LEICESTER CITY LOCAL AREA

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) 0-25 SERVICES SELF EVALUATION April 2018







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CONTENTS

Local Area Context

The City of Leicester

Children and Young People

Service for Children and Young People with SEND

Education

Health

Care

SEND Board

Parent carer Forum

Big mouth Forum

Self-Evaluation Framework:

Leadership, management and Governance	Page 12
Identification of children and young people with SEND	Page 13
Assessing and meeting need	Page 17
Effectiveness of implementation of SEND reforms	Page 19
Improving outcomes for children and young people with SEND	Page 20

Page 4



Local Area Context

The City of Leicester

With a population of more than 329,000 Leicester is the largest city in the East Midlands and the tenth largest city in the country. It is a unitary authority and has had an elected mayor since 2011.

The city has a younger and more diverse population, with higher levels of deprivation and significantly worse life expectancy, compared to England. The information from the Census 2011 shows that Leicester has a faster rate of growth and a larger proportion of children and young people in the population than in England and Wales generally.

The city is seeing major increases in the number of children and young people living here and is now home to 130,726 children and young people aged up to 24 years, an increase of 12.5% since 2015, which is more than double the increase seen in England as a whole. This growth includes a big increase in the number of young children aged 0-4 years which rose by nearly 25% from 20,726 in 2005 to 25,884 in 2015

The figures are:

- A population of 329,900 (an increase of 16.7% since 2001) and is projected to grow to 371,000 by 2025
- Leicester has a much younger population than England, with 38% under 25 years
- There is a large student population at two universities
- Around 50% of the population is from black and minority ethnic (BME) groups most of these are from South Asian backgrounds. The proportion of people from BME groups will continue to increase
- Leicester is a deprived city the 20th most deprived local authority in the UK (IMD 2015). Due to high levels of deprivation, people in Leicester have poorer health and life expectancy that are below the average in England.
- There are higher than average rates of cardiovascular disease, respiratory diseases, cancers and diabetes.
- 29% of adults have no qualifications
- 15.7% of working age adults are unemployed (23,800 people)
- Over a third of Leicester's children are living in poverty

In addition:

- There is significant inward migration from abroad of the 34% of city residents who were born outside of the UK, just under half (35,000) arrived between 2001 and 2011
- There has been a constant increase in total school aged population from 2010-2017.

Children and Young People

The 2017 Children and Young People's JSNA can be found at http://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-information/jsna/cyp-jsna/. This document summarises the context for Children and Young People in Leicester City and is available online or as a pdf download.



A useful summary – <u>CYP snapshots</u> are also available.

In January 2017 there were approximately 57,500 children on roll in city schools of whom just over 1000 were in special provision (1.7% of the total). In addition there were 2200 EHCP's/statements as of April 2018.

Early Years

In 2016/2017 the Local Authority's early years support team (EYST) worked with 890 children with SEND aged 0 to 5 across homes, schools and settings. In the same year the team suported 58 requests for statutory assessment and were part of 95 education health and care plans for the 0-5 aged children.

The EYST support the transition arrangements for approximately 300 SEND chlildren per year.

School age children

Just over 7000 children were identified as having SEND and requiring School Support - 12.6% of the total in maintained schools. There are approximately 1500 children and young people with EHCP (and existing statements) in city schools. The % of the school population with a statutory plan is slightly less than the national average at 2.7.

The LA maintains just over 2200 EHCP which are broken down by the following; There are 2,242 EHC (year -2 to 18) with 1,470 for year 1-11. There are also 8,925 SEN Support (year -4 to 17) or 7,143 (year 1-11).

There are a total of 8,613 young people with SEND in Year 1-11

<u>19-25</u>

In March 2017, data base records indicate that there are 607 young people aged between 19 to 25 who are identified as SEND and a further 353 young people aged between 19 to 25 with EHC Plans

Services for Children and Young People with SEND

Education

All schools in the city provide education for children and young people with SEND. Of the 110 maintained schools in the city there are 21 academies and 2 free schools. Of the academies 1 is a special school. There are 63 LA maintained schools for primary age pupils and 15 for secondary age pupils. In addition there are 6 special schools, which include one primary age provision 2 Pupil Referral Units and a hospital school.

There are 121 Early Years providers of whom 110 offer places for vulnerable 2 year olds The majority of schools admit children to nursery classes in the term after the child's third birthday in addition to places that are offered through the private, voluntary and



independent sector.

Post-16 education is offered through 4 colleges and 4 school sixth forms, in addition to five of the special schools, with the majority of young people who have been educated in the mainstream sector transferring to the incorporated sector.

There are 14 independent schools. Some parents choose to send their children to schools outside the city and where they are in the maintained sector their special educational needs are supported by their provision. There are 99 pupils (as of April 2018) from the city in the independent sector due to their SEND.

The city council maintains a wide range of services for children and young people with SEND:

- 1. Hearing Support Team
- 2. Visual Support Team
- 3. Early Years Support team (incorporating a specialist Early Years Nursery and Early Years Teachers
- 4. Learning, Communication Interaction team (including ASD support)
- 5. Social Emotional Mental Health Team (de-delegated funding)
- 6. City Psychology Service
- 7. Disabled Children's Service
- 8. Special Education Service (managing the statutory processes)

All these services are managed through the Director of Learning and Inclusion (through a Head of Service for SEND Services).

There is also a Transitions Team within the Adult Social Care department. A review of practice and support for transitions is currently underway to improve the process by which young people with health or social care needs move from children's services to adult services.¹

Health

Leicester City Clinical Commissioning Group, Leicester City Council Public Health and NHS England commission a range of health care services for children and young people, including those with SEND. These services include universal, targeted and specialist provision,

Health care is delivered a through a number of pathways that involve a range of partners working together, to ensure productivity while maintaining the Local Transformation and Sustainability plan;-

"Helping children and parents so they have the very best start in life, helping you stay well

¹ There is a Transitions Board which meets and has as one of its workstreams the transition of those with SEND to adulthood.



in mind and body caring for the most vulnerable and frail and when life comes to an end."

Children's Health Services are delivered through a number of providers including;-

- The Acute Care Trust University Hospital of Leicester NHS Trust
- Community Health Services Leicestershire Partnership Trust
- Private Providers
- Voluntary Sector Contracts.

The organisations are all child and family centred, and have knowledgeable and experienced staff who work with children and their families to maintain and improve health outcomes working with and promoting joint practice where appropriate.

Examples of current provision include:-

• Universal Services including:-

Public Health services 0-19 Healthy Child Programme (0-19HCP) is known locally as Healthy Together and is commissioned by Public Health. This service provides the universal Public Health offer for children aged 0-19 years living in the City. It is an integrated programme that aims to address High Impact Areas through universal and targeted provision of Public Health Nursing (Health Visiting and School Nursing). The services work with families where there is a need around SEND, providing and supporting early identification, offering additional support and packages of care in line with the Standard Operating guidance (SOG) and onward referral to other specialist services.

Nursing services for those aged 0-19 years includes universal and targeted provision of health visiting, family nurse partnership, school nursing, oral health and injury minimisation and a core offer the council's Early Help service: Children Centres and Family Support. The services work with families where there is a need around SEND offering additional support and advice where appropriate (including transition to adult services) and onward referral to other specialist services. In addition, the service delivers Personal Social and Health education support to special schools;

There are 63 GP's practices within the city who offer Primary Care services, including general practice, community dental, ophthalmic and pharmacy services; There are 86 pharmacies in Leicester City

<u>https://www.leicester.gov.uk/media/184749/pna-2018-map-of-pharmacies-with-opening-times.pdf</u> Dental services , walk in treatment centre and local hospital provision can be found at https://www.leicestercityccg.nhs.uk/find-a-service/

• Targeted and Specialist Services including



Community Provision:-, Occupational Therapy, Physiotherapy, Speech and Language Therapy, CAMHS and Community Paediatric Medical Services.

Within these disciplines skilled staff, support children and young people who are diagnosed with a conditions such as Cerebral Palsy, Autism, learning disabilities, Mental Health and Eating and Drinking and Communication difficulties. A range of services are also offered to vulnerable children and young people including those who are Looked after Children, meet the Transforming Care cohort, are in contact with the Youth Justice system, live in the travelling community, and individuals who have identified Continuing Care Needs.

Hospital services, include maternity, medical, and surgical service with I sub set specialities such as Cystic Fibrosis, Long term ventilation and Cardiac services. Provision is offered on an emergency, outpatient and inpatient bias.

Further investment has been made in services through The Future in minds Transformation plan with investment in the emotional health and wellbeing pathway, this includes:-

Crisis and Home treatment service Early Intervention

Children and young people are seen in community and acute based clinics, their homes, schools, children, young people and family centres (Children's Centres) or other local venues.

♦ Care

The Children's Social Care and Early Help division provides statutory social care services and non-statutory early help services for children, young people and families including for those with SEND. Ensuring that all children including those with Special Educational Needs and Disabilities are safeguarded is the responsibility of all those working with these children.

The Children's Social Care and Early Help division provides statutory social care services for children, young people and families including for those with SEND. Ensuring that all children including those with Special Educational Needs and Disabilities are safeguarded is the responsibility of all those working with these children. Children with special educational needs and disabilities are managed within a variety of teams, including the Single Assessment Team, The Children in Need service, The Looked after children's service and the Disabled children's service.

Any contact for support is referred into the Duty and Advice Service and consideration will be given to the need for a Single Assessment or Early Help support via an Early Help



Assessment. This will be used to determine if the child is deemed a Child in Need (under section 17 The Children Act 1989).

If a Single Assessment is required, the case will be managed within the Single Assessment Team and the level of need and relevant services will then be identified accordingly. If a child is considered to be a child in need or a child in need of protection, this will be determined at a relevant meeting (Child In Need meeting or Initial Child Protection Conference). The case will then be transferred to the relevant service. This will depend upon the level and assessed disability of the child as determined by the eligibility criteria. The social work team based within the Disabled Children's service will be responsible for the case management of those cases that meet the criteria. This Criteria is stipulated as follows;

- Severe learning disabilities
- Severe physical disabilities
- Severe developmental delay in motor and/or cognitive functioning
- Profound multiple disabilities
- Severe sensory impairment (registered blind and profoundly deaf)
- Complex and severe health problems that arise from the disability, that are life threatening, degenerative illness or organic disorder resulting in severe disability.
- Safeguarding concerns

There are:

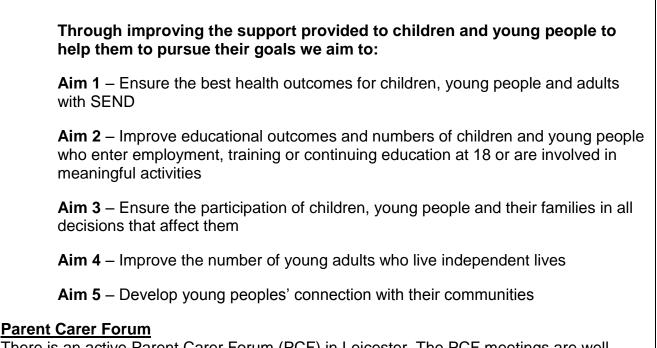
- 688 LAC; 409 at school age. Of those at school age 59 have EHC (14.4%) and 121 (29.6%) have SEN Support. 44% of school age LAC are SEND
- 628 CP; 351 of school age. Of those at school age 24 have EHC (6.8%) and 94 (26.8%) have SEN Support. 33.6% of school age CP are SEND

Leadership and Governance of SEND

The local area has established a SEND board which is the responsible board for the governance, organisation and management of the SEND Strategy. The Board is chaired by the Strategic Director of Children's Services (DCS) and includes representatives from partners across Leicester. These include Clinical Commissioning Group, Leicester Partnership Trust, Police, Parents, SENDIAS, Schools (including governors), and local authority officers including representatives from Adult Services. The Lead Member for Children sits on the Board.

The SEND Board reports to the Children's Trust Board and the Joint Integrated Commissioning Board. And the CCG Integrated Governance committee The SEND Board oversees the developments and the work streams for the SEND Strategic Plan. This is a dynamic plan with elements being completed, developed and changed in response to changes in local authority and national procedures and priorities.





There is an active Parent Carer Forum (PCF) in Leicester. The PCF meetings are well attended and officers and elected members have attended. The PCF is supported through the Disabled Children's Service. Recently the PCF has had attendance from Cllr Russell (Deputy City Mayor for Children, Young People and Schools), Frances Craven (previous DCS) and Joe Dawson (Head of SEND Services). The PCF provides experienced Parent Carers who are trained in wider engagement to attend Local Area strategic development meetings, boards, panels and workshops where their participation will provide an insight to the effects of any decisions being made which will impact families of children and young people with SEND.

Big Mouth Forum

The BMF is a forum facilitated by the Disabled Children's Service for young people to express their views about SEND issues and other issues that affect them. The forum has been attended by Directors from Children Services, Elected Members and Heads of Service amongst others. The forum's views are sought on issues that affect children and young people with SEND.



Introduction to tables below.

The tables below (first set with purple headings) detail the current view of the local area with regard to the following headings:

A. <u>Leadership and governance</u>

How we organise the leadership in SEND across the local area. How we ensure that what we do is agreed and those responsible are held to account and supported in delivering what is required.

B. Identification of children and young people with SEND

How we ensure that those who have SEND are identified in a timely fashion and appropriately. The areas of strength and the areas for further development have been identified.

C. Assessing and meeting the needs of those identified with SEND

These tables show how we assess those with SEND meet their needs through a graduated response and appropriate provision.

D. <u>The effectiveness of implementing the SEND Reforms and how we communicate</u> <u>between partners and with stakeholders.</u>

These tables show how the local area has communicated what it is doing and how the SEND reforms have been implemented and with what impact.

The tables below these tables provides data (the links to data) to provide the evidence for the statements in the other tables.

E. Outcomes For children and young people with SEND

These tables show how well the local area improves the outcomes for children and young people with SEND – including their attendance and exclusion.

A. Leadership, Management and Governance

References to Storyboards²: SEND

Strengths

- The local area has a strong partnership SEND Board, chaired by the DCS .The Lead Member (Deputy City Mayor) also attends the SEND Board. Membership is drawn from across the Local Area partnership and includes LA SEND Services, Health CCG and provider), Parent Carer Forum and Adult Social Care. The board has Terms of Reference (Autumn 2017) and the Board is the responsible body for the delivery of the SEND Strategic Plan.
- Members of the Board sit on the Health and Well-being Board and the Joint Integrated Commissioning Board ensuring a joined up and informed decision making process. The SEND Strategic Plan outlines the accountability routes.
- Leicester City has ensured that person centred practice is an integral aspect of our SEND processes and protocols. The EHC assessment process as well as EHC plan annual reviews and transfer reviews follow a person centred format and SEND Services has provided training to over 90% of schools as well as settings and colleges on running person centred meetings and reviews.
- The voice of the child/young person and their family is at the centre of what Leicester City does EHCP assessment parent/carers feedback
- Parents and carers play a central role in leading developments in Leicester (e.g. The Transition Board is chaired by a parent).
- The Lead Elected Member has ensured that SEND is high on the Council's agenda, as it now appears transparently on the political review programme. SEND has been a topic on two Scrutiny Committee sessions in the academic year 2017/18.
- "The pre-assessment involvement of SENDIASS is a real strength, it ensures CYP and their families are provided with independent support with decision making at the earliest stage, which leads to high levels of service user engagement and parent satisfaction." (send Peer Review, March, 2017)

Areas for development

- Linking in of other relevant and connected strategies is ongoing.
- The development of the Inclusion Strategy and agenda. This has just begun (see Inclusion in mainstream document).
- Ensure links to other strategic boards are managed and clear pathways for information flow are established and regularly checked so relevant information is passed appropriately.

² Storyboards are short narratives about a specific area telling the story of the Local Area to date – with achievements and challenges. A list of all the storyboards is set out on page 21.

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B. Identification of children and young people who have SEND Links to Story Boards: CAMHS

Strengths

What works well in Leicester?

- Processes and protocols have been developed to ensure that when potential needs are raised there is an appropriate response. Examples of this are:
 - There were 222 new 0-5 referrals to the Leicester City Psychology service in 2016-2017. 30 of these were from Community Paediatricians using statutory section 25 forms.
 - Early Years support team has an open caseload of 1,300 demonstrating an efficient response to potential need
 - o All children known to YOS who may have SEND are assessed by an educational psychologist if judged to be appropriate
 - EHCP's completed in the statutory time limit is 72.6% (LAIT 2016 nationally this is 55.6%)
- There is a well attended SENCO network (90% of maintained city school regularly attend), where information is shared and disseminated across the primary and secondary mainstream sector, this supports the identification, assessment and provision for SEND children.
- All schools have link SEND services professionals and hold twice yearly SEND planning meeting with professionals to plan work for the identification and assessment of children
- Integrated assessment meetings (IAMS) has been a major development and is seen as positive by parents / carers and children as a supportive process that takes their views into account.
- Parents and carers strongly agree that there was timely and efficient identification and assessment of their child or young person's needs from when concerns were raised about their development and progress by the setting as part of SEND support and by the LA as part of a statutory assessment.
- SENDIASS conduct the first meeting with parents to explain the statutory assessment process, ensuring impartial advice is provided at the very start of the process.
- Two year health checks undertaken by our Health Visiting service (integrated alongside the two year development where a child has been identified as not meeting their development goals) capture the health development of children using the Ages & Stages Questionnaire (ASQ) and health measurements across five domains of child development.
- Where additional needs are identified following two year health checks, referrals are made to appropriate services, this includes all therapy services Speech and Language Therapy (SALT), occupational therapy, physio, community paediatricians or additional one to one support.
- Children will receive assessment within 18 weeks (referral to treatment time RTT) which will identify need and appropriate provision, this data

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is reported to CCG

- Close working with public health nurses to promote inclusion services in order to facilitate timely referrals when needs are recognized
- The introduction of the 0-19 Healthy child programme includes contractual requirements for the sharing of information relating to integrated 2 year old reviews and EHCP input
- Health visiting service use of ASQ SE and ASQ 3 ensures identification of whether children are developing as expected, undertaking 2 year checks at home or in early years settings
- Leicester City has converted ALL Statements and LDAs to EHCPs where required by the end of March 2018. ٠
- Spreadsheet has been created to show live data on attendance for ALL children with SEND, LAC and YOS.
- Two year health checks undertaken by our 0-19 health child service (integrated alongside the two year development where a child has • been identified as not meeting their development goals) capture the health development of children using the Ages & Stages Questionnaire (ASQ) and health measurements across five domains of child development.
- Where additional needs are identified following two year health checks, referrals are made to appropriate services, this includes all therapy • services – Speech and Language Therapy (SALT), occupational therapy, physio, community paediatricians or additional one to one support.
- Progress of children provided with additional support is monitored to ensure the extra support has had the desired impact. Therapy services children are supported until, needs are identified and development milestones have been reached and or strategies to support child development, including supporting parents are shared and implemented. LPT are in the process of developing mechanisms to monitor health contribution in relation to SEND this includes the monitoring of outcomes, LPT are exploring the value of some outcome measurement tools such as the Canadian Occupational Performance Measure and Australian Therapy Outcome Measure's.
- We work closely with Public Health Nurses (health visitors & school nurses) to promote our inclusion services in order to facilitate timely referrals when needs are recognized. We have strengthened this further through the introduction of a new 0-19 Healthy Child Programe which includes contractual requirements for the sharing of information relating to integrated 2 year old reviews and EHCP input.
- We are able to respond quickly to the needs of children when identified through regular progress and development checks of children • during the early years. This includes the two year progress check and healthy child check and the end of Early Years Foundation assessments. At each point referrals are made to appropriate support services should a need require it.
- Our Health Visiting service adopts the use of ASQ SE and ASQ 3 to identify whether children are developing as expected, undertaking two year checks at home and or in early years settings. Assessments effectively capture a range of development areas for children and , where additional needs are identified through this process, children are allocated further support by health visitors through universal plus and universal partnership plus. This can also include referrals into other support services such as SALT and Occupational



Therapy. The information generated from integrated two year reviews is not yet routinely shared with the Local Authority but does enable additional support and services to be provided to children where required, this can include the undertaking of broader Early Help or Child in Need assessment which increase the scope of support offered to families. This has been strengthened further within the service specification for the 0-19 healthy child program with planned information sharing agreements to include ASQs attendances, results of screening, including those not presenting.

- Neonatal information and section 23 notices are shared with the Local Authority. The Leicestershire Partnership Trust vision aims to
 utilize this data more effectively to understand our overall population and position which would further improve our commissioning
 intelligence e.g. How many children trigger a section 23 notification, how many children have an onward referral to targeted/ specialist
 services, how many case as subject to Child Protection Plans, or have Children Looked After status
- Awareness training to CAMHS to help support reporting on information on statutory assessment to facilitate decision making and inform EHCs has been delivered however this was not well attended and is an area we wish to develop further.
- Guidance has been developed to both strengthen the response to 'care' within the EHC plan and reduce duplication to have one single planning process for children and young people who have an EHCP but are also part of an Early Help Assessment to address wider family issues at an early help threshold. Educational Psychology and Early Help colleagues have co-designed bespoke groupwork courses (Emotions in Motions) for children aged 12 and under with presenting low level mental health issues.
- Early Help Children Centre Teachers work closely with the SEND Early Years' service to support childcare providers to address improvements required from regulated inspections to improve the quality of teaching and learning.
- Early Help staff are equipped to identify, signpost and provide appropriate support to SEND cyp accessing both universal and targeted provision from Children Centre's and Family Support services.
- SEND services interface with Early Help is robust within the MASP (multi agency support panel) to provide a multi-agency decision making response to early help cases (that include children who are SEND) and are stuck, high cost or escalating.
- Children's Occupational Therapy services support educational access assessment for children who have physical disabilities and require an access assessment prior to school entry to ensure an effective transition.
- Clinicians will attend settings to inform support staff and teaching staff of specific therapeutic needs or education around use of equipment and delivery of therapeutic programs in schools.
- There is a clear statement of inclusive practice agreed with all schools to support children being included in their local mainstream school. This is used to inform decision making regarding appropriate provision decisions for children with SEND.
- All children and young people who qualify for continuing care are offered a personal health budget



Areas for development

- Complete the procurement and piloting of electronic EHCP.
- Personal budgets and direct payments join up health, social care and education processes and how these are understood by young people, parents/carers and professionals as well as update of PBs...
- Ensure that ALL professionals (including social care staff) are aware of EHCP proves and align EHCP process to Early Help process.
- Need to improve the transition arrangements between children and adult services. Transitions Board and delivery group set up. Board meets regularly...
- Implement an effective PB policy and improve uptake of PBs
- To reinstitute the SEND bi-annual review for schools working alongside SLE (SEND through the SSIF).
- Continue to embed the one single planning process with the merging of EHCP's and Early Help Assessments to address wider family problems at an early help threshold through the pilot with special schools
- The sharing of section 23 information from Health on children who have a disability/ or additional need and are likely to require support. However this information is not yet routinely used to inform planning and to establish a platform of support for any child with a disability and LPT are developing a training programme for 0-19 (25 SEND) healthy together programme to increase awareness and early identification amongst practitioners.
- Concerns remain regarding timely access to CAMHS assessments with waiting times remaining long however an action plan to address this is being implemented by the CCG in partnership with Leicestershire Partnership Trust.
- Clearer and simplified referral system for SEND Services and integrated service delivery and performance management including assessment and identification of children's needs.
- Data reports are produced on a scheduled basis to monitor attendance for all pupils with SEND, LAS and YOS. These are monitored by SES and a new system is being developed to intervene with these where there our concerns about their attendance

C. Assessing and meeting the needs of children and young people who have SEND

Strengths

- There is a strong partnership and collaboration between LA officers, SEND services and schools.
- All settings, schools and FE colleges have received training in running person centred reviews
- Feedback from parents and carers whose children have undergone a statutory assessment (summer and autumn terms 2016) demonstrates that parents / carers feel they have a high level of participation and involvement in the process, that their views are represented in the plan, agencies work well together during assessment and that they understand the different roles of professionals at this stage.
- Engagement of students, parents and carers is good.
- 89% of IAMs were attended by parents / carers in 2017.
- 100% of parents / carers agreed / strongly agreed that they were involved in their child's assessments
- There is an excellent SENDIASS team who provide independent advice to parents / carers.
- Early Help services have invested in adapted tools to ensure the voice of children and young people is evident.
- The Psychology service regularly collects parental views about the assessment work and the impact of psychologists
- SEND teams collect parental views, these are shared and inform practice. E.g. parental comments suggesting publicising events for VI young people led to a newsletter being formed and distributed to parents.
- 2.6% of pupils have an EHCP against 2.8% Nationally
- SEND Peer review carried out in 2017 states "Leicester City has a clear aspiration to ensure the voices of children and young people with SEDN are not only heard, but also drive service development, delivery and improvement"
- The Local Offer LIVE event is well attended (over 5000 visitors) and seen as an innovative and collaborative piece of work that clearly demonstrates services that are available to support young people with SEND and their families.
- Leicester City has devised and developed a range of useful guides and documents that support parents and their children to access clear information about SEND support service.
- Health assessments provide opportunity for parents to input within the initial interview and development check at 12 and 24 months.
- Health use ASQ to capture the view of parents and help to inform planning and next steps, including referral to onward services
- 70 city schools have now had Autism Education Trust Level 1 training. Schools have been enabled to meet need without an immediate referral to specialist services (SENDSS – LCI Team).
- DFE SEND sufficiency paper written and on Local Offer to release £1.5 million from DFE. Successful.

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Areas for development

- Increase the number of children attending and participating in their IAMs 2017, 22% of IAMs attended by children and young people (64/290), 2018 to date, 21% of IAMs attended by children and young people (18/87)
- (However, 66% of parents/carers agreed/strongly agreed that their children were involved in the assessment.)
- Need to develop an annual review quality assurance process to monitor, challenge and secure year on year progress for children and young people with EHC plans and element 3 top up funding
- All children in OOC provision are visited by EP at least once a year.
- LAC are visited by EP at least twice a year (in addition to social care visits) to address SEND.
- SEND management will reinstitute the OOC school/college visit by senior managers in SEND in the city summer –autumn term 2018.
- Surveys of children and young people in school about how well their SEND needs are met.
- Need to develop the range of youngsters attending the Big Mouth Forum and extend the group to include other youngsters with SEND.
- Information to be provided in Local Offer to be further developed
- SEND support will encourage children in their statutory processes e.g. improve numbers of children attending IAMS
- Clearer quantification of SEN provision as detailed in EHCPs to support monitoring and progress tracking and to inform commissioning
- SEND Places sufficiency paper to be developed which outlines strategy for expansion of places to meet need (alongside inclusion strategy paper).

D. The effectiveness of communication and implementation of the SEND Reforms.

Strengths

- Local Offer Live (an event held annually at Curve Leicester. This event is attended by over 5,000 visitors. It hosts a wide range of stall showing what is available for children, young people with SEND and their families in Leicester, Leicestershire and Rutland.
- A wide range of information sharing events has been held with settings, schools and FE colleges.
- Training has also been delivered to social are staff (LCC) and to health colleagues in Leicestershire Partnership trust.
- All statements have been transferred to EHCP by end March, 2018.
- SEND Mediation/First Tier Tribunals Whilst Leicester City's use of mediation is broadly in line with the National Average, data suggests that a positive agreeable outcome is significantly more likely to be achieved than nationally. With 0% of cases going on to appeal in 2016 compared to 13% nationally, and 12% in 2017.
- Leicester City have devised and developed a range a useful guides and documents that support parents and their children to access clear information about SEND Support services and the EHCP process. These are available on the Local Offer.
- The appointment of the Designated Clinical Officer had led to a clearer focus from health as to their responsibilities within the code of practice. They have reviewed current practice and demonstrate great insight to strengths and areas for development, which is beginning to create service improvements.

Areas for Development

- Continued support and information sharing is required. To support new staff and to improve the understanding of SEND processes and reforms in all staff in partner agencies.
- Evaluation of the effectiveness of our support and services is inconsistent and capturing this information is variable across areas and we have identified a need to improve the gathering of impact information, particularly in health services such as SALT. There is however some particular examples of good practice where evidence is captured and underlines the benefit of support offered but collectively the effectiveness of all health services across the board is not yet well-known.
- At assessment stage therapeutic services provide advice, guidance and therapy plans to support the implementation of good practice and therapeutic strategies within schools, nursery settings, PVIs, colleges and the impact is measured through reviews being undertaken within timescales. This is not yet in a format to present impact more broadly about such services.

E. Improving outcomes for children and young people who have SEND Story board: Person centred reviews, Personal budgets, SEND Place Planning

Strengths

- Schools, settings and FE colleges review the outcomes for children and young people within their person centred reviews
- Live data is available on attendance for ALL children with SEND, LAC and YOS which supports improvements in Outcomes
- Progress of children provided with additional support is monitored to ensure the extra support has had the desired impact
- Therapy services children are supported until, needs are identified and development milestones have been reached and / or strategies to support child development, including supporting parents are shared and implemented.
- The majority of special schools in the City have a recent Ofsted grading of good or outstanding, indicating outcomes are good or better for these children.
- Raising attainment partners in the City's school improvement team carry out performance dialogues in these schools.
- All special schools are part of the Challenge Partners network and scrutinise outcomes through this and other joint work across the City and beyond
- Exclusion ...
- The City has been successful in obtaining a school improvement funding (SSIF) bid concentrating on improving outcomes for SEND youngsters in mainstream education
- Fixed Term Exclusion CYP with a statement/EHCP in Leicester are significantly less likely to receive at FTE than the national average (10.5% compared with 15.06). Whilst also lower than the national average, the gap for pupils identified as SEN Support is -0.8%.
- Permanent Exclusion Leicester's use of PX is lower than the national average. CYP at SEN Support are 3 times more likely to excluded that those without SEND. This is still very low at 0.06% compared with 0.26% nationally.
- A recent review of our existing EHCPs has identified further work is required in providing clarity and input in to the plans, making them SMART and improving the accountability of actions within. Annual review process provides an opportunity to review the progress of plans but do not always have multi-agency oversight and is an area for improvement.

Areas for development

 LPT system for monitoring the health contribution in relation to SEND youngsters is developed and implemented, including the measuring of outcomes.

20 | Page



- Personal budgets and direct payments join up health, social care and education processes and how these are understood by young
 people, parents/carers and professionals as well as update of PBs
- Improve quality assurance of EHCPs, including the efficacy of element 3 funding where appropriate
- Improve transition arrangements between children and adult services
- Ensure where National assessment comparative data is available its shows progress at or above expected levels for the young person's age and starting point (I'VE ADDED THIS)
- Further development of the SSIF bid work to ensure inclusion across the City
- Persistent Absence CYP with SEND in Leicester are more likely to miss more than 15% of sessions in schools compared to the national average (13.5% compared with 10.3%).
- Quality assuring year on year progress towards outcomes for children and young people with an EHC plan through the AR process
- Clearer practice around monitoring and supporting progress towards 'destination' outcomes for young people 16 25

SUMMARY³

Strengths

- Strength in partnership working: SEND Board partnerships, collaborative working between local authority and special schools, internal and external (good working relationship with CCG and health providers.
- The process of EHCP's and how well it's been managed e.g. successful completion of transfer of statements to EHCP.
- Big Mouth Forum: voice of cyp being heard. Commitment to listen to children and young people.
- Person centred reviews
- Engagement work with parents, cyp
- Children and young people's participation

³ The summary was the result of work done at the SEND Board on 23rd April, 2018.



- Parent and carer engagement at strategic level (Transition Board, SEND Board)
- Success of special schools regarding OFSTED ratings
- Management of Statutory process and involvement of parent/carer and young people's views.

Developments

- More joined up with Health. Despite good relationships there is still work to be done to develop
- Training and employment provision need to increase EET for those with SEND
- Grow FE provision
- Inclusion- more children attending their local school. Greater flexibility in approach to education (notion of an education campus in the city offering a range of educational provision.
- Multi-agency involvement in EHC Plans could be better
- Joint commissioning and understanding progress made at a strategic level
- Early identification of when support will be required during transition. Transition Board continue development.
- Understating educational attainment why do LCC students do less well.
- Quality assurance process for EHCP's.

Priority for longer term developments.

- To have a better understanding of performance data and the reasons behind it.
- Inclusion make Leicester an Inclusive city
- Being able to assess the skills and achievements of young people and link these to their adult life
- Work on having better links between all agencies, parents/carers and young people.

ACTIONS PLANNED

Definition of RAG rating:

Green = on target –achieved

Amber – partially on target and being achieved - requires more data or further work to improve

Red = area in need of significant input support. Not meeting target or aim.

Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
What governance and partnership arrangements are in place across the local area?	The local area has a strong partnership SEND board, chaired by the Strategic Director of Children's Services. Membership is from across the partnership and includes LA SEND Services, Health, Parent Carer Forum and Adult Social Care.	(see SEND Board ToR/Minutes	Working well	Refresh of the SEND Board ToR happened – autumn 2017. Lead member attends SEND Board
	SEND Services has an agreed a vision and set of objectives.	SEND Aims and Values v10.pdf	Establis hed	Ensure the vision is shared across the partnership/SEND Services
	The SEND Strategic Plan is currently being refreshed.	Strategic Plan is refreshed and approved by SEND	Area to Improve	A refresh of the SEND Strategy is underway. Values and aims are being

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Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
		Board – January 2018		revised and refreshed through a multi-agency group. Consultation with wider parents/carers and C&P groups will be undertaken.
	Leicester City has strong partnership working with its schools. There is a well-attended City wide SENCo practitioner's network and newsletter run by SEND Services which supports the identification, assessment and provision for SEND children.	(Link to SENCo Network Documents). Regularly over 90% city schools (and some independent schools/colleges) attend SENCO briefings.	Working well	
Identifying and meeting child social care needs	The Disabled Children's Service The work of the Short breaks and Occupational Therapy Teams is now recorded within the Liquid Logic Early Help Module allowing better tracking and moderation of short breaks/OT work and improving the visibility of cases between Children's Social Care and SEND Teams.	Short Breaks CRITERIA Disabled Policy. ^{Children's Service Sh}	Area to improve	Better supervision arrangements in DCS so Short break workers are effectively supervised in a timely fashion.
	Early Help. There is an ambition for EH and EHCP to run smoothly together so parents/carers do not have to have duplicate plans. The EHCP will take precedence and coordinate support for young person/child	Education Health and Care Plans and Early	Area to improve	Work to integrate EH and EHCP planning



Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	 All young people known to YOS who have SEND are assessed by an EP with recommendations made for SEND support as part of their rehabilitation. Where there is a concern related to emotional health and wellbeing the CAHMS YOS worker will assess the individual's needs. "All of the health needs of the children and young people who are supervised by the YOS are identified and met. This should include the physical and sexual health needs and speech, language and communication needs" We have achieved the Speech language and communication element with training, a new pathway which is now being closely monitored – an ED psych has supported us and will be revisiting the progress in 3-6 months. In addition, we are creating champions in house. 	Case lists from City Psychology Service.	Working well	Training has been delivered to YOS workers on identification od SEND and in identifying SLCN in YOS population.
	Target 25 group making appropriate joint OOC placements between health, CSC and Education.		Working well	
	Key personnel receive regular lists of chidren who have CIN and SEND. This enables them to see which children are being affected by poor attendance and to work together to overcome any barriers to accessing education.	Weekly distributed report for the attendance of all CiN who have SEND (and LAC		



Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
		with SEND)		
Transition to adult social care and health services and where young people receive services from different local areas	A transitions delivery group and Transitions Board have been set up. There are ToR and minutes available from the board. The Board aims to ensure there is a smooth and effective transition from childhood to adulthood for all vulnerable children (including those with SEND).	Minutes from the delivery group and Board. PowerPoints presentation and LMB paper.	Area to improve	Board to develop and begin to deliver on the action plan (once it has been fully developed)
Identifying and meeting Health needs	Clear processes are in place to identify health needs for children and young people based on clinical evidence and health led outcomes.	27 section 23 referrals made by health professional.	Working well	Further culture change to embed section 23 identification to LA from health practitioners.
	Leicestershire Partnership Care Navigation service Help families get the right services to support for their child 	CareNavigationandth eNeighbourhoodTean	Working well	
	 Signposting families to Local Support Networks 			
	 Help professionals share information more easily 			
	 Provide information and help co-ordinate health appointments 			



Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	Community and In-Patient Specialist Maternity Service.	Screening for inherited conditions in pregnancy New-born hearing tests carried out within 24/ 48 hours of birth	Working well	
		NHSE Public Health data is reported quarterly at the Antenatal and New-born Screening Programme Board		
		Copy of Paper C Sumery of KPI data.x Paper J1 - NHEP UHL 16-17 Q4.docx		

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	ow is this working in the Leicester City Local Area? Evidence RAG Action planned
Healthy Together 0-19 years contract LLR with clear KPI around SEN childrenLink Public Health nurses for early identification of high risk children due to pre-term or traumatic birth.Working wellHealth Visiting 0-5 years - The service is based on the new national 4; 5; 6 health visiting model with a focus on early identification, assessment and help for children with additional needs and working through multi-agency teams to address needs.Link Public Health nurses for early identification of high risk children due to pre-term or traumatic birth.Public Health Nursing: School Nursing 5-19 years (Provider SHFT) lead and coordinate delivery of the Healthy Child Programme 0-19 yearsPre- birth 28-36 week check Check	ealthy Together 0-19 years contract LLR with clear KPI ound SEN children ealth Visiting 0-5 years - The service is based on the new ational 4; 5; 6 health visiting model with a focus on early entification, assessment and help for children with diltional needs and working through multi-agency teams address needs. ublic Health Nursing: School Nursing 5-19 years trovider SHFT) lead and coordinate delivery of the ealthy Child Programme 0-19 years

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Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	Further support is available to families, children and young people through on line support	 1 year check 2-2.5 year integrated check SHINT (school entry review form) On line health assessment s at age 7, 9 and 11 years On line Health for Under 5s including Readiness for school developed across LA partnership. https://healthforund er5s.co.uk/ On line Chat Health and Healthy Teens https://www.healthf orkids.co.uk/ 		



Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
		http://www.healthfo rteens.co.uk/ On line hits data from LPT Jimmy Endicott		
	Young adults (14 +) with a learning disability can access a Learning Disability annual health check with their GPs with resulting health action plans. Information is collated about the prevalence of the take up, by "the Improving Health and Lives Laboratory."	Data is recorded on NHSE CQRS system.	Working well	
	 Community Service Large block contracts for provision of community paediatric services including nursing, medical and therapy. Waiting times are monitored. Single Specialist CAMHS contract across LLR - Leicester City Leicestershire and Rutland. 	Wait times Compliance August 1;	Working well	
	We have a community health contract across Leicester, Leicestershire and Rutland for adults			

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Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	 meeting criteria delivering; community nursing, continence, speech and language therapy, occupational therapy, physiotherapy, psychology and psychiatry and Learning disabilities. In addition acute contracts with including inpatient and outpatient services. E.g. neurology, cystic fibrosis and cardiology etc. who will see children and young people with SEND where they have a need. 	Paper D Children's Activity Report M4 Ju		
	Delivery of Future in Minds implementation :-	Future In Minds – Under development monitoring tool and		
	On line Counselling	progress updates through FIM		
	Early Intervention	governance structure.		
	Resilience in Schools	On line counselling		
	Crisis and home treatment	- https://kooth.com/		
	Eating Disorders			
	Children's Engagement			



Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	Workforce Development			
What do our children, young people, parents and carers think about SEND Services in the local area?	There is an active Parent Carer Forum (PCF) in Leicester. The PCF meetings are well attended and officers and elected members have attended. The PCF is supported through the Disabled Children's Service. Recently the PCF has had attendance from Cllr Russell (Assistant City Mayor for Children, Young People and Schools), Frances Craven (DCS) and Joe Dawson (Head of SEND Services) and the CCG children project officer. The PCF is funded and supported by council.	PCF documents, storyboard and website	Working well	LCC and Health staff (and partner agencies) continues to attend PCF meetings to share information, listen, consult and explain developments.
	Regular parental surveys have begun showing of satisfaction with timeliness of identification.	SEND Support Parental Satisfaction	Working well	Surveys of children and young people in school about how well their SEND needs are met.



Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	 Feedback from parents and carers whose children have undergone a statutory EHC assessment (Summer and Autumn terms 2016) demonstrates the process is enabling a high level of participation and involvement in the process. Parents have been given the information and support to enable them to engage in discussions about their child or young person's needs. Lots of information produced and disseminated through SENDIASS, PCF, Local Offer, schools and setting and via SENCO networks Parents/carers understood the role and responsibilities of the different professionals involved. Parent's state that the information provided from the assessment helped them to understand their child's needs, identify targets and outcome for their progress and plan the help and support they required. 82% and 85% of parents and carers agreed/strongly agreed that there was a timely and efficient identification and assessment of their child or young person's needs from when concerns were raised about their development and progress by the setting as part of SEND Support and by the LA as part of a statutory EHC assessment. 	Leicester City Psychology Service E ¹ 100% of parents agreed/strongly agreed that they were involved in their young person's assessment and that 90% agreed/strongly agreed that: Their views were represented in the plan.	Working well	Continue to collect survey results. This is now part of the Statutory assessment process.

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Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	The BMF is a forum facilitated by the Disabled Children's Service for young people to express their views about SEND issues and other issues that affect them. The forum has been attended by Directors from Children Services, Elected Members and Heads of Service amongst others. The forum's views are sought on issues that affect children and young people with SEND.	Report on work of BMF from DCS Participation of children and YP (BMF)	Working well	Need to develop the range of youngsters attending the Big Mouth Forum and extend the group to include other youngsters with SEND. Becky's paper on proposed developments of BMF to improve
	Big mouth forum and has been a major influence on the consultation of policy.			reach and representation of young people with SEND.
How well does the local area engage children, young people, parents and carers?	Engagement of students, parents and carers is good. The use of Integrated Assessment Meetings (IAMs) has been a major development which has met with universal praise.	89% of IAMs are attended by parents/carers and based on sample of feedback from parents/carers whose children	Working well	Participation Strategy and developments There will be developments – the BMF is being reviewed to ensure as wide a representation as possible – children and young
	"Leicester City Council has clear aspiration to ensure the voices of children and young people with SEND are not only heard, but also drive service development, delivery and improvement. One example is a research project exploring the views of CYP in relation to preparing for adulthood, called 'I want to be a	have undergone a statutory EHC assessment, 100% of parents/carers		people from a wide range of ages and a spread of disabilities. Work needs to be undertaken to

34 | Page

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Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	Dragon!". It is clear from this work, the local area is not afraid to ask CYP with SEND questions, where answers may be challenging to hear. This helps to drive service improvement. The 'Big Mouth' [children and young people's] forum is an active group of young people and younger adults who meet monthly to share their views about services within the local area. The forum provides a platform for opportunities for engagement with some Children and Young People."	agreed/strongly agreed that they were involved in their child or young person's assessment. IAMs - Story Board.docx		gather the views of those at SEND support in mainstream schools.
	September 2017 –The CCG are completing a questionnaire, co designed by children and young on children and young people's views on how well their emotional health and wellbeing is catered for.	Peer Review for SEND 2017		
<i>Is the SENDIASS Service effective?</i>	Excellent SENDIASS team who provide independent advice to parents. They also conduct the first meeting with parents to explain the Statutory assessment process thus ensuring independent impartial advice is provided at the very start of the process.	Quarterly SENDIASS reports	Working well	



Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
What is the	Since September 2014 processes for completing EHC	Documents written	Working	Need to ensure statements are
performance towards meeting expected timescales for EHC needs assessments, including the transfer of existing statements of special educational needs to EHC plans?	assessments have been completely reviewed to ensure that they meet the new requirements.	explaining Leicester's processes. On Local Offer	well	transferred to EHCPs within statutory time limits (20 weeks).
	Completion of EHCPs in the statutory time limit is over 70%	LAIT shows Leicester is above the national average (at 54.6%)	Area to improve	Despite being ahead of national average the ambition is to complete 100% of EHCP within time limits (including exceptions).
	Processes and protocols have been developed to ensure that when potential needs are raised there is an appropriate response. The efficiency and efficacy of the response can be demonstrated by the referrals to SEND support services.	Good numbers of young children being referred through health, to EYST and Psychology service.	Working well	Joined up/aligned planning for children and young people who have an EHC plan and who have social care needs/provision. Continued monitoring of EY referral numbers.

36 | Page

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Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
		The level of Early Year referrals has been maintained over the past 5 years (at around 750 per year) The number of E3 awards given to either Private Nurseries or Mainstream Preschools (for children in F1 and below) during academic year 2016/17 was 140.		
	For 2017, (including exceptions), 71% of EHC plans issued following a statutory assessment were completed within the statutory time limits.	Regular parental surveys have begun showing of satisfaction with timeliness of identification. (see above)	Working well	Maintain and further develop parental; surveys



Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	The procurement of an electronic Education Care Plan system which will enable the young person, parents and carers and professionals to update their information through the year will improve this monitoring.	See DMT paper and results of soft market testing (available in autumn 2017)	Area to improve	A soft market test has been carried out and further demonstrations of potential systems are underway
	Leicester City has ensured that person centred practice is an integral aspect of our SEND processes and protocols. The EHC assessment process as well as EHC plan annual reviews and transfer reviews follow a person centred format and SEND Services has provided training to over 100 schools, settings and colleges on running person centred meetings and reviews.	100% of pupils attending Leicester City schools have a PC AR	Area to improve	Work is being undertaken (SES) to develop an AR quality assurance checklist. To be piloted in summer term.
	Leicester City has converted all statements to EHC plans by April 1 st 2018	SES Performance data – in data book for DMT	Impleme nted	Completed
What are the monitoring arrangements to ensure assessment information remains up to date? (annual reviews)	All schools and settings have link SEND services professionals and hold twice yearly SEND planning meeting with professionals to plan work for the identification and assessment of children. SEND services professionals then work closely with schools as part of an agreed schedule of work to support the identification, assessment and provision for SEND children. All agreed work is undertaken within the 1/2 yearly cycle as agreed with the school/college or setting.	Getting it right through review surveys (for Psychology Service) (see above)	Area to improve	Need to ensure that annual reviews are completed in timely fashion for those transferring from primary to secondary (autumn term) To reinstitute the SEND bi- annual review for schools.

38 | Page

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Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	This then leads to an assessment which is completed. Performance against statutory timescales for assessment has improved over the last year and as at 2016, 73% was completed in time.			
	The local area is working together to develop the monitoring arrangements to ensure that the assessment information remains up to date. The procurement of an electronic Education Care Plan system which will enable the young person, parents and carers and professionals to update their information through the year will improve this monitoring.	Quality assurance checklist - SES	Area to improve	Increase the number of children attending and participating in their IAMs. SENDSS to encourage this with schools and settings.
	Schools, settings and colleges review the outcomes for children and young people within their person centred reviews. All settings, schools and FE have received training in running person centred reviews.	QA of annual reviews	Area to improve	Need data from QA exercise to inform the support offered to settings, schools and FE for their annual reviews to ensure they are PCR
What joint monitoring arrangements are in place to assure shared understanding of what constitutes a	All children in OOC provision are visited by EP. Outcomes for OOC placements are compared with data for outcomes for children with EHCP in area and regionally and nationally.	File notes and CPS performance data.	Area to improve	SEND management will reinstitute the OOC school/college visit by senior managers in SEND in the city and ensure schools are reporting accurately on attainment data.

39 | Page

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is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
preparing for Adulthood partnership has been very ntial in representing the views of young people with ilities, FE, schools and partner agencies (as well as tary sector) in policy development. to write to schools (primary) to ensure they are aware bir responsibility to hold AR for year 6 children in the nn term	Evidence from admissions about secondary transfer of children with EHCP. SES data on letters to primary schools and the compliance (i.e. AR held in autumn term).	Area to improve	Transitions Board and delivery group set up and an action plan has been drawn up. Monitor effectiveness of Transitions Board
ols are contributing to the LO. LO officer is tasked with requesting information from ols and settings (and FE).	See Elaine Bellamy's report on LO Alex Bliss' report	Area to improve Working	Special school and specialist provision capacity and pressure on places for children and young people with SEND Individual contracts for all out of city students Plans advanced to continue to event for 2018
	h SEND and their families. 5,000	h SEND and their families. 5,000 on LO live 2017 at	h SEND and their families. 5,000 on LO live 2017 at well

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How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
Had performances in the theatre for those with SEND and by those with SEND. Many schools involved. Feedback was extremely positive and over 5,000 people attended the event from across LLR	Video is also available		
Local Offer web site is still not ready and fit for purpose. There is limited search facility and there needs to be more contact.	Feedback reports from LO officer (DCS and Lisa DeMarco)	Area of concern	Information to be provided in Local Offer to be further developed. LCC web platform is not yet supporting LO fully causing some access difficulties and search limitations.
The use of information from early health checks and health screening program is effective and a strength:		Working well	
Screening for inherited conditions in pregnancy outcomes notified to HV teams	http://www.leicspart .nhs.uk/Library/Co mbinedcarepathwa yforDSCBeniteV22 4052016.pdf Greta Haywood	Working well	
	 Had performances in the theatre for those with SEND and by those with SEND. Many schools involved. Feedback was extremely positive and over 5,000 people attended the event from across LLR Local Offer web site is still not ready and fit for purpose. There is limited search facility and there needs to be more contact. The use of information from early health checks and health screening program is effective and a strength: Screening for inherited conditions in pregnancy outcomes 	Had performances in the theatre for those with SEND and by those with SEND. Many schools involved.Video is also availableFeedback was extremely positive and over 5,000 people attended the event from across LLRFeedback reports from LO officer (DCS and Lisa DeMarco)Local Offer web site is still not ready and fit for purpose. There is limited search facility and there needs to be more contact.Feedback reports from LO officer (DCS and Lisa DeMarco)The use of information from early health checks and health screening program is effective and a strength:http://www.leicspart .nhs.uk/Library/Co mbinedcarepathwa yforDSCBeniteV22 4052016.pdf	Had performances in the theatre for those with SEND and by those with SEND. Many schools involved.Video is also availableFeedback was extremely positive and over 5,000 people attended the event from across LLRFeedback reports from LO officer (DCS and Lisa DeMarco)Area of concernLocal Offer web site is still not ready and fit for purpose. There is limited search facility and there needs to be more contact.Feedback reports from LO officer (DCS and Lisa DeMarco)Area of concernThe use of information from early health checks and health screening program is effective and a strength:Working wellWorking wellScreening for inherited conditions in pregnancy outcomes notified to HV teamshttp://www.leicspart unbinedcarepathwa yforDSCBeniteV22 4052016.pdfWorking well

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Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	New born hearing screening – Teachers of the Deaf within the Specialist Teacher and Pre-School (ST&PS) service respond in line with national standards and established.	http://www.leicester maternity.nhs.uk/sc reening/newborn- screening/newborn- hearing-screening/ QTRLY reporting at ANNB Report from HSS	Working well	
	Ad hoc referrals are made from LRI while other referrals come from Early Years SENDSS, the charity VISTA, schools and health visitors.	VI team statistics Referrals 2016-17.docx	Area of Concern	Address issues gaining referrals direct health referrals from specialist clinics
	Healthy Together national developmental screening Program to trigger onward referral for intervention and or assessment. Integrated 2-year check (Health Visitor and EY setting) supports early identification of SEND and setting of next	Healthy Together Service Specification and Standard Operating Procedures	Working well	
	steps. The Local Area has recognized that early health checks including the integrated 2 year old check are not as effective as they could be and requires embedding	Reporting data on number of public health nurses		Current data requested

42 | Page

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Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	onto the healthy together offer	attending training		
	Health staff have a working understanding of section 23 early notifications of possible SEND TO Local Authority	LA data on section 23 received from health. Good range of professional referring. However there are younger children being referred through other routes (e.g. Early Years Support Service) indicating that joint work for preschool age children is effective in identifying this group.	Working well	Evidence of prompt LA response to section 23 from health re preschool children with SEND Evidence trends of S23 notifications being made any earlier by health
The development of personal budgets	Personal budget working group operating. The aim is to ensure that all children receiving social care direct payments and health continuing care payments have this reflected in a PB as part of the their EHC Plan	Minutes from the group	Area to improve	Personal budgets and direct payments – joined up health, social care and education processes and how these are understood by young people, parents/carers and professionals as well as update of PBs.



Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
	Personal budgets are discussed routinely at the IAM meeting.	Minutes from IAM.		Implement an effective PB policy and improve update of PBs Further develop personal budgets so that we have an agreed Leicester "joint/unified budget" (Health, Education and Social Care).
How well does Local Area 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?	Resource Allocation panel (RAP) has been established which brings together commissioners of services for SEND together around the same table to determine level and type of support for those with EHCP	Minutes from RAP meetings.	Area of concern	There is yet to be a clear system for informing commissioning decisions from the Resource Allocation Panel (RAP). This would allow data from actual EHCP to be fed into commissioning decision making processes. Placement decisions made at RAP are taken forward to placement commissioning discussions at the LA level. A routine reporting schedule is currently being developed.
Is planning appropriate to meet the needs of children and young people	Planning includes the following work streams: Inclusion in mainstream SEND places (including DSP) High Needs review for funding Transformation of SEND support services	SEND Places sufficiency paper – for DMT	Area to improve	Need a clearer pathway from EHCP/RAP to commissioners.

44 | Page

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Inspection Area	How is this working in the Leicester City Local Area?	Evidence	RAG	Action planned
receiving special educational needs and/or disability support.	Quality assurance of EHCP process and outcomes Monitoring academic attainment and PfA outcomes SEND Strategic Plan review			
Attainment levels	SEE LAIT ANALYSIS BELOW			Working with CLASS (special school heads) and mainstream colleagues to examine why attainment is lower than expected and lower than other LAs.



Leicester City

Key Local Authority context data taken from LAIT⁴

(Local Authority Interactive Tool)

Indicator	Quartile Banding	Trend	Statistical Neighbour	National
EARLY YEARS INDICATOR				
% of 2 year olds benefitting from funded early education	D	Increasing trend since 2015 Trend in-line with national	below	below
% of 2 year olds in funded early education with good outstanding providers	С	Sharp improvement since 2016	above	Just below
% of 3&4 year olds benefiting from funded early education	С	Fluctuating but general improving trend since 2010	above	below
% of 2 year olds in funded early education with good outstanding providers	D	Improving trend and closing the gap on national / SN	below	below
FOUNDATION STAGE INI	DICATORS	I	1	I
% good level of development achieved Pupils with SEN <i>without</i> statement/EHCP	C	Improving trend since 2013 Closing gap on national / SN	below	below
% good level of development achieved Pupils with SEN with	No quartile banding provided	No data provided		

⁴ Data as at April, 2018.

46 | Page



statement/EHCP				
KEY STAGE TWO INDICA	TORS			
KS 2 attainment of SEN Non statement /EHCP RWM	В	Sharp improvement on 2016 from being below N / SN <i>Mirrors previous L4 RWM attainment</i> 2015	above	above
KS 2 attainment of SEN Statement /EHCP RWM	D	Sharp decline on 2016 from being in-line with national Previous L4 attainment for this group had QC but improving trend since 2013. Non SEN Q:D	below	below
Progress SEN Support Reading	C Non SEN: D	N/A as first year data has been collected	below	Below
Progress SEN Support Writing	B Non SEN: B	N/A as first year data has been collected	above	below
Progress SEN Support Maths	B Non SEN: B	N/A as first year data has been collected	above	inline
Indicator	Quartile	Trend	Statistical Neighbour	National
KEY STAGE FOUR INDICA	TORS	I		
Average Attainment 8 SEN Support	D	Decline on last year in line with national and SN decline	below	below
Average Attainment 8	D	Similar to 2016	below	below
EHCP / Statement	Non SEN: D	National and SN have seen a sharp decline		
Average Progress 8 SEN Support	D	Similar to 2015	below	below

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Average Progress 8	D	Improvement on 2016:	below	below
ЕНСР	Non SEN: B	NB Non SEN Sharp improvement on 2016		
FURTHER EDUCATION IN	IDINCTORS			
KS 4 % SEN Non Statement/ EHCP going to remaining in E &E/T overall	D	Fall since 2014 counter to national and local trend which has improved overall since 2013	below	below
KS 4 % SEN Statement/ EHCP going to remaining in E &E/T overall	С	Following a sharp decline in 2015, now back in line with SN	Just above	below
% of SEN cohort in E,E or T at 17 inc. special school	D	First year data has been collected	below	below
% 19 year olds qualified to Level 2 inc E&M without EHCP/statement	С	Improvement on 2013 but recent slight decline	below	below
% 19 year olds qualified to Level 2 inc E&M with EHCP/statement	D Non SEN: C	Decline over 3 years whereas national and SN trend is improving Non SEN almost in line with national and SN	Well below	Well below
% 19 year olds qualified to Level 3 without EHCP /Statement	D	Declining trend since 2014 National trend fairly static	below	below
% 19 year olds qualified to Level 3 with EHCP	D	Overall declining trend since 2012. National trend fairly static and SN trend improving	Well below	Well below



Primary unauthorised	D	Consistently above national and SN	above	above
		NB: primary authorised QB in line with national and SN		
Secondary unauthorised	D	Consistently above national and rising trend over since 2014	above	above
		NB: secondary authorised QA consistency below national and SN		
LAC unauthorised	D	Consistently above national and rising	Well	Well
		trend	Above	above
Total persistent	D	First year data collected	Above	Above
absence (new				
definition)				
Indicator	Quartile	Trend	Statistical	National
			Neighbour	
% CIN persistent	D	First year data collected	Above	Above
absentees 3 terms				
		NB number of CIN per children's Social		
		Worker Q:B		
% Secondary perm ex	A	Consistently below national	Below	Below
as % of school				
population				
		NB no primary data		
Primary fixed period	A	Declining trend over last 3 years in	below	below
exclusions as % of		comparison to increasing national and SN		
school population		trend		
Secondary fixed period	D	Increase since 2013/14 from being below	Above	Above
exclusions as % of		national.		
school population		Also increase in national and SN trend		
First time entrants to	С	Declining trend since 2010 from well	above	above
	1		1	1



Re-offending by 10 – 14 year olds	A	Declining trend overall	below	below
Re-offending by 15- 17 year olds	В	Recent decline from being above national and SN to now below	Below	Below
OTHER SEN RELATED INC	DICATORS			
SEN Appeals	С	Sharp increase in trend since 2013/14 from being well below national /SN	above	above
Transfer of statements	В	Sharp improvement on 2015	Well	Well
to plans			above	above
Transfer of LDAs to	A		Well	Well
EHCPs			above	above
RELATED HEALTH AND W	/ELLBEING IND	ICATORS		
Referral to children's social services	No QB provided	Overall decline since 2012	below	below
Inpatient Admission rates for mental health disorder 0 – 17 years	A	Steadily increasing trend since 2012	below	below

- Referral to treatment time for SALT meeting target
- Referral to treatment time for OT- meeting target
- Referral to treatment time for physiotherapy- meeting target
- Referral to treatment time for community medical services meeting target
- CAMHS access urgent below target
- CAMHS access routine improving
- CAMHS ED- meeting target
- CAMHS ID meeting target