pass rates and early intervention. There are also good systems in place for analysing achievement gaps, outcomes, destinations and impact of learning on all learner groups. The performance of the service is subject to reporting to all leaders and managers in the service, the LA SMT and members of the council at a range of scrutiny meetings. The impact of this is that they are directing changing the service, including re-aligning provision and improvements in pass rates and

narrowing gaps across groups. Since 2014/15 participation of SEND learners in the service has nearly doubled, pass rates have risen from 84% to 90% and the achievement gap has been narrowed to less than 2% with those with a declared disability and / or learning difficulty out-performing those with no declared disability or learning difficulty.

1.4

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

There is increasing understanding and awareness of SEND reforms within the care workforce and as a result identification and assessment is improving. Education is a focus within all assessments completed and looked after children receive good educational support leading to improved outcomes. There are strong links between the Virtual Head and social care leading to vulnerable children receiving the support and input required to enable effective progress. The pathway for the provision of high quality care advice as part of the EHCP process is under the review. The LA is appointing a social care SEND Champion to support and strengthen the role of social care with children and young people with SEND.

1. Within social care there is evidence of an increasing understanding of the SEND agenda, although this is not yet at a level where this could be considered to be fully embedded. Education is a focus within all assessments that are carried out to understand the needs of children and their families. Every child who is active to social care has an assessment undertaken at the point of referral and this will include an evaluation of whether the child has additional needs that might require an EHCP. Assessments are updated regularly on a multi-agency basis and therefore any education issues are addressed again within this. For Looked After Children, the Virtual Head provides advice to ensure that where a child has additional needs that they are provided with the support and input needed to make good progress and will explicitly ensure that consideration is given for the need to complete an EHCP. Links between social care and the Virtual Head are strong and frontline staff will seek appropriate guidance from the team in relation to SEND where it becomes clear that a child has issues or challenges.

2. The Disabled Children's team is able to provide extensive evidence of these issues.

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

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

through the First contact team who will triage the information received using the threshold document and identify the most appropriate response.

5. Following the Ofsted inspection of social care under the single inspection framework in 2016 a comprehensive improvement plan was put in place to address the recommendations from the report. Whilst there were no specific issues highlighted related to assessing children where there may be special education needs or disabilities, there were areas where recommendations would impact on children who may require an EHCP. Ofsted identified a number of strengths in relation to the early help agenda and highlighted that there was an appropriate emphasis on early help but that the early help hubs were not yet diverting children from statutory services. Since that time, the hubs have been further strengthened and performance data has identified that children are now receiving appropriate support via the hubs and that referrals to social care have lessened. This means that children who have additional needs should be identified sooner and where relevant this will include any issues around special educational needs and disabilities. Significant work has gone into improving the quality of assessments and plans and this will have a positive impact for all children as it will ensure a more focussed assessment with clear care planning where a child is in need of services to help promote their welfare. Ofsted highlighted the fact that looked after children receive good education support which has led to improved educational outcomes and this team support frontline social workers to identify where there might potentially be some learning needs. We are working hard to develop a better understanding and awareness of SEND reforms within the care workforce. Regular briefings have been provided to frontline staff both verbally and via online methods. Social care storyboards are available and the performance team have a range of case study storyboards about the use of early help to identify and support needs.

6. A more defined pathway for the provision of care advice to the EHCP process is being created together with a more robust quality assurance process is planned to be in place by the end of 2017.

1.5

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

Northumberland Evaluation

Outcomes data shows that we are effective in completing routine health checks leading to children who require help and support receiving services early.

The pathway by which health professionals notify the Local Authority of children with SEND is currently being reviewed following a change in systems, this will improve and consolidate the programme.

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

2. Public Health School Nurses provide significant support to managing the early help offer and

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

3. The early-years' work-stream has integrated the 2 year old progress checks with the health visitors' 27 month health review which has enabled families and children to be referred to help early. The pathway by which health professionals notify the council of possible SEND is currently under development and not yet fully operational.

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

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

6. The following high impact areas have been identified

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

7. The 0-19 Programme aims to:

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

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

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

9. In the Early Years an effective process to integrate the 2 year old progress checks with health visitors' 27 month health review has been developed. This has ensured prompt referrals to our Early Help Locality hubs and access to specialist services including Speech and Language and Paediatrician support. We have a well-established, effective Early Years Inclusion Policy ('The Toolkit') which is now supported by a range of resources on the Northumberland Early Years website. This is used by and with EY providers including PVI's, supported by Area SENCOs and other pre-school SEN specialist services. 100% of settings have accessed Northumberland Early Years Inclusion Toolkit (NEYIT) face to face training, giving them the tools to identify the children's needs.

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

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

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

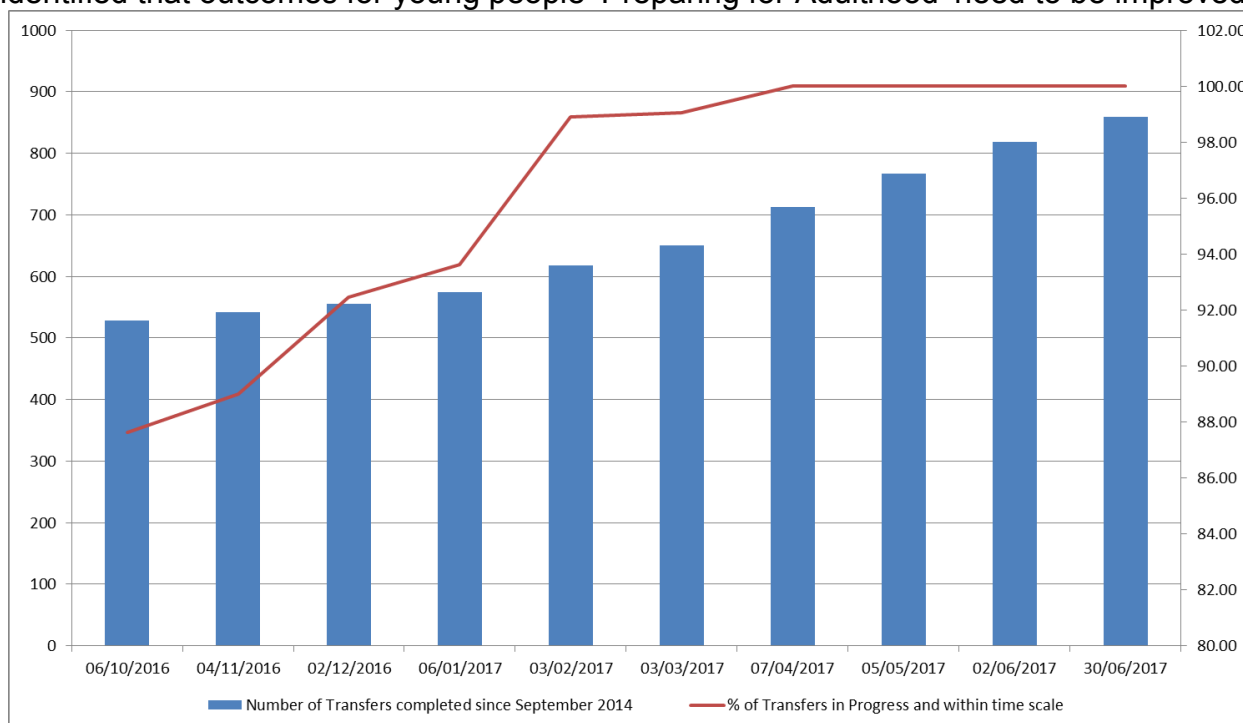
1.6

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

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

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

2. Data on the number of transfers shows that the local area is on track to transfer all Statements of SEN to EHCP's by the end of March 2018. Systems are in place to monitor progress within this area, with weekly monitoring being reported to the Director of Education and regular progress reports presented at the SEND Strategy Board and Improvement Board, supported by a monthly data clinic run between the Performance team and SEND staff, to identify any cases at risk of drifting and therefore intervene appropriately. The LA has undertaken regular recruitment and training of new staff to improve the number of EHCP transfers completed within timescale. In addition the LA has developed relationships with two EHCP writing services to build capacity for occasions when short-term demand for new EHCP's is greater than capacity available on the SEND Assessment Team. The LA audits plans to identify areas for improvement and have identified that outcomes for young people 'Preparing for Adulthood' need to be improved.



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

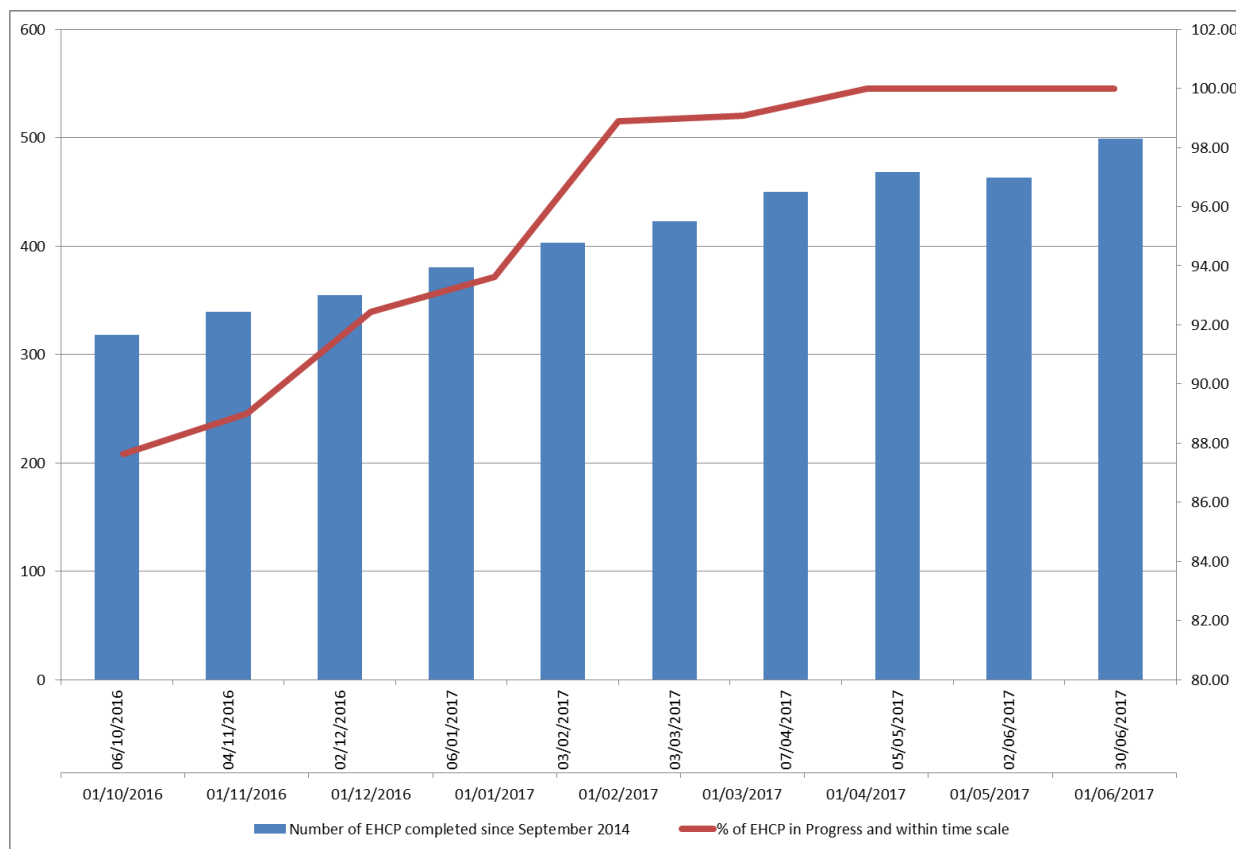
of the new reforms.

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

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

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

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



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

9. A standard format for EHCP advice has been agreed for all health teams working within

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

11. In terms of input to EHCPs from children's social care, where there is an allocated worker, information is provided which contributes to the overall assessment of the child's needs. There needs to be training provided for frontline social care staff so that they better understand what is required of them so that the information for the EHCP is better coordinated. Social Care run a weekly High Level Resource panel which considers high cost placement packages and those children who need to be placed out of county because their needs cannot be met via internal resources. A member of the SEND team attends this panel so that where appropriate the EHCP is highlighted and used as the focus for placement requests.

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

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

- Of those respondents with children with a statement or an EHCP, most felt that the process had allowed them to share their views with professionals co-ordinating their child's assessment.
- The large majority of parents were made aware of support and guidance they could access during the EHCP process, eg through IASS.
- A very large majority of parents/carers feel the EHCP targets set for their child reflect their needs. Around 12% of respondents were unsure about this. The large majority feel the EHCP helps their child to make progress. 13% do not feel their child makes progress as a result of the support in their EHCP and free text comments indicated this was linked to a lack of support from staff trained to the correct level to meet their child's needs.

1.7

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

Northumberland Evaluation

Transition work within the Early Years is strong with Health Visitors, Nurseries and Schools holding multiagency transition meetings for those with additional educational needs. Analysis of the ages at which children and young people receive an EHCP indicates that many children receive a plan aged 5-6 which indicates that early identification of cases is working well.

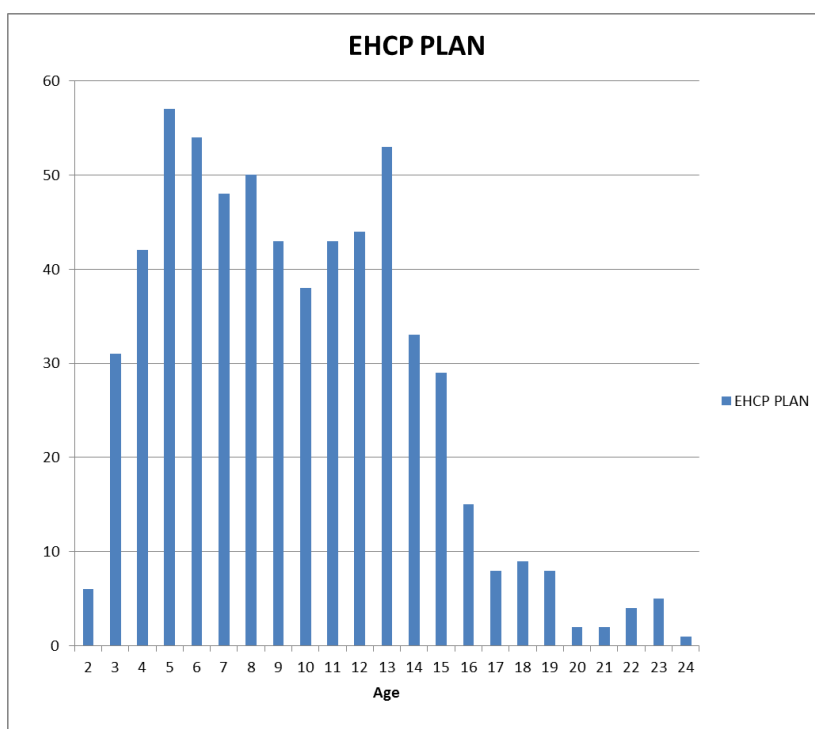
However children within the care system who have an EHCP who move from one provider to another do not always have their EHCP updated in a timely manner to reflect their change of circumstances.

There is inconsistency across health teams as to how SEND is recorded within their

systems. It is therefore difficult for some health services to easily identify children and young people who have an EHCP in their health records. This can lead to a lack of awareness of SEN status by health professionals which impacts on the timeliness of the provision of health information to support transitions between providers.

There are excellent transition arrangements to support young people with complex needs and learning disabilities transitioning to adult services. Specialist school nurses supported the transition process for 17 to 19 year olds and the trust had recently appointed a dedicated specialist nurse to review current practice and identify any gaps in the service. This was rated Outstanding by Ofsted in 2016. This practice needs to be rolled out for those at SEN Support and requires development.

1. The effectiveness of early SEND identification is good as demonstrated in the processes and outcomes listed below. Some improvement is required in joining up all the identification pathways and recording / communicating the full package of support for each child. This is being addressed by implementing the EY Passport. This is a document which records all EY assessments and interventions by the provider, SEND services, health and social care. It tracks the school readiness journey and communicates that journey to all stakeholders including parents.



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

3. Through the private, voluntary and independent (PVI) childcare settings, children with SEND could potentially, be identified from 3 months old. All childcare settings are advised to differentiate provision to ensure all children are fully included in the EYFS. Children who have additional needs identified before the age of two will be discussed with parents and their health visitor or in some cases specialist professionals in order to develop appropriate interventions and care.

4. Between the age of 2 and 3 years children in a childcare setting will undergo an EYFS progress check, this process is done with parents to ensure a full picture of the whole child is reviewed and

any issues identified and next steps agreed. A range of options are available for children who have an identified need or are not on track with their peers in line with the EYFS.

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

6. The quality of transition between paediatric and adult health / care services is variable and there is a need to develop a consistent multi-agency pathway for children and young people.

7. For adult services transitions, the LA has been reviewing the process for annual reviews and internal planning processes to assist the transition arrangements for young adults expected to be leaving education. The LA piloted a new planning process to consider the cases for pupils placed in Independent Specialist Colleges who were ending their current study programmes. This involved the allocated SEND case worker and the appropriate adult care team manager meeting with the SEND Manager, Disabled Children's Operations Manager and a Senior Commissioning Manager to consider future likely provision for these young people. This proved beneficial but highlighted the need for planning to take place sooner.

8. Regionally work is being developed to explore the use of read codes within SystemOne to support the identification of children and young people with SEND within health systems. Recommended practice is for a copy of the EHCP to be kept within case files, however this is inconsistent where children and young people become involved in services after the initial EHCP has been completed. This can mean that in a small number of cases, it is not apparent to front line staff that a child or young person has SEND or an EHCP.

1.8

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

Northumberland Evaluation

Although we consider our capturing of data and intelligence as an emerging strength we currently identify that it does not always provide accurate information about needs. We are developing a more detailed SEND specific local area JSNA to better support our identification of needs. In June and September 2017, very robust reminders were sent to schools for the Director of Education and Skills, to ensure a more accurate approach to census returns

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

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

range of need in different areas of the county.

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

4. A SEND capital project paper is available that provides rationales and priorities, it is based upon a variety of sources including the JSNA.

5. Robust reminder letters have been sent to schools who were sending incorrect or incomplete census data. A data cleansing process has resulted to ensure more accurate information.

1.9

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

Northumberland Evaluation

Northumberland has a number of Support Services who work with schools to support the establishment of baselines and achievement of outcomes for specific groups of pupils with identified needs, and a graduated approach. It has been identified that there was a need to review the outcomes provided by these services, strengthen their involvement in supporting a graduated approach and their funding model. The previous model of "LIST" teams was over-hauled in 2016 and a more consistent service led approach has been developed.

Whilst practice in establishing baselines and setting targets for children and young people who receive a range of therapeutic inputs/interventions is effective within specialist provisions, we recognise that more work needs to be done to support mainstream schools to develop their practice and consistency in this area.

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

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

3. Schools report positively (feedback from headteachers, May 2016) on the impact of the work of the SEND specialist support for individual pupils and the training and workforce development which is provided to schools by these teams, supporting precise identification of pupils' needs. The recent change to the funding arrangements to these teams needs to be evaluated to determine its impact and any subsequent action that may be required.

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

5. Northumberland CCG commission health services which work in partnership with services above – community nurses, specialist school nurses, speech and language therapists, physiotherapists, occupational therapists, community paediatricians, primary and specialist mental health services. There is strong practice in this area with therapists in special schools and developing strong practice with mainstream schools.

1.10

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

Northumberland Evaluation

Our work in this area is improved but not yet fully developed. There are systems in place to use the data and intelligence to predict needs for services and to inform provision planning, via the JSNA. Following local changes to admittance criteria to Special Schools to reduce the travel distance and time that some pupils needed to travel, there is a need for greater clarity from each Special School as to the population they serve. Some special schools have suffered from “designation drift” in an attempt to meet local need.

At present there are too many children being educated out of Northumberland and more children requiring specialist educational places than there are spaces available. However this has to be carefully balanced against specialist provision.

1. Our work in this area has grown and we now have a draft joint commissioning strategy and plan but we recognise our work is not fully developed. There are developing systems in place to use the data and intelligence to predict needs for services and to inform provision planning well. At present there are too many children being educated out of Northumberland due to a lack of local provision in both mainstream and special schools and a lack of understanding in some mainstream settings of how SEND support can ensure children remain in their local schools.

2. A SEND JSNA summary has been produced and the Local Area is currently creating a more detailed SEND specific JSNA to support the provision planning and work within the joint commissioning work-stream. We have current areas of good practice in relation to using data and intelligence, for example in Mental Health, however this is not consistent across the area.

3. A Joint Commissioning Group with membership from all partners across the Local Area which includes has been established. Terms of reference have been agreed by all partners.

4. A data work-stream has been established between the council, CCG, Northumbria Healthcare NHS Foundation Trust and Northumberland, Tyne and Wear NHS Trust to promote information sharing and establishing robust data sets that can inform future planning and commissioning

5. Until recently the Director of Children’s Services was also the Deputy Chief Executive and had overall leadership of community health services and oversees the work of the directors of adult services and public health as well as having overarching responsibility for children’s services. This

resulted in better collaboration and accountability across services. There is a partnership agreement between the local authority and Northumbria Healthcare NHS Foundation Trust (judged outstanding by CQC in May 2016) for social care for ill or disabled adults and with Northumberland Tyne and Wear NHS Foundation Trust for support for working age adults with mental health problems.

6. In May 2017 a restructure took place and a new interim DCS was appointed. This situation is to be reviewed in Autumn 2017 to ensure that strong links are maintained and that joint commissioning arrangements are working well.

7. Joint commissioning arrangements are in place with an action plan in place. An integrated commissioning hub between children's social care, clinical commissioning group (CCG) and public health has been created.

8. Good collaboration of all partner agencies through the health and wellbeing board, driven by the Joint Strategic Needs Assessment, has resulted in improvements to services for children with emotional health needs commissioned through the CCG, although we recognise there is more work to do to improve the timeliness of assessment of children and young people with social, emotional and mental health needs.

9. The creation of a post across social services and health has resulted in a commissioner for mental health and Learning Disabilities who is focused on improving our performance in this area and as a result the Emotional Wellbeing and Mental Health Strategy Group have developed an Action Plan which brings together Local Authority and Health Resources to work together. In addition, planning for individuals with Learning Disabilities is much smoother due to the Commissioner controlling LA and CCG budgets.

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

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

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

As a result the following action and impact was created;

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

13. Service improvement work undertaken with CYPS (CAMHS) to reduce waiting times. The SEND strategic board reviewed feedback from schools (May 2016), parents and carers (April

2016) which confirmed their dissatisfaction in this area and agreed plan of action with Northumbria CCG. Ongoing commissioning discussions continue. Establishment of SEND work-stream exploring opportunities for joint working between education settings and health providers to ensure that education settings have the training and support they need to correctly identify those children and young people in need of additional support and that school staff are confident to provide a first wave of school-based support and intervention to those children and young people with emerging needs.

As a result the following actions and impact were created;

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

1.11

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

Northumberland Evaluation

The Local Authority provides support to schools to inform their practices through the SEND and SEND Support Services and the Virtual School teams. This support is designed to ensure that the Outcomes identified can be effectively delivered in Education settings. The previous services, the LIST teams have been reorganised to ensure individual services can be held to account. Teaching and learning will benefit from the new appointment of a senior advisor for SEND within the school improvement team.

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

2. The Local Authority provides support to schools to inform their practices through the SEND Support Services and the Virtual School for Looked After children with SEND needs. The SEND Support Services carry out assessments, observe practice and provide guidance on differentiation and adaptations required.

3. Children's social care team are able to provide additional evidence with regard to this question.

4. Health teams work alongside SEND Support Services to enable specialist advice to be provided to education staff to promote positive outcomes and staff development in working with and supporting pupils with SEND. The NHS Speech and Language Therapy service has recently (Jan 17) undergone a service review and redesigned its services to be more responsive to educational settings and children and young people with high levels of need and provide detailed assessments which informs educational support more effectively.

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

Northumberland Evaluation

The Local Area has robust mechanisms in place to monitor the effectiveness of support and / or interventions provided through the School Improvement Service. . Useful evaluations work within individual services but have not been drawn together or examined collectively to inform next steps as an integrated Local Area. This is part of a work-stream for 2017.

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

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

3. A very clear and detailed self- evaluation of the impact of school improvement services is available in the Director of Education Annual report and service statement This statement is informed by the following actions – The Early Years Team monitor all settings, identifying the quality of provision, and intervening where required. Termly visits to all schools from the LA School Improvement Partners leads to detailed reports which are quality assured by the central team. Any issues are quickly identified and interventions applied. The Data Unit analyse all outcomes which leads to intervention and training needs identification. Ofsted inspection findings also support our evaluation processes.

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

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

5. Section 2 – How effectively does the local area assess and meet the needs of children and young people who have special educational needs and/or disabilities?

2.1

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

Northumberland Evaluation

At a strategic level

The Local Area has pockets of good practice within individual services however this area requires more development. Parents and carers are consulted on a range of SEND issues through workshops and roadshows however this has not consistently led to developments or changes in services. At a strategic level, involvement of parents and carers and children and young people has begun within joint commissioning with a strong commitment to embed co-production in all future improvements.

At an individual level

The EHCP process and form was co-produced with the Parent Carer Forum. There is a need to review the existing systems in the light of the review of the SEND panel to ensure that it is enabling the capture of the relevant information that is needed in order to be able to make informed commissioning arrangements on a child or young persons need. Section A in EHCP's are co-produced with parents and carers and children and young people, but we believe that more work needs to be done.

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

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

3. Using the voice of the child to positively influence provision is a key area for improvement. The following are examples of specific programmes and projects

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

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

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

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

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

These areas have been highlighted in the SEND action plan and strategy as either cross cutting themes to be included in all aspects of development work or as individual areas of focus to be addressed.

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

2.2

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

Northumberland Evaluation

The coordination of assessment is at an early stage of development and is not yet fully effective. Firm foundations and a commitment for stronger cohesion have been established with the development of a draft Joint Commissioning Strategy and agreed action plan in

place. Strategic and operational improvements now need to become embedded within existing work-streams. Priorities for the Local Area within Joint Commissioning are

- **Mediation and dispute resolution**
- **Therapies, including speech and language therapy**
- **Special School Nursing**
- **Complex Care**
- **Mental Health support**
- **Post 16 transitions, Preparation for Adulthood**
- **Educational Psychology**
- **At an operational level there is a need to review the membership and terms of reference for the different commissioning panels to ensure a joined up approach to decision making.**

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

Priorities for the Local Area within Joint Commissioning are

- Therapies - services for children and young people with speech, language and communication needs, services for sensory difficulties, equity of special school nursing across special schools
- Mediation and dispute resolution arrangements
- Complex Care
- Mental Health
- Post 16 transitions, Preparation for Adulthood
- Specialist education places and services

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

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

- The Head of Commissioning for Mental Health and Learning Disabilities based in the CCG is a joint appointment with the LA and therefore can take a holistic view of the needs of children and young people. This is resulting in joint planning around service delivery and individual children.
- The Head of Commissioning for Community Services has set up the SEND Joint Commissioning Group for children with complex needs to ensure a shared approach to meeting their needs.
- JELS (Joint Equipment Loan Service). Children with physical needs and mobility needs are supported through a health and social care commissioned approach called 'JELS'. NHS Occupational Therapists or Physiotherapists assess and identify what / if equipment is required to meet the needs of individual children and young people. The local authority

SEND Commissioner works with JELS to arrange for environmental adaptations to premises or provision of additional mobility equipment to ensure children can access local schools. This pathway is all age enabling young people to maintain access to equipment as they transfer to adult services.

2.3

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

Northumberland Evaluation

Parents and carers are most concerned about what they perceive to be a lack of national funding to support the needs of the Northumberland area. This is sometimes translated into a frustration with the Local Authority. Although there is undoubtedly more we can do to raise parental satisfaction levels many issues do relate to funding shortages. Parents and Carers value the events that are run on a regular basis such as the SEND Roadshows and there are strong links between the council and In It Together, Parent Carer Forum. While it is acknowledged that relationships and co-production have developed well over time with some parents, there is more development work required in this area. As the code of practice has developed parental expectations have risen and it is important that the area keep pace with this. While there are individual pockets of good practice in relation to working with children and young people to determine their views about particular services there is a need to develop a more strategic approach in this area.

1. The annual parental satisfaction survey for the children's centres showed that the vast majority of parents were happy with services they received.

2. We identified need that there was no formal mechanism to collect the views of parents and carers who were not involved with the local parent/carer forums. In 2016, the LA alongside In It Together, local parent network co-produced an electronic survey which was issued to parents and carers via schools, PVI settings, colleges and the forum. We received 300 responses from families of pupils attending 90+ educational settings. Their views have enabled us to identify and begin to address a number of priorities such as the identification of dyslexic tendencies and the waiting times for mental health services.

3. Parents and carers have told us that they feel their views are considered as part of our SEND assessments. In our survey of 300 parents in April 2016, 91% indicated that they had the opportunity to contribute their views to professionals. The very large majority also reported that the EHCP targets accurately reflected their child's needs. Ensuring that the views of children and families are heard during assessments was also acknowledged by the SIF (April 2016): 'The quality of early help assessments seen during the inspection is good. Children, young people and their families are fully engaged in assessments and their views inform planning' and 'the disabled children's team consistently demonstrate sensitive and bespoke work, listening to children and gaining their views. As a result, the child's lived experience shines through the assessments and plans in this team.'

4. The Public health service have collected the views of young people through a Health Related Behaviours Questionnaire (HRBQ) and the public health commissioner, who is a member of the SEND strategic board, has ensured that a disaggregated set of responses is available to indicate the views of the cohort of pupils who have self-identified as having a learning difficulty or disability. This is informing the work of the SEND strategic group (how) but represents a relatively small sample of young people.

5. We recognise that there is no mechanism for collectively gathering the views of children and young people with SEND across Northumberland. We have listened to the views expressed by families that children and young people do not want to be singled out for the blunt instrument of a questionnaire that is just aimed at those with SEND. We have therefore established a task group, involving participation officers from the local authority, to explore ways to strategically gather the views of children and young people in 2016-17.

6. During mediation and tribunals, we collate the outcomes and try to learn lessons where we can. We work hard to address complaints or concerns raised by families and to reach an appropriate negotiated solution which prioritises the needs of the child or young person. As a consequence, we have a very low proportion of registered SEND appeals – placing us in the top quartile when compared to other local authorities.

2.4

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

Northumberland Evaluation

EHCP's cover the educational element comprehensively however further development of the health and social care elements is required. Several surveys and samples of EHCPs show that in the main they are suitable, however there is an unacceptable level of inconsistency in recording. Pressure in meeting timescales has been attributed to this inconsistency. The area needs to balance the requirement to hit timely targets but also ensure high quality plans.

1. There is inconsistency in recording in EHCP's and particularly alignment with other assessments e.g. LAC, Children In Need, Continuing Care. This is being developed as part of the role of a newly appointed IRO.

2. The EHCPs have been audited several times and there is a lack of consistency of evidence of a graduated approach being applied across all settings as observed in papers at the SEND Commissioning Panel.

3 Training delivered to health care staff on the writing of outcomes is starting to show improvement in EHCP's though requires continuous monitoring.

4. There has been a significant improvement in the timely completion of EHCPs and the statement transfer rate (see previous section)

2.5

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

Northumberland Evaluation

The Local Offer has been developed through consultation with the parent forum - In It Together. Although a paper based version of the offer is available as a local guide, a web based local offer page has also been developed. Parents like the accessibility of the paper based guide but the on-line version allows the information to be made current because it can constantly be updated. Parents often comment that the use of the term "local offer" is confusing and many do not know what this means in practice. The link to the online local

offer is <http://www.northumberland.gov.uk/SEND-Local-offer.aspx>.

1. The existing Local Offer has been reviewed and requires some continual development work to ensure that contains up to date information, across all ages and stages of the graduated response. A booklet guide as well as a website has been developed and distributed.
2. In 2015, 2016 and planned for 2017 officers worked together with our Parent/Carer Forum to coordinate events for families to provide feedback on our local offer and raise awareness of services.
3. Improvements made to the local offer website have been made - Information on number of hits on website show a small number of hits but views from parents indicate that a growing number use and appreciate the paper based material. The new local offer webpage is to be launched in October 2017 – hits will be closely monitored.
4. Feedback from parents on the roadshows and information events indicate that parents find these events very useful.
5. The further development of the Local offer is a major work-stream for 2017.

2.6

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

Northumberland Evaluation

At individual child and young person level plans currently have a strong focus on educational outcomes and support in schools. Health and care content is less well developed. The local area considers this to be an area that requires further development. Planning for transition to adult services and how it is reflected within the EHCP and processes is also an area for development.

At strategic level planning includes a high number of pupils being educated outside of Northumberland and there is significant pressure on places within Special Schools, particularly for those with ASD, SEMH or both, with some children and young people waiting for a place to become available. This is being addressed by a significant programme of capital development in special schools and mainstream provision.

1. Arrangements for Post 16 places is an area of concern for parents and carers, the government guidance on transition promoting the transition of children and young people into mainstream vocational providers often does not match the aspirations of parents who feel they want continuity of care post 16. This area is being reviewed with providers and parents through a series of consultation events.
2. A regional approach to joint commissioning has been developed via the NE12 process.
3. Short break care is available to parents and carers – the Disabled Children’s team can provide evidence for the success of this programme.
4. The home to school transport policy represents a significant draw upon council funds and this policy is under review at the time of writing of this self-evaluation. A special focus will be placed upon pupils with SEND. If this is to be revised there will be an extensive consultation.

5. The specialist schools in Northumberland have changed in size and population dramatically since the 2008 schools census. There are currently too many children educated out of council area and the focus of our review will be to reduce this number.

6. Analysis reveals the following causes for that increase:

- Many more ASD high needs learners with a wide range of complex needs profiles. ASD is now the first or second most common need in all local specialist schools.
- More learners with SLD, PMLD or other complex needs from birth. Changes in medical technology, prematurity and survival may be a key cause.
- Raising of the Participation Age to 18 years. This means many more post-16 learners are looking for support at good and outstanding specialist schools.
- Rapid increase in Primary age children with significant diagnosed mental health difficulties, often associated with ASD. This is a new pattern from 2016 and 2017 and is being analysed.

7. Our current projection is that there will be a need for significant net growth in specialist school based upon the increase in EHC learners with the highest needs. There are 9 specialist schools in Northumberland, all rated good or outstanding. An extensive review has begun of their capacity and designation. Further data on this will be available and consulted upon in the Autumn term 2017.

8. The local authority commissions three mainstream additional resource provisions (ARP).

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

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

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

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

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

We also have developed a working group to establish the feasibility of setting up a MAT co-sponsored by the NHS

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

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

14. In 2016 the LA Careers Guidance Team focalised a number of "NEET Workshops" with the specific purpose of exploring the Northumberland situation with post 16 providers in more detail and to consider new ways of working to improve the position. The LA Careers Guidance Team carried out an analysis of the cohort and provision choices to support the workshops. There were a number of factors that were identified as contributing to the trend:

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

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

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

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

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

6. Section 3 – Improving Outcomes: How effectively does the local area improve outcomes for children and young people who have special educational needs and/or disabilities?

3.1

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

Northumberland Evaluation

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

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

Challenge mechanisms are in place through the various governance boards – including the health and well-being board, the CCG and the family and children’s scrutiny committee.

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

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

3. The SER has been agreed via each of the governance boards, each of whom saw draft versions and were enabled to make suggestions and challenges.

3.2

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

Northumberland Evaluation

The JSNA summary details the answer to this question. In 2017 we will be looking at a more detailed review of the following issues.

- a) personal budgets
- b) short-break care
- c) out of area placements

d) transition arrangements

e) jointly commissioned specialist educational, medical and therapeutic services
advisory services and advocacy services

1. Jointly commissioned specialist educational, medical and therapeutic services- A joint commissioning strategy has been developed in 2016-17 and it will be reviewed at the end of the year.

2. Advisory services - A wide variety of advisory services are available through the authority Careers Service. Extensive further information and analysis is available from those teams, however this needs to be brought together to inform the SER.

3. Advocacy services - Advocacy services are available via a variety of sources. We wish to develop partnership working with these groups as part of our wider work on parental engagement. This will be part of a work-stream in 2017.

3.3

Outcomes across education, health and care

Northumberland Evaluation

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

- ***A review and relaunch of the EY SEND Strategy, including reviewed guidance, training and support***
- ***School SENDCO conferences and training***
- ***Pupil Premium conferences and training***
- ***SEND reviews or selected schools***

Outcomes for children and young people who attend special schools in Northumberland are at least good and in many cases outstanding.

In terms of Health outcomes, this is sparse at a national level and makes benchmarking difficult however;

- ***The proportion of children receiving health screening checks is high at more than 90%***
- ***2 – 2 ½ year Health Visitor check completed using the ASQ (Age and Stages Questionnaire) 93%***
- ***Complex care pathway including crisis intervention work by the Learning Disability Community Nursing Team has significantly reduced admissions to inpatient services.***
- ***Referral to treatment times for Occupational Therapy, Speech and Language Therapy, Physiotherapy, Primary Mental Health Workers are within 18 weeks***

1. Educational outcomes for the most vulnerable children, many of whom have special educational needs i.e. looked after children, have improved significantly. See the Virtual Headteachers annual report. 100% of the transitions from statements of special educational needs to EHCP's for our looked after children were fast tracked and completed within timescale. 54% of our looked after

learners have a recognised special educational need or disability and 20% have an EHCP. There is considerable expertise within the ESLAC team of supporting pupils with special and complex need, and the senior Education Support Worker has a remit to work closely with Special Schools and the Disabled Children's Team. There is now a named officer in the SEND Monitoring team with responsibility for looked after children. Integrated working between the Virtual School and specialist support services has had a positive impact on outcomes in 2016 for all cohorts

- 13 pupils or 72% of the official KS2 cohort have SEND, 2 achieved national age related expectations although 2 were not entered for the tests
- 17 pupils or 77% of the official KS4 cohort have SEND, 10 achieved 5+ A*-G in any combination of GCSE subjects

2. These achievements are impressive and the context is important as there is a high level of SEND in the Northumberland looked after cohort for 2016. 2017 data is not yet available. Attainment for looked after children with an identified SEND is similar to non-looked after children, but in 2016 57.3% of looked after children in England had a special educational need compared to 14.4% of all children. Looked after children are four times more likely to have a special educational need than all children and are almost ten times as likely to have an EHCP / Statement. The number of looked after pupils who have special educational needs affects placement stability.

3. In Northumberland, as nationally, there is a pattern emerging that those pupils with behavioural difficulties are more likely to have more placements than those with physical disabilities. Further consideration is therefore being given to how we might best achieve placement stability for particularly vulnerable children, for example looked after with behavioural, emotional and social difficulties.

4. There is a need to review and rationalise monitoring arrangements for those accessing top up funding to ensure that outcomes are being achieved. This is part of a major review that has been initiated.

5. The proportion of pupils receiving SEN Support achieving a good level of development in the early years rose markedly between 2014 and 2016 and is above the national average.

6. The proportion of pupils receiving SEN Support in primary and first schools who achieve the expected standard in phonics (the decoding of words when reading) rose markedly between 2014 and 2016.

7. Outcomes at Key Stage 1 for SEN Support learners have been consistently strong and above the national average.

Outcomes at Key Stage 2 for SEN Support learners have been strong and improved further in 2017.

8. The proportion of pupils with an EHCP or statement who have attained A*-C grades in English and mathematics rose markedly between 2014 and 2016, and they had good outcomes in summer 2016. The school results for 2017 are being analysed to see if trends or comparisons can be drawn given the context of the changes to assessment that has taken place this year.

9. The overall absence rates of pupils with SEND and/or an EHCP have fallen between 2014 and 2016.

10. The proportion of pupils with SEND and/or an EHCP subject to fixed-term exclusion have fallen markedly and in 2016 only 0.1% of pupils with SEND and/or an EHCP were permanently excluded.

11. The proportion of school leavers with SEND in education, training or employment rose to nearly 90% in 2016.

12. Since 2014/15 participation of SEND learners in the Northumberland Adult Learning service (NALS) has nearly doubled, pass rates have risen from 84% to 90% and the achievement gap has been narrowed to less than 2% with those with a declared disability and / or learning difficulty out-performing those with no declared disability or learning difficulty.

13. Extensive information on outcomes for children in need of care who have special educational needs are available from the Social Care team. This has been captured in a variety of reports and in the LA response to the Single Inspection Framework inspection. There is a need to extricate the specific SEND information from these documents. This will be a focus of work in 2017.

3.4

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

Northumberland Evaluation

There are a number of data sets and other evidence used by the local area to inform decision making, analysis of each set is carried out by the various teams and we are looking at ways to ensure this is fully reflected in the SEND report. This will be a target for our partnership and joint commissioning work. The JSNA also provides a prime source of evidence. In 2017 we will focus on collecting comprehensive evidence to include :

- SEND Asylum seekers
- Travelling families and children with SEND
- Children of Service personnel
- Specialist dentistry
- Pupils with medical needs in schools
- English as an additional language
- Young Carers with SEND
- commissioning and performance data on delivery of healthy child programme
- nursing service
- neonatal screening programme
- 0-25 services for child and adolescent mental health services (CAMHS)
- speech and language therapy
- occupational therapy
- physiotherapy
- commissioned care pathways and specialist arrangements for children with SEND.

7. Appendices

1. About the Northumberland Local Area

1. Population

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

2. Health services

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

3. Early Years

- The Health Visitor lead and the children's Centre Lead and The Early Years Advisor meet termly to review and improve the 2 year integrated review process and monitor the use of the EYFS tracking process. This is followed by a rep from the EY team, Children's Centre team and lead locality HV getting together to monitor local progress. Dates are set for next academic year in advance.
- The local childcare market is dominated by private and voluntary settings of which vary in quality and type. Provision available ranges from full day care, sessional pre-schools, Childminders and holiday clubs. 100% of children aged 3 and 4 take up their early years entitlement and 81% of eligible 2 year olds also take up their early years entitlement (January 2017) and in April 2017 this rose to 86%. 813, 3 and 4 year old children have been part of the 30 hour extended entitlement pilot receiving an additional 15 hours free childcare.
- 150 children aged between 2 and 5 have received Top Up funding support for SEND support.
- There are 16 children's centres across the County. All CC's are overseen by the LA however some are ran in partnership with Action for Children and Barnardo's

4. Schools

- Northumberland has 123 first and primary schools, 42 middle and secondary schools, 9 maintained special schools and one pupil referral unit. One of the special schools is within

an all-age mainstream academy (and is now designated a 100-place additionally resourced provision). There are three independent schools in Northumberland (including one independent special school) and one non-maintained special school. 19 schools are academies or free schools.

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

5. Colleges and Further Education Providers

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

6. Social Care

- 4 Locality Teams providing support to children who are in need, in need of protection or Looked After Children
- Disabled Children’s Team working with those families where there is a child with a significant disability
- Respite care provision for up to 47 families via short break care
- 4 residential homes offering care placements to up to 11 children
- Front Door service receiving referrals about all children who have additional needs

2. Northumberland SEND Population

Prevalence data for different kinds of SEN and disability

	Pre-school	School-age		Post-16	Adults	
	0-4 years	Primary 5-11 years	Secondary 12-16 years	16-18 years	19-25 years	Total
Number with low-moderate SEND (including ‘SEN Support’)	745	4143	2772	908	N/A	8568
Number with High Needs SEND (EHC Plans or equivalent and those with High Needs SEND funding)	82	688	764	256	157	1790

1. School aged children

- Northumberland has a marginally higher than average proportion of pupils in primary or secondary education with SEND 16.8% (compared to 2015 National Average 14.9%).
- The proportion of pupils in primary or secondary education with a statement or EHCP is at the 2015 national average (2.9%). There has been a slight downward trend since 2012. As of DATE, 1679 learners aged 0-25 have a statement or EHCP. This trend will change as the rate of request for new EHC Plans since 2015 is higher than the comparable rate of request for SEN Statements until 2014.
- As of 2017 census - 7707 learners are eligible for SEN support. The proportion of pupils eligible for SEN support is marginally above the national average 15.8%, (compared to 2015 National Average 12.1%). The % has decreased since 2012 but the national average has declined at a faster rate.
- The local authority has identified those schools where the proportions of pupils eligible for SEN support appear disproportionate and school improvement partners have challenged schools to review their cohorts. We are currently collecting the evidence of any shift in the SEN support population.
- SEMH population is increasing see evidence in the JSNA.

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

- At March 2017, 176 children in care were identified with SEN. 75 of these pupils have statements/EHCP. This is a fluctuating picture over time, and we need to achieve 100% coverage on school age LAC who have a Unique Pupil Number recorded.
- At March 2016, 440 CIN were identified with SEN (270 with a statement or EHCP). 38 pupils subject to a child protection plan were identified with SEN (11 with a statement or EHCP). The proportion of children in need eligible for SEN support is above the national average (31.3% compared to 28.5%), whilst those with a statement is broadly in line with national average (21.7%).

3. Youth Justice – at a recent meeting of the Youth Justice Board (May 2107) it was agreed to refresh the available data and report back to the board on SEND issues by September 2107.

4. Children with Disabilities Team Information on this service is available from the team and will be summarised in the next version of this report.

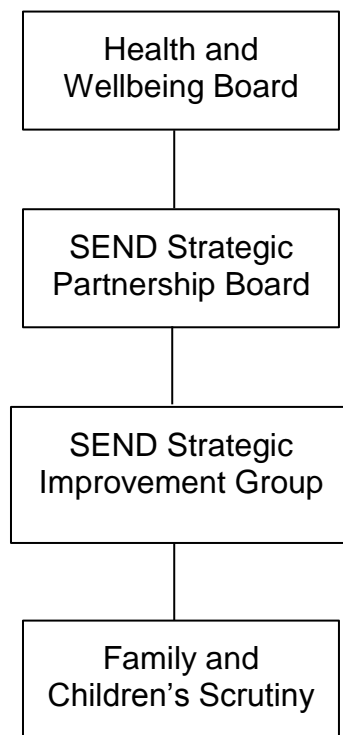
5. Northumberland compared to national averages

- The most prevalent areas of need identified in Northumberland are Speech, Language and Communication (SLCN), moderate learning difficulties (MLD) and social, emotional and mental health needs (SEMH).
- There is a higher than average proportion of identified need for SLCN support in mainstream primary schools (+7.9%), with a lower proportion of pupils identified with

specific learning difficulties (SpLD -5.8%). Within mainstream secondary schools, the proportion of pupils with a moderate learning difficulty is much higher (+8.4%) than the national average, but the proportion of those with specific learning difficulties is much lower than the national average (-12.7%). Some of this variation reflects a position where, because of the historical approach to specific learning difficulties such as dyslexia in Northumberland, some pupils have been identified as MLD or SLCN rather than SpLD. This is an issue which is now being addressed through our SEND specialist support services. In addition to this, the proportion of pupils with MLD attending specialist provision is lower than the national average, reflecting that pupils with MLD are more likely to remain in mainstream education.

- The proportion of pupils with a hearing impairment is slightly above the national average.
- The proportion of pupils with no specialist assessment or “other” type of need is much lower than the national average.
- The number of children who have significant medical needs and/or disabilities from birth is increasing. This appears to be due, in part, to improvements in survival from increasing levels of prematurity
- For the services shown below extensive data is available and this is being summarised to provide evidence for the next self-evaluation report update (January 2108)

3. Governance



1. The Health and Wellbeing Board supports the SEND agenda within Northumberland and has developed a SEND JSNA. The Director of Children’s Services reports to the Board annually with the latest update being delivered on the 14th September 2017.

2. The SEND Strategic Partnership Board sets strategic direction, monitors joint commissioning, reviews the SEND SEF and monitors the delivery of the SEND Action Plan.

3. The SEND Operational Partnership Group is responsible for the delivery of the SEND Action Plan, identifies task and finish groups and monitors their outcomes.

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

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

5. Within the Council, the Local Area Nominated Lead for SEND is Andy Johnson, Interim Director of Children's Services. The Senior Leadership team within the Council have responsibility for different elements of the SEND agenda. In 2014/15 the Council appointed a number of external staff to support the delivery of the SEND reforms who have led on the development of the first SEND SEF and Action Plan, this has now been reviewed and replaced.

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

4. Key Documents

- SEND strategy
- Inclusion strategy
- Joint commissioning framework
- Development plan
- Priorities on a page
- Early help and prevention framework
- Health and Well Being strategy
- Joint Strategic Needs assessment summary
- Director of Education And Skills annual reports -2014-2017
- Education and Skills Service statements 2014 -2017
- Early Years SEND toolkit

- Equality statement
- Single Inspection framework action plan
- Council Corporate plans and mission