Question 1 of 6: How well do we identify and assess need at an early stage?

What is working well? What progress have we made?

- Essex schools and settings are good at identifying both social and educational needs and recognising that they need to do more for the child and young person.
- Data shows that early identification of need in the Early Years is working effectively. The integrated 2-year check (Health Visitor and EY setting) supports early identification of SEND and setting of next steps. Essex performs well in the percentage of children who receive a 2-2.5-year-old review from Health Visitors (83.8% Essex; 81.4% East Region; 77% SN; 76.4% England). After successful pilots in 2016 and implementation in some areas currently, from April 2017 the IR2 has been a KPI of the new PB-19 service for all eligible two-year olds. The review is a process of shared decision making between parents, Early Years practitioners and Health Visitors detailing a holistic overview of a child's development to date and seeks the active participation of all concerned.
- There is a prompt LA response to S23s for preschool children with SEND. Providers share accurate information about individual children with the LA and professionals work well together completing joint assessments/planning, interventions and reviews. As a result, an increasing number of children are school ready or have appropriate support in place as they begin school.
- We have made significant progress in improving the timeliness of completing EHCPs within twenty weeks. In 2016 the national average was 58.6% and Essex was performing at 35.4% of plans issued within 20 weeks. In 2017, nationally 64.9% were issued within twenty weeks and Essex performed at 73.6%. Data in 2018 shows Essex is now issuing 75% of EHCPs within 20 weeks.
- There is a more explicit focus on SEND as a priority vulnerable group in the specification for the Essex Child and Family Wellbeing Service (ECFWS) than in previous Healthy Child Programme national specifications. This includes the provider being held to account for both identifying specific groups within the population at greater risk of not achieving outcomes, as well as evidencing that outcomes for these groups have been achieved.
- Our performance on key mandated healthy child programme indicators remains high, and we have agreed 23 new outcome measures which better reflect the outcomes we want for children and families and hold the provider to account for identifying those at greatest risk of not achieving outcomes
- Our Family Solutions Service provide effective strengths-based early help; for those meeting social care thresholds, a social worker is allocated within 24 hours of referral decision. Timeliness of social care assessments are good, with progress measured on completion at 20 days, 35 days, and 45 days**;** emphasis is placed on getting assessments right, which can take longer for more complex assessments.

We will be more effective when:

- **We meet the needs of children with additional needs effectively through One Planning and accurately identify the high needs that require statutory involvement**. *We currently have many children and young people supported with an EHCP who could have their needs met through SEN school support with earlier identification and allocation of resource at a local level.*
- **Families, schools and settings have a common understanding of thresholds for involvement from statutory services.** *There is currently an over reliance on specialist/statutory support and services and the number of requests for assessment are rising. Many families and some teachers view the assessment process as complicated, feel it is difficult to secure an EHC needs assessment for children and describe the process as a 'fight'. However, this is not reflected in the data; Essex continues to have a high level of EHC plans in comparison to regional and statistical neighbours.*

- **The agreement to assess is consistent across Essex.** *Current Essex systems increase the opportunity for a variety of interpretations of statutory thresholds. Applications to the NE Education Quadrant are less likely to lead to an assessment compared to other quadrants; the South Education Quadrant agrees to the most assessments. Statistical neighbours with the lowest levels of new EHC plans all set specific thresholds, above and beyond the Code of Practice definition, for when they will consider assessment, whereas we do not.*
- **We have smooth transitions and joined up planning for children and young people as they move between stages and settings.** *Transitions are anxiety provoking for children, young people and their families and currently are fuelling applications for an EHC Needs Assessment. Too much planning for the next stage is completed in isolation without working together with the child or young person's destination.*
- **We have child centred, multi-agency and participative EHC needs assessment with quantifiable and specific advice from all**. *EHC plans are currently viewed as primarily an educational document and we lack equal input from all people who support the child or young person. Advice from Health and Social care during an EHC Needs Assessment is improving following the introduction of advice-giving templates, however the specificity of our plans and advice needs to improve.*
- **Schools and settings more accurately identify all types of need.** *There is a belief that some needs are under identified and others are misidentified, for example, that communication difficulties can be missed and the resulting behaviours identified as the primary need. We currently identify more children and young people as having moderate learning difficulties (MLD) than regional neighbours and statistical neighbours; Essex is in the top 10% of local authorities. We must further address the question whether some schools identify a moderate learning difficulty rather than considering whether attainment is below age appropriate levels because of the lack of consistent good quality first teaching*.
- **Children from the more deprived areas of Essex are well supported and outcomes improve for this cohort.** *Children from deprived areas (based on the Income Deprivation Affecting Children Index (IDACI)) scores 0-5 are more likely to be identified and labelled as having Special Educational Needs than children from less disadvantaged areas. In terms of percentages, the percent of the Essex school population (IDACI scores 0-5) with no identified SEND is 46.25%; 53.18% with an EHCP and 56.77% at SEN Support. The same pattern is true of the most deprived two deciles with no identified SEND 14.8%; 18.99% with an EHCP and 21.66% at SEN Support. This is corroborated by local inequality data, indicating 33.6% of students with SEN are classed as disadvantaged, in comparison to 15.9% of students not identified as having SEND.*
- **We have more consistency with S23 referrals for all need types and with all providers.** *Currently S23s are increasing year on year, but targeted analysis shows a lack of early notifications in some areas, for example, S23s for children with Downs Syndrome range from under 6 months to over 2 years old. Processes to access resources (including funding) are being streamlined through the Capita One data system and centralisation of statutory Section 23 notifications, for more timely and efficient responses.*

Actions: What you will see happening at Essex County Council and with all our partners

Our 9 SEND Principles and Touchstones:	P&V	Invest	Driven	Responsive	Early	Connected	Learning	Efficient	Local
ONE PLANNING – An increased focus on supporting all schools and settings to implement One Planning, with a focus on identifying and supporting children with additional needs within mainstream schools effectively.	•	•	•	•	•	•	•	•	•

ONE PLANNING – work with the Essex Family Forum, DCOs/DMOs and families to understand how One Planning can effectively meet needs for children with additional needs.	•	•	•	•	•	•	•	•	•
JOINT RESPONSIBILITY AND DECISION MAKING FOR EHC NEEDS ASSESSMENT – A drive to include all partners in making collaborative decisions about the need for a statutory assessment in their locality and developing information to better understand thresholds.	•		•	•	•	•		•	•
SEND PORTAL PLUS – Introduction of new technology to assist with timely and relevant gathering of advice for EHC Needs Assessments and reviews, with a focus on specificity in advice.	•			•	•	•		•	•
ALIGNMENT OF SOCIAL CARE ASSESSMENT AND CARE PLANNING TEMPLATES			•	•	•	•		•	•
JOINT WORK WITH PROVIDERS AND CCGs TO ALIGN PROCESS FOR S23 REFERRALS IN EACH DISTRICT.			•	•	•	•		•	•

Data and Evaluation – How we will monitor progress	**Linked documents and reading**
• EHCNA – requests for assessment: agreement to assess • EHCP – 20-week data • Section 23 referrals analysis • Deprivation Index and SEND Outcomes data • Family Solutions • Child and Family Wellbeing Service – 2-year health check data • Review audit of evidence received from health and social care • Timeliness of evidence from partners	• One Planning •
Review date:	