

Rutland County- Local Area SEND Peer Challenge

Held 15th to 22nd September 2022

Context:

Rutland requested a SEND/Inclusion Peer Challenge from the EM DCS regional network, to occur in autumn 2022. This follows the area being inspected by OfSTED/CQC in 2017 (following a previous regional SEND peer challenge in the same period); a regional SEND peer review in Autumn 2019, and a Children's Services Focused visit in early 2022, with this challenge continuing the area's focus upon accessing challenge and corroboration of strengths and areas for development

Methodology:

- Five reviewers including a Parent/Carer reviewer and one from all agencies (education, health and social care) from within the region were assigned
- The PCF Steering Group and three 'focus' parent/carers were interviewed and seen directly by reviewers; reviewers had access to results of Parent Survey of parent/carers views
- Young people from Rutland Youth Forum and Young carers met with reviewers
- Over 40 practitioners from schools, settings, colleges, therapies, social care, and support services were heard directly
- A library of resources including all documentation requested (JSNA/SEND SEF/SEND Strategy/Joint Commissioning Strategy) were shared with reviewers in advance of the live challenge process

Lines of Enquiry/Key Focus Areas

"Right time, right place, right outcome".

- The lived experiences of children and their families of the SEND and Inclusion services and provision in Rutland.
- The impact of Rutland's multiagency response and interventions for children with SEND and additional needs and their families.
- Quality assurance of EHCPs

Introduction:

In advance of the challenge event, as noted above, a library of resources regarding Rutland's strategic leadership of SEND/Inclusion was made available to the review team. There is a clear SEND/Inclusion system in the area, evidenced by the connectivity of the stated SEND/Inclusion strategy, the JSNA (Joint Strategic Needs Assessment) SEND SEF (Self Evaluation Form) and Joint Commissioning strategy and actions. Leadership in the reformed ICB, with key appointments now in place, has strengthened the partnership between the key statutory agencies in the area, though there are gaps to close. Parent Carer leaders within the Rutland Parent-Carer Voice (RPCV) offer strategic leadership and appropriate challenge to the area; young people within the Youth Forum also play a key role in ensuring coproduction is central to SEND/Inclusion strategy and implementation.

Findings

SECTION 1

KLOE 1- The lived experiences of children and their families of SEND services and provision in Rutland

STRENGTHS

1.1

Rutland has a clear vision and strategy for SEND and Inclusion which is shared across agencies and demonstrated, through the use of evidence and data, within the JSNA and SEND SEF. These feed into joint commissioning actions and Inclusion actions- this fits well with the intended approaches to local area planning set out in the current SEND Green Paper and exemplifies a whole system approach to anticipatory duties

1.2

The SEND Accountability Board sits within the Children and Young People's Partnership Board, which is chaired by the Portfolio Holder for Education, and Children's Services at Rutland County Council. The Board has PCF (Parent & Carer Forum) steering group members and representation via the Participation and Engagement Lead from the Disabled Youth Forum and wider young people's voice. It is clear from recent minutes available to the review team, that SEND/Inclusion has more than one agenda items at all meetings in the last year or more, with regular presentations from both RPCV and Youth Forum

1.3

Resources within Rutland are closely managed, though the LA has agreed to be part of the DfE Delivering Better Value (DBV) initiative, with resource demand increasing. The area is clear and transparent about available resourcing, briefing school leaders about the demand and flow of resources, at Schools Forum

1.4

The vision for Rutland is succinct- ***To support all children and young people with special educational needs and disabilities to lead healthy, independent and safe lives.***

Practitioners in Rutland talk about 'ordinary lives' and 'what would it take' to make arrangements for such a life for young people experiencing SEND

1.5

The dedication and passion of workforce and stakeholders was apparent in all of our interactions with LA practitioners- the commitment to inclusion which we heard about within the leadership's presentation at the start of the two-day focused review, was evident in all of our meetings with practitioners and professionals. Families told us about the case workers who liaised with them closely. Many children and families had the same case worker across phases of school provision and welcomed the resumption of Getting to Know You meetings where case workers met children and their families. This person centred approach positively affects the quality of plans, and their value to families. This practice was some of the best that the review team had seen and heard of within the region and beyond

1.6

Young people who met the reviewers were able to tell us that they felt prepared for adulthood. They expected to be in employment in the future and several already have Supported Internships, part time jobs, work experience or volunteering experience, and many had aspirations of living with friends or independently in earlier adulthood. One leader in the Forum has lived independently for three years and is a role model for others within the group and the county. The Not in Education, Employment or Training (NEET) figure is 2%, one of the lowest in the country. The LA has had at least one Supported Internee within the employment of the county for the last three years, and is recruiting to supported apprenticeships, leading from the front in response to the Maynard review (2017- to increase employment by LAs and NHS services)

1.7

The developing model of inclusive practice within schools is very positive and is embedding further in the county due to the schools-funded Education Inclusion Partnership (EIP) – though not yet embedded, in all schools across the county as will be alighted upon in the following section

1.8

The Nurture group at Edith Weston mainstream school, is a key strength, supporting children and young people to maintain a mainstream placement at their local school or within Edith Weston school.

1.9

We heard of secondary schools refreshing their Enhanced Resource provision – this results in successful curriculum pathways for children with significant needs which has enabled access to local schooling alongside and as an alternative to special school placements. Mainstream-plus placements are increasing the range of places available within the county as demand rises and offer a more graduated approach within the area. This practice reflects

the creativity which an area as unique as Rutland is able to exploit in a manner which eludes larger areas

1.10

Communication is a strength between LA partners, families and schools/providers, and we heard the RPCV articulating the Local Offer including voluntary and community service offers, which brings the Local Offer to life, way beyond the capability of a website. RPCV articulate this to other families, and enable their navigation of arrangements and provision. The length of time families have with a key/case worker is seen as very consistent and beneficial.

1.11

In addition to the RPCV, parents and carers told us of the positive support from the SEND Information and Advice and Support Service (SENDIASS). Parents of very young children found the service invaluable for guiding them across unfamiliar processes

1.12

The Collaboration group is strengthening and developing; this is a positive role to which RPCV is contributing. This is a working group to tackle complaints led by Rutland and facilitated by an independent consultant and expert by experience.

1.13

Outcomes are good at all stages of educational performance, though it is notable that early years has particularly risen from a lower than national average base. In affluence levels, Rutland is ranked 303 of 317 local authorities.

Good Level of Development in EYFS has increased from 15.8% to 25% in 2018/19 with performance now similar to national levels in 2020(28.5%).

Rutland performs above national at KS1 Reading/Writing/Maths (27/1% cf all 20.6% England)

The average point score EHCP and SEND in all national subject areas is above national in all subject areas. At Key Stage 4, 43% of children with SEN support and 18% of children with an EHCP achieved 5 or more A* to C (including English and Mathematics) which is above national averages of 18% and 5%. These figures refer to 2020.

As noted previously, 2% of young people are NEET, below average levels nationally (10.5% age 16-24 2021).

The outcomes tracker which we saw contained detailed individual tracking information, which would appear to be invaluable in both establishing wider outcomes achieved by children and young people experiencing SEND, and have a useful purpose in predicting trends based on data and evidence of need within Rutland

1.14

There is a clear ambition to support children and young people remaining in mainstream education and within their local community, as evidenced when the review team met with school leaders and SENCOs of resourced provision.

There is a strong focus on equipping mainstream schools to meet the needs of pupils at the earliest opportunity, alongside a commitment to avoiding escalation of need.

Early Help appears to be promoted well and is integrated into the SEND processes.

AREAS FOR DEVELOPMENT

1.15

Some parents and carers suggested to the challenge team that more should be done within mainstream schools to identify additional needs at a much earlier stage. Parents felt that some SENCOs were extremely knowledgeable and inclusive, but others had significantly less knowledge and expertise. Understanding of neurodiverse needs particularly within senior leadership, led to some exclusions or placement breakdown/admission refusal, where leaders did not make reasonable adjustments

1.16

We 'tracked' three children and their written EHCPs, interviewing their parent/carers and practitioners who work with them. One parent of a child with complex medical and learning needs manages relationships with over 20 professionals, and the EHCP is detailed and specific. This parent suggested that a more personal navigation of the Plan and the meaning particularly of health terminology, would be beneficial.

RECOMMENDATIONS:

1.17

Building upon the success of the EIP in its first two years of inception, strengthen the graduated offer across school providers and early years settings, beyond those at risk of exclusion/experiencing SEMH needs, to support the strategic ambition to develop more appropriate place sufficiency within Rutland. As noted within School Forum notes, this may include the Early Years pathway and options to develop this further

1.18

Consider adding to the already strong case work family support, for example, providing a care navigator from the ICB or provider trusts, to support that very small number of children and young people with complex health and medical needs, in order to enable fuller understanding of plans and health conditions.

SECTION 2

KLOE 2: The impact of Rutland's multi-agency response and interventions for children with SEND and additional needs and their families.

STRENGTHS

2.1

The Education Inclusion Partnership is supported by school resourcing and has supported inclusion and reduced fixed and permanent exclusions and risk of exclusion. Parent/carers also welcomed the EIP, though its name did not resonate with them, and they felt that it might be more easily understood by families if it indicated School Support within its title

2.2

The Joint Commissioning strategy is in place, and appropriate personnel are now appointed to key roles within the ICB

2.3

Joint Commissioning and wider integration are occurring across the LLR (Leicestershire, Leicester and Rutland) partnership, including greater inter-LA agreement and collaboration within the SEND/Inclusion arena

2.4

Work is underway to develop the LLR-wide Neuro-Diverse pathway, (though this has been on-going for over two years) with a phased approach to redesigning the pathway based upon feedback from families and evidence gathering

2.5

The strategic roles of both the RPCV and Youth Forums make significant contributions to the multi-agency working across the county. The RPVC also acts as a key navigator of the Local Offer, with a detailed knowledge of statutory services, the 'right' people to contact for assistance, and where voluntary and community services operate and can be accessed.

AREAS FOR DEVELOPMENT

2.6

Developments within the joint commissioning/ICB arena are relatively new and have been adversely impacted by health workforce gaps or interim arrangements. Though Rutland has a successful SEND inspection 'under its belt', the other two LAs within LLR have a written statement of action (WSOA- Leicestershire) and an accelerated progress plan (Leicester, following a WSOA) which both include joint commissioning as a weakness/area for development. It is consequently surprising that there is only one DCO across all three areas, where similar and neighbouring ICBs within the Midlands NHSE region, have more than one DCO and/or an associate DCO to support strategic oversight of multi-agency developments alongside assurance of the quality of assessment and advices within the EHC pathway. The Code of Practice fails to set guidance on ratios, though the next iteration is anticipated to do so, following the current Green Paper SEND consultation, which could give LLR ICB an opportunity to consider their allocation of resourcing. Over reliance on the DCO role has been flagged as a weakness in some WSOAs so a broader approach with different roles at LLR is positive – as long as this role is permanent rather than interim

2.7

Rutland parents advise the PCF that access to the 'place' element of some health resourcing is difficult within Rutland. Families have been referred to CAMHS in Leicester, and have been unable to travel to the city, resulting in an inequality. During our visit, a specialist provider which was making arrangements within its provision to meet the needs of a new pupil, was required to send all of their team to Leicester to receive Diana nurse complex needs training. This affects Rutland's direct offer to families within their home county, and in the case of the provider, meant that the team from the local educational provision could not safely test out procedures with the child and their family

2.8

The Education Inclusion Partnership approach, whilst apparently a key element of the SEND recovery process, needs to evidence impact. It is difficult to see how this is being measured – suggestions, if not already in place, would be: reduction in exclusions; reduction in number of reduced timetables; reduction in the number of requests for EHC Needs Assessment requests; reduction in the projected increase in EHC Plans without this intervention. In terms of sustainability – need some measures to demonstrate how/when this becomes sustainable which will evidence impact and support future planning

2.9

Financial modelling referred to in Schools' Forum report – it is based on assumptions. What are the assumptions and what are the metrics being used to evidence impact?

2.10

Risks need to be mitigated – the total budget for SEND recovery projects (seems to be largely the EIP, soon to be called School Support Partnership) is £364k – the review team were told it has exceeded this and the Schools' Forum report confirms that EIP interventions are now in demand. Has the authority created a dependency? It is essential to ensure that any increase in costs is being offset by the planned reduction in specialist places

2.11

Whilst there were several references made to Early Years and inclusion, the Schools' Forum report suggested this is only getting underway. This, along with some of the other work we heard about needs 'pace' or added urgency to achieve the stated SEND savings required by the Schools Forum and DBV programme

2.12

Most of the developments in multi-agency working are extremely well intentioned and can be highly effective and impactful. Given the strengths that we saw in Rutland in terms of creativity and willingness to work together as educational providers, with the LA, it would be even more effective if impact is measured more clearly and decision making is based upon solid evidence and data

RECOMMENDATIONS:

2.13

Lincolnshire officers who were part of this review/challenge, agreed to offer peer support and to meet with Rutland, to share their model of using data and evidence to measure impact and to manage risk. The contact there is Sheridan.dodsworth@lincolnshire.gov.uk

2.14

The ICB could work with Pat Bullen, LA SEND network coordinator, and the East Midlands NHSE lead, Tonita.whittier@nhs.net to benchmark the level of DCO and wider SEND support to consider the resourcing level within the LLR ICB

SECTION 3

KLOE 3: Quality of Education, Health, and Care Plans (EHCPs)

STRENGTHS

3.1

Plans are improving in quality and person centred practice. Parents and carers told us about the supportive and child centred case work, giving confidence to families about the golden thread of the voice and aspiration of the child or young person and their family, in section A of the plan

3.2

Plans are strengths based, describing what children and young people can do, and their families also able to see the strengths alongside the needs of their children

3.3

We saw plans with detailed health contribution and suggestions for example, of the avoidance of 'triggers' for a young person who can communicate through behaviour, which were practical and positive for both home and placement to implement

3.4

A majority of EHCPs are reviewed in good time by the LA (88% current year) and annual review approaches are timely and developing well

3.5

Efforts have been made to ensure greater brevity and to develop more succinct outcomes within Plans, which appear to be improving as intended

3.6

Social care early help pathways are well integrated within the Rutland EHC pathway, and the area maximises the dual roles which some practitioners and leaders hold, which means that plans are written with synergy and with a focus upon the whole child, in most plans that we saw

AREAS FOR DEVELOPMENT

3.7

The review team recommend a revised Placement decision panel and Terms of Reference is needed with wider membership which reduces the risk for placing officers

3.8

Therapies within the Leicestershire Partnership NHS Trust children and young people's services, are working well to assure quality and consistency for approaches for health advice contributions within the Rutland statutory assessment pathway

3.9

Social care contributions to some plans can be unclear, as was the case with one of the tracked plans, with which we spent a more detailed focus. Upon checking this contribution, it became clear that the contribution had been followed up with the social care team, resulting in more appropriate advice and support

3.10

Systemic development and training on writing outcomes has commenced, but may require further training and development, not only for case work plan writers, but also for advice givers within the area

3.11

Quality assurance mechanisms are in place to assure EHCPs, though this is largely an internal approach, with a senior manager dip sampling plans. This would be strengthened with a wider QA review, perhaps annually or bi-annually, with a wider range of professionals and stakeholders assuring the quality of plans. This could include parent and young people feedback on redacted plans, to ensure that plans continue to serve the needs of families, alongside commissioning appropriate provision

3.12

A larger number of families are appealing to Tribunal, which may relate to insufficiency of places, but this percentage (7%) is well above national and regional levels, though it is noted that mediation has been successfully accessed to obviate the need to go to Tribunal, which is difficult for families

3.13

It was noted that medical terms and diagnoses were simply listed in section C without an explanation of what these actually were and how they impact on the child/young person

RECOMMENDATIONS

3.14

Develop a wider quality assurance approach, in addition to retaining the internal processes, potentially checking other neighbouring systems, such as Nottingham City's- contact is Janine.walker@nottinghamcity.gov.uk

3.15

Review Panel terms of reference and membership, again comparing practice with Nottingham City, as above, and with the approaches within Lincolnshire LA- contact again is Sheridan Dodsworth Sheridan.dodsworth@lincolnshire.gov.uk

3.16

Consider the RISE (Research and Improvement for SEND Excellence) offer from the new consortium for local area SEND improvement, to access further plan outcomes training. Contact is Philippa Watts CDC email pwatts@ncb.org.uk or our regional DfE SEND adviser, kevin.rowland@education.gov.uk

3.17

Explore the reasons for Tribunal appeals to further reduce the risk of these, proactively suggesting mediation where feasible

SUMMARY

Rutland's leadership is fully focussed upon SEND and Inclusion, and it affects all aspects of leadership planning and strategy. Data and evidence becoming more effectively utilised improve outcomes, processes and ultimately, the destinations of learners with additional needs to implement the Rutland vision for Inclusion

The very supportive case work practice and person-centred practice in working with families directly, is highly valued by families. This practice is exemplary

The leadership of the county both within the LA and ICB, know their population and also recognise their areas for development- it was clear when we visited that the timelines issue (of issuing EHCPs within 20 weeks) had been a significant focus of leadership attention and additional resources, alongside a clarity of the prioritisation of age groups

The PCF and Youth Forum are key attributes in developing relationships across the pressurised systems within SEND and Inclusion and are critical to further coproduced success

Some schools and their SENCOs offered excellent inclusive practice, support within the statutory assessment processes and transition support- at its best, such inclusive practice is amongst the best practice in the country. But not all Rutland schools adhere to this standard of excellence, and the ability of the LA and ICB to influence school practices, has been limited, though the Green Paper suggested changes which include the right of the Regional Director (formerly Regional Schools Commissioner) to address such issues within MATs and at school level, would serve the area well

We hope that this challenge report will enable the local area to continue their improvement journey in the arena of SEND and Inclusion, with the possibility of brokerage of support from the RIIA within the East Midlands region

Pat Bullen, EM SEND LA Peer Network lead and Lead Reviewer for the Rutland SEND Peer Challenge

Other team members:

- **Jacqueline Lockhart**, Chair, Nottingham City Parent Carer Forum
- **Rachel Akers**, Designated Clinical Officer, North and West Northamptonshire Local Authorities/ICB
- **Sheridan Dodsworth**, Head of Service, SEND Lincolnshire County Council
- **Josie Pedersen**, Team Manager (Strategic Lead for Sensory Education and Support) Lincolnshire County Council