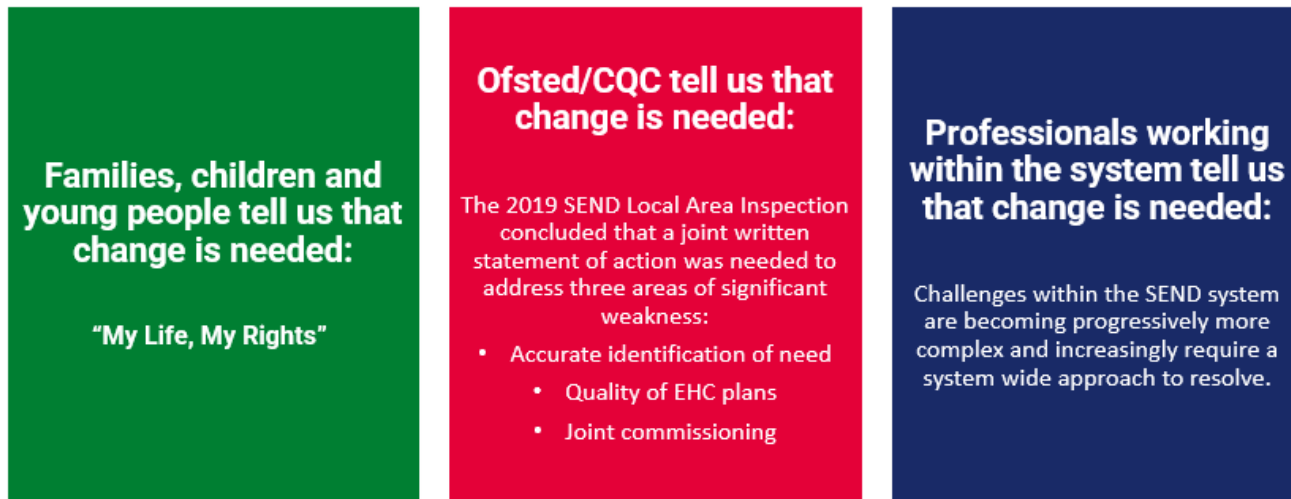


Rationale for a new SEND strategy



In September 2019, the Local Area had a joint inspection by the Care Quality Commission (CQC) and Ofsted. The inspection looked at how well the Local Area is delivering the Special Educational Needs and Disability (SEND) reforms as set out in the Children and Families Act 2014.

The inspection focused on the Local Area, not just the Local Authority. The Local Area includes all the teams, services and providers in Education, Health and Social Care that work with, support and care for children and young people with SEND.

The inspection concluded that:

The pace of change across education, health and care services has not been quick enough to implement the disability and special educational needs reforms since 2014. Since 2017, partners in education, health and care have worked more closely to improve services. Senior leaders now have a shared commitment to learn from one another, make use of what they know, and make sustainable change. Their work has not yet made the required difference to parents, carers and their children. (Local Area Joint Inspection, 2019)

Strategic leaders across education, health and social care are still working on creating a shared agreement about the outcomes that they want for children and young people with SEND in Essex. Leaders are not reviewing the wealth of information that they have available to them well enough. They do not yet use this information to measure the impact of the work that they have already undertaken or to evaluate whether enough improvement is being made. (Local Area Joint Inspection, 2019)

The findings from the joint inspection were in line with the areas for improvement that we had identified during the period of engagement with young people, families and partners in Education Health and Social Care. All were in agreement; there needs to be changes in the SEND system in Essex.

This five-year SEND strategy will drive forward the changes that have been started in the Local Area and help to focus all services in education, health and social care on making the required changes so that children, young people and their parents begin to experience the difference. The delivery plan that accompanies the strategy will set out the measures that we will use to measure and evaluate the impact across the Local Area.

Who has helped create and inform the new strategy?

In chronological order:

- We asked what is important to families (SEND Public Engagement, 2019; National POET survey, 2019)
Between March and May 2019, Essex County Council held a SEND public engagement asking parents, carers, young people and education settings to complete a survey to develop the SEND Strategy in Essex. 1027 responded to the survey, including 511 parents and carers, 358 from an education setting and 104 who work for Essex County Council across Education and Social Care and 4 young people with SEND.
- We held engagement session in schools to better understand the views that had been expressed in the SEND Public Engagement (Autumn Term, 2019). We held 25 school engagement sessions across Essex in autumn term, with an additional Early Years setting specific webinar and a Further Education specific engagement session. The Essex Family Forum held eight engagement sessions with families across the County to explore the key challenges faced by children, young people and their parents.
- Young people told us what matters to them (National POET survey, 2019; Children and Young People's POET challenge, March 2020; Multi-Schools Council minutes, 2019-2021)
- We held regular virtual keeping in touch meetings throughout the COVID pandemic to understand the new pressures and emerging challenges that children, young people and families were facing (April 2020-ongoing). Leaders from across all services came together weekly with the Essex Family Forum to keep each other updated. Practitioners from across the Local Area, alongside the Essex Family Forum, hosted weekly drop-ins for all parent support groups to share the issues that families were raising with their teams.
- The Essex Family Forum asked families about their lived experiences and identified eleven key challenges. (Family Impact Survey November, 2020)
- The Essex Headteacher Inclusion Roundtable continue to work in partnership with the Local Authority to help us understand the strengths and challenges for schools, colleges and EY settings on the ground.
- The parent carer network for Essex, the Essex Family Forum share termly feedback of lived experience through their virtual Graffiti Wall.

What are our challenges?

1. Variability in quality and availability of services across Essex

The size and scale of Essex is both a strength and a challenge. The size offers great opportunities and expertise; the challenge is ensuring equity across every ward in every district.

There is too much variability in the quality and availability of services, including education, across the Local Area which inevitably leads to mixed parental satisfaction. This variation in experience is common across surveys, conversations and was also a finding of the Local Area joint inspection in 2019.

Parental satisfaction is mixed across the local area, often linked to two particular things: first, there is too much variability in the quality and availability of services between the four quadrants within Essex and the CCGs; second, the experiences of children and young people are often dependent on individual professionals rather than on consistently high-quality services and robust systems for sharing information. (Local Area Joint Inspection, 2019)

There is a similar wide variety in the levels of confidence that parents have in the SEND support (or One Planning as it is often called in Essex) that children and young people receive. Parents recognise the effort that schools and education settings make but feel that the amount and quality of support is inconsistent from school to school, setting to setting. Parents feel that not all teachers and settings are well equipped to meet their children's needs and feel some schools and settings need more support. Lack of confidence in the amount or quality of support a child receives through SEN support (One Planning) is a common reason for applications for an EHC Needs Assessment.

2. The ever changing profile of SEND

The profile of SEND in Essex has changed considerably over the last ten years. Schools, colleges and Early Years settings are being asked to meet the needs of an ever changing population and ever changing circumstances.

There was a fundamental change to the SEN Framework in 2015/16 with the former categories of School Action, School Action Plus and Statement of Special Educational Needs being replaced by either SEN Support or Education Health Care Plans (EHCP). Since 2015/16 both the volume and profile of SEN pupils in Essex schools has changed.

Whilst the all-pupil school population has increased by 6.7% (2015/16 to 2020/21), the number of pupils in receipt of SEN Support has risen by 14.8% and those with an EHCP by 15.7%.

As well as the SEND pupil school population growing at more than twice the rate of the all-pupil school population, the nature of needs among these pupils has shifted. Historically Essex has had much higher proportions of pupils with Moderate Learning Difficulties (MLD). However, over the same period the proportion of SEND pupils with MLD has reduced by 28.2%. In contrast there have been significant increases in the pupils with Autistic Spectrum Disorder (+81.8%), Social, Emotional & Mental Health (+39.3%) and Speech, Language & Communication Needs (+29.7%).

For children and young people for whom Essex has responsibility for their EHCP, in addition to the increased numbers and changing primary need types, the age profile has changed. Whilst the proportion of pupils aged under 10 with an EHCP has reduced slightly over recent years, there has been growth among older children and young people. This is most pronounced among 16-19 year olds where nearly one in five of all EHCPs are held by young people of this age group. In addition, around one in twenty of EHCPs are held by young people aged 20-25. Collectively, 22.8% of the EHCP population was above statutory school age in 2021.

Over the past 5 years exclusions and suspensions for children displaying persistent disruptive behaviour have been steadily increasing. Many of these young people receive an alternative education offer where their needs are then assessed, and many are identified as having SEN.

The evidence from both national surveys and from local feedback from our Essex schools and settings is that for the majority of children and young people the pandemic has had a negative impact on their emotional wellbeing and mental health. There is an increase in concerns about anxiety, self-harm and disordered eating. This is backed up by the referrals to our tier 3 commissioned service called EWMHS (CAMHS) and the significant number of children and young people referred to the Local Authority for educational support. Whilst technically classed as medical referrals many of these young people suffer from anxiety resulting in emotionally based school avoidance.

The surveys suggest children and young people missed school because of everything it brings into their lives; structure, routine, friendships and belonging including other essential basic needs such as food.

The evidence suggests that families also struggled with home educating and then with return to school with all the anxiety of whether schools were safe places for their children to return to.

School staff have had to be incredibly resilient over the last two years and to adapt to all the changes. There is evidence of lots of fatigue within educators. Headteacher wellbeing is something we are mindful of as they have at times had to make very important decisions at times of high national stress.

3. Inclusion and equal opportunities

The Essex Headteacher Inclusion Roundtable work in partnership with the Local Authority and are a key driver in looking to improve inclusion across the county. The intention remains that all Essex schools, colleges and settings operate in a truly inclusive way, and that pupils with SEND will always receive the right support they need, to be happy and successful learners, and with genuine choices open to them in the future so that they can go on to lead purposeful and fulfilling lives. There is a belief among many in the system that not all schools, colleges and settings are equally inclusive, but to date much of the evidence has been anecdotal.

Feedback from young people and their families supports the view that not all places in communities (education and leisure) are equally inclusive. A young ambassador for the MultiSchools council shared her experience: *"Being part of the community is really important because people with disabilities are isolated and when they do go out, they are not always treated with the same respect and acceptance as non-disabled people. I can't stand but my mind works."* Young person, Essex POET team. 2020

The pandemic created a raft of different experiences for families in Essex. The parent of a child with complex additional needs described a situation where the local SEND support group (SNAP, Brentwood) responded so

positively and creatively to the national lockdowns that she, and her daughter, felt “*fully included for the first time ever*”. Services moved online, theatres, zoos and other entertainment moved online and she was able to access things that had never previously been available to children and families with the most complex needs. However, for others the pandemic created deeper feelings of isolation and exclusion when normal support channels and options were not available for considerable periods of time, creating unprecedented levels of stress for many families.

We have begun a piece of work to analyse existing data on where children and young people with SEND live and where they attend school. We intend to present this analysis to ask new questions about the SEN provision in Essex. For example,

- Are there schools that are providing education to a higher (or lower) proportion of their local SEN population and why is this?
- Are there schools that could support a pupil closer to home?
- Are there areas within the county where provision is not available to support local need?
- Does the picture look different for pupils with an EHCP, and for pupils who are receiving SEN support?

The initial headlines from the early part of this work tells us that:

- The majority of children with SEN are not travelling very long distances to their school (5% of pupils with an EHCP and 3% of pupils on SEN support travelled over 5 miles)
- Pupils with an EHCP are travelling further, on average, to their primary school, than their SEN support and non-SEN peers;
- Districts where all children travelled further were the more rural districts of Uttlesford and Maldon, however, children with SEN travelled further than children without SEN in these districts.

Work will continue to look at the data at a micro level to determine differences within districts and to open up the conversation about inclusion in Essex.

4. Increasing demand for specialist provision

There is a growing number of requests for EHCPs each year. The number of requests for Education, Health and Care Needs assessments have increased by 66% from 2015/16 to 2020/21, which equates to an additional 1084 requests a year. In 2020/21 49% of requests led to an EHCP.

Historically Essex has always had a higher proportion of pupils with an EHCP placed in a mainstream school than other local authorities. Having been around half of pupils with an EHCP (49.7%) in 2019, this rate has reduced to 44.9% in 2021. However, this still remains higher than the national average of 39.9%.

The proportion of pupils with an EHCP placed in a mainstream school is anticipated to decrease further over coming years to be more in line with the national average. Purely looking at newly issued EHCPs since 2018 shows that Essex is placing fewer pupils in mainstream than across England. Of all newly issued EHCPs during the 2020 calendar year, 32.2% of those in Essex were placed in mainstream compared to 37.0% nationally.

98.8% of the total available places at Essex special schools are filled at any one time. Half of the special schools in Essex are regularly full or over their commissioned number. If demand for Essex Special School places continues at its current rate, it will outstrip the new provision currently being developed in Essex within 3 to 5 years.

Essex County Council and Essex schools commission 574 alternative provision places at our pupil referral units (PRUs). In January 2022, many of the settings are close to capacity which is a significant concern given the stage of the academic year. The settings are all reporting that many of the children and young people are displaying challenging behaviour and some of them are struggling to access much education. Many of these young people are unlikely to be able to reintegrate back into their school settings in near future putting additional pressure on all parts of the system.

Referral rates into the Education Access Team for children and young people at risk of exclusions are currently 50% higher than the equivalent period last academic year and referral rates for children unable to attend school for medical reasons. are currently 30% higher than the equivalent period last academic year.

We are seeing a significant growth in the number of commissioned therapy hours since the commencement of the contract with Provide in 2017. The figure currently stands at a 40% increase.

Social Care are seeing an increase in the last three years in the number of children with certain types of needs who are open to social care; for example, there has been a 40% increase in children with ADHD, and a 22% increase in children and young people with communication difficulties. The number of children experiencing seizures has increased from 16 to 33 (106%). The numbers of children on the caseload of social care teams with autism has risen slightly and then fallen over the past three years (from 261 to 277, then down to 269) and the number of children with a learning disability has fallen from 198 to 133.

5. Gaps in specialist provision

The SEN capital programme (begun in 2015) is nearing completion. There has been a significant and incremental growth in Essex's special schools over the last seven years. The Chatten School (the first new special school in Essex since 2015) opened in September 2021; Chatten is the first Essex special school designed specifically for children and young people with autism. Three more new schools will follow in the next two years (Hawthorns and Sir Geoff Hurst schools in Chelmsford and Greenwell in Harlow).

However, despite this investment, there are still gaps in specialist education provision in Essex. Coupled with the number of schools at capacity, and those that have significantly more children and young people than their buildings can adequately accommodate, school places remains a challenge. We are working on a SEND sufficiency strategy to inform our future planning both in special schools and via specialist provision in mainstream schools.

Essex is very similar to other Local Authorities in our use of the independent non-maintained special school (INMSS) sector. However, there has been an increase over the last five years in the number of children and young people requiring an INMSS place as we do not have the right Essex school place to offer. If trends continue as they are, we will see more children being placed outside Essex in special and INMSS schools.

Placing a child or young person outside of Essex provides a challenge on many levels. Firstly, there is a personal impact to the child or young person and their family. We want every child and young person to have a school place close to their home and community where they can access local services and support networks.

We have a programme of individual pupil monitoring and whole school quality assurance within the INMSS sector, and we work closely with other LAs to share information on quality of provision. However, we have seen a number of the INMSS schools we use receiving poor inspections and notifications from Ofsted. In addition,

the cost of individual placements is increasing year on year.

Within social care we want to increase our awareness and knowledge around working with children and young people with autism. Where we provide a direct payment to families to purchase their own care for their disabled child some have experienced difficulties in recruiting personal assistants with skills and knowledge of learning disability and there is also a lack of sufficiency in direct provision from care agencies. We are investing in different approaches to address these national care shortages at a local level, this includes the recent launch a micro-enterprise project which seeks to connect people of all ages to sources of support.

We recognise that children and young people who have special educational needs and disability and children and young people with autism may still not get the support that they need to thrive so an inclusive, integrated approach linking with system partners will be needed to address this.

6. Relationships, communication and working together

Young people and families have mixed experiences of teams and services across the Local Area. Some services are in high demand and are in a position of reacting, rather than planning ahead and providing what is needed to children, young people and their families in a timely and well-considered way.

Information and communication is described by some as sparse, by others as 'overwhelming' and 'not knowing where to start'. Some parents feel well supported, others describe their experience as a 'fight'. Some children and young people do not feel that their views, feelings and wishes are always included in decisions about their care and support.

7. An under-developed post16 and 19-25 offer across the Local Area

There is no data that collects young people's aspirations, talents and skills and how these can be transferred into meaningful opportunities that are available in their local communities. The lack of insight into this work is a concern in itself as the limited data available will not allow us to map or match the journey from education into employment.

The challenge this presents is that it is difficult to shape a post 16 and 19-25 educational offer, that has appropriate employment pathways into work, aligned to young people's aspirations, talents and skills and that are realistically matched to real jobs within local labour markets.

The impact is there is often a lack of information, aspirations and opportunities when considering the world of work throughout education. This is reflective of conversations with young people and families.

We are currently reviewing our short breaks offer, with our Short Breaks Clubs and Activities are due to be recommissioned in 2022/23, as families have shared that there is a lack of clubs and activities for the 19-25 age group.

8. Recovery and return

The Covid-19 pandemic has put significant pressure on individuals, families, teams, communities and organisations and full recovery will take time.

Essex, like many local authorities, noted a significant rise in the number of children and young people registered as electively home educated (EHE) as a direct result of Covid-related anxiety within families across the county. Whilst, since the start of this new academic year (2021/22), it is clear that some families are seeking to return their child/ren back to a school roll, as their Covid-related anxieties reduce, it is apparent that some families will continue to exercise their right to home educate their child/ren on a longer-term basis. The number of children and young people registered as EHE within Essex remains above 2400 in January 2022, with just over 100 children or young people with an EHC plan.

What are our strengths?

1. The people

The people in the system remain our greatest strength. The last eighteen months have been an unprecedented and challenging time, yet everyone across the system has worked tirelessly to support children and young people.

Partnership working between leaders from early years, primary, secondary, special schools and the Local Authority is strong and the Essex Headteacher Inclusion Roundtable is an important mechanism for driving forward the changes. A network of Lead SENCOs are in place to support local clusters and help embed new developments and training across groups of schools.

The Essex Family Forum (the parent carer forum) communicates with a far greater number of parents and carers than before. The forum has recently established family champions, whose role is to gather the views of those groups of parents and carers who are not part of the forum. (Local Area Joint Inspection, 2019)

The Multi-School Council is well established and growing in size and influence. The council meets termly and involves 138 schools. The council is a group of children and young people with SEND from across the Local Area. They provide opportunities to raise awareness within schools and with leaders about the needs and views of children and young people with SEND, particularly those with social, emotional and mental health needs. Local area leaders are keen to listen to what this group of children and young people have to say about what is important to them. (Local Area Joint Inspection, 2019)

There is also a strong and hugely valued offer from voluntary and support groups across the Local Area. Voluntary groups and charities, such as Families in Focus, MAZE, SNAP and PACT offer invaluable support to parents, carers and families of children with SEND.

2. Education system

We are proud that the education system in Essex is largely inclusive; around nine of every ten Essex children and young people with SEND (89.0%) are educated in mainstream settings.

There are 19 special schools in Essex. Of the 18 that have been inspected by Ofsted, 15 of these (83.3%) were graded good (10) or outstanding (5). 91.6% of special school pupils attend good or outstanding provision.

Over the last seven years Essex has used a SEN capital programme to grow capacity in the Essex special schools. The programme has delivered expansions at eight Essex special schools and created new facilities

for residential provision at three schools. As well as investment from ECC and the Essex Schools Forum we were able to successfully develop plans for four new special schools via the free school route. One, Chatten, has already opened with a further three to follow. We have a thousand more children attending an Essex special school in 2022 than we did in 2015.

Specialist teachers give good support to school staff in assessing and meeting the ongoing needs of children and young people with visual impairment, hearing impairment, and physical and neurological impairment. The collaboration between professionals ensures that there is effective planning for children and young people's needs, including planning for children and young people as they get older, or as their needs change. This joined-up approach also helps professionals to respond quickly when the unexpected happens and children and young people are in urgent need of support. (Local Area Joint Inspection, 2019)

3. Social Care in Essex

Children's social care has a dedicated child and family support team who support parents of children with SEND and we are increasing the confidence and capacity of both Family Solutions and our Team Around the Family Support Offers (TAFSOs) in working with children and young people with SEND.

Our specialist Occupational Therapy team support children and young people with disabilities by providing advice and information, loaning specialist equipment and making adaptations and our Rehabilitation Officer works with children with visual impairments by providing advice, support and training to help minimise the impact of visual loss.

Every social care team has a SEND Champion who is supported by a quadrant SEND link worker and our SEND Development officer to provide advice and support to their team around SEND and we have developed closer understanding and working relationships with SEND Services via a series of joint development days and quadrant meetings.

What must the strategy achieve?

Equity

We must address equity across Essex.

We know that children, young people and their families do not experience equal access to a consistent, high quality range of educational support, health services and specialist provision. Access varies too much depending on where families live and the schools children attend.

- Quality and availability of services, support and opportunities across Essex.
- Raise the bar, bring standards up so that everyone receives the very best support and care.
- Good and outstanding provision for all children and young people within or as close to their community as possible.

Inclusive

We must address inclusion.

Children, young people and their families have told us that they don't always feel included and that they do not have equal access to opportunities – in the community, in some education establishments, in training and in the workplace.

- Community inclusion.
- Remove barriers, tackle culture change.
- A whole school approach to inclusion with SEND at the heart of school leadership.
- Redefine mainstream education to meet the ever changing needs of local communities.
- Increase confidence in the early help/early support offer to reduce demand on statutory services.
- Develop participation of children, young people and their families at all levels

Ambition

We must address ambition.

We know that outcomes for children and young people with SEND are not yet good enough.

- Equal access to opportunities throughout every stage of life, but most notably at the end of formal education so that there are meaningful choices for living and employment for every young person.
- Education as a pathway and part of the journey, not the end destination in itself.

Potential barriers to implementation of the strategy

Parental confidence.

Parents hold the belief that some schools are better equipped than others to meet the needs of children and young people with SEND and this drives their choice of preferred school. There is a lack of confidence among some parents that mainstream schools can meet their child's needs and this is evidenced by increasing requests for an EHCP and a place at a special school. It will take time to change the confidence of parents. *The Ordinarily Available Offer will be a step forward in having an agreed offer for all children and young people, no matter which school they attend, no matter where they live.*

Changing the narrative around SEND. The rhetoric around SEND is largely fed by social media and the accepted narrative is often more negative than positive. This is in many cases in direct contrast to the experience and academic outcomes achieved by children and young people with SEND in Essex. *We will need to have an increased focus on capturing and sharing the positive experiences of children, young people and families in Essex to improve the culture and perception of the SEND system in our local area.*

Physical capacity of special schools. New places can be created but this takes time and can contribute in itself to driving demand up. If funding is transferred to the high needs block to fund additional places, this can have an impact on the schools block. *The SEND Sufficiency strategy will be crucial in looking at current and forecasted demand and along with the SEND Capital Programme, to ensure we make best use of existing estates and new opportunities.*

School funding. Further to the above pressure on schools block funding, mainstream schools who have a higher proportion of children and young people with SEND within their school population have to make finances 'stretch' further. This can hamper schools' ability to participate in new ways of working. *The review of SEND funding in Essex will deliver a new approach to effective funding arrangements for SEND and through the Inclusion Framework we are piloting creative approaches to effective early intervention and invest to save opportunities.*

Recovery and return from the COVID19 pandemic. During the COVID19 pandemic some specialist resources, particularly within health services were redeployed. This along with suspension of certain face to face services, has resulted in backlogs of appointments, consultations and in some cases access to support and/or diagnosis. Plans are in place across the SEND system to 'recover' and address the backlogs but the delay has been felt by schools, children and young people and their families. COVID19 has also had an impact on our ability to accurately assess and identify needs, which in some cases, have been exacerbated by the pandemic and time out of school. The long term impact of the disruption to education over the last three academic years is as yet unknown and although mitigation and recovery plans are in place we must remain cognisant of this. *The Education Task Force established in 2021 will drive the educational recovery post COVID19 and along with the school partnership structures across Essex, are prioritising SEND and Inclusion.*

Changing health landscape. In Essex the five CCGs restructured into three Sustainability and Transformation Partnerships and are now undergoing further change to become three Integrated Care Systems. The boundaries overlap with neighbouring counties of Suffolk and Hertfordshire as well as the unitary areas of Thurrock and Southend, all who have their own commissioning and statutory processes in place. *We will work hard to align and connect the system to function successfully for the benefit of our children and young people, reducing bureaucracy and removing organisation boundaries.*

Working together across the Local Area

The strategy is a high level plan. It sets out what we are focused on and the approaches we will take to achieve the very best outcomes for children and young people with SEND. It doesn't detail all the different work plans and projects that are in place to make the changes happen. These are documented in the implementation plan.

The task of delivery is not just about the practicalities of plans and processes, but also about how we work together across the Local Area. The inspection noted a shared commitment from senior leaders to making sustainable change and we are continuously strengthening our ways of working together to achieve the vision set out in this strategy.

Successful delivery and sustainable change is not just what we do as organisations and services, it is also about how we work together with children, young people and their families. It requires a commitment across the Local Area to work in close partnership with families and ensure that children, young people and their families are fully included in all matters that affect them.

We recognise that there are challenges ahead. The Covid-19 pandemic has put significant pressure on individuals, families, teams, communities and organisations and full recovery will take time. However, as we begin that recovery, prioritising the things that matter and working together will give us the best chance of improving outcomes for children and young people with SEND in Essex.

We must do this together.

What is the vision for SEND in Essex?

“My Life, My Rights”

After feedback from a range of families, we decided to base the vision for the SEND system on the fundamental rights of all children and young people as defined in the United Nations Convention on the Rights of the Child (UNCRC). We are using the language of the articles to avoid any discussion of word choice: “



Article 24 (health and health services) Every child has the right to the best possible health.

Article 29 (goals of education) Education must develop every child’s personality, talents and abilities to the full.

Article 15 (freedom of association) Every child has the right to meet with other children and to join groups and organisations.

Article 23 (children with a disability) A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community.

How will we work across the Local Area?

Local Area pledge to children and young people

As people who teach, support and care for children and young people:

- We will respect and fulfil the rights of all children and young people with special educational needs and disability in Essex.
- We will listen to the views, feelings and wishes of children, young people and their families in all matters affecting them and take their views seriously.
- The best interest of the child or young person will always be our top priority in decisions and actions.
- We will step in and take positive action to protect these rights; we will look at where things have gone wrong and make sure this doesn't happen again, and we will share where things have gone right so others can learn from success.
- We will value every individual for the unique contribution that they make to our community.

This pledge applies to all children and young people, without discrimination, whatever their age, stage, unique characteristics or circumstances. In this pledge, there are no "ifs and buts" and you will not find the words "wherever possible".

Five strands and commitments

There are five strands to the strategy. Beneath each strand are a number of commitments that we are making as the Local Area.

My Voice, My Choice: Every child and young person's views, feelings and wishes are always considered and taken seriously in all matters that affect them.

There are three Local Area Commitments:

All planning is person-centred

Support is planned and delivered in a way that works for the child or young person. It is balanced to include what is important to the individual, as well as what is important for the individual. Children, young people and their families are involved in decision making in all matters that concern them. This means children, young people and their families have greater choice and control over their support.

Information is available and accessible

Children, young people and their families can find what they need, make informed choices and navigate the system easily from the earliest years to early adulthood.

Co-production with children, young people and families

More young people and families are involved in strategic decision making and the coproduction of services. This means there will be a better fit between what children, young people and their families need and what is provided.

My Health and Well Being: Every child and young person has the best possible health and wellbeing.

There are four Local Area Commitments:

Early identification and early support

Children and young people's health needs, and importantly their mental health, are identified early and support is put in place at the earliest opportunity. We do not wait for children to be in crisis before we offer support.

Clear pathways to access support and services

Children, young people and their families understand how to access support, receive good communication and have a positive experience from all services.

The right support, from the right people, at the right time

Children and young people get the support that makes a difference and helps them make progress towards the outcomes that matter to them.

Wellbeing in all Essex educational settings

The emotional wellbeing of children and young people is part of the life and work of schools and colleges and there is mental health expertise in every school and setting. Educators take a whole-school/setting approach to mental health and it is part of the life and work of schools, not a bolt on. School leaders demonstrate the contribution that positive emotional and mental health makes to school improvement and positive outcomes for all children and young people.

My Education and Training: Every child and young person's education and training should develop their personality, talents and abilities to the full.

There are four Local Area Commitments:

Inclusion

All children have access to quality inclusive childcare to make an excellent start to their early education, development and learning. All education settings have an inclusive culture and children and young people receive the same high-quality offer, regardless of which school, college or setting they attend, regardless of where they live.

Early identification and early support

Children and young people's needs are identified accurately and there is early, evidence-based intervention to support them. Children, young people and their families can access advice, support and intervention with no need to wait for a formal diagnosis and without unnecessary, bureaucratic delay.

Effective One Planning & SEN support

SEN support (One Planning) is of an equal high standard across all education settings. Children and young people can attend their local education setting and feel confident that they will be fully included and have their needs met effectively. Children and young people's talents and strengths are at the forefront of all discussions. This means all planning and support thinks about the whole person, and positively builds upon the unique strengths, talents and personality of the individual.

Joined up planning and support across education, health and social care

Every service plays their part and children young people and their families experience high quality planning and provision from the most appropriate teams and services.

My Community: Every child and young person is connected to, and plays an active part, in their local community.

There are three Local Area Commitments:

Inclusive communities and equal opportunities

Children, young people and their families can access more inclusive provision across the county. Children and young people will be made welcome, staff will be able to meet their needs and physical accessibility improves.

Children, young people and their families can access the places they want to go and the things they want to do, alongside their friends and families in their local community.

Excellent universal and additional services

Children, young people and their families can find and access support that meets their individual needs without needing a referral or diagnosis and without being dependent on others.

Specialist excellence in Essex

Children and young people with the most complex needs can be met close to home from the earliest years, through education and into employment. We want to extend the support that we can offer to children and young people with the most complex needs so that we have an Essex school place for every Essex child.

My Life, My Opportunities: Every child and young person has the education, care and support they need to lead a full and purposeful life with dignity and independence.

There are four Local Area Commitments:

Preparing for adulthood from the earliest years

Children and young people are supported and encouraged to build on their strengths and be ambitious for their next steps and future. We provide more opportunities for young people to develop their skills, experience and independence in areas that interest them so that they have a direction and purpose beyond formal education.

High quality transitions

There are high quality, planned transitions between services, settings and phases. Children and young people continue to progress at every move and are supported seamlessly by well thought out transitions, whether this is between services, settings or phases.

Next steps and employability

Young people are well prepared for their next steps and education, training and opportunities leads to employability for more young people with SEND.

More opportunities beyond age 16

Education settings, training providers, and employers demonstrate their commitment to equality and inclusion and offer positive opportunities to more young people, valuing and appreciating individual's differences and contributions. This means there are more (both amount and variation) of opportunities available to young people and there is something purposeful for everyone. For many this will mean employment; but for others this will look different. The aim must remain that there is a meaningful option for everyone.

Ownership in all services: What is the first year implementation plan?

Does everyone know what we are trying to achieve and what their role is in helping to achieve it?

What are the co-ordinated actions that we can take to overcome our core challenges and which create the biggest impact at achievable cost/effort?

Next step Alex/Helen Coproduced plan of action/roles

How will we measure our success? (metrics)

How do we know if our actions have had a positive impact?

Next step Alex/Helen Coproduced measures of success

Appendix: OFSTED – Evidence of golden threads

EQUITY

- The provision of universal antenatal and integrated two-and-a-half-year checks **varies too much** across the local area. There has been a drop in the number of checks made, which limits the opportunities to identify children's needs at the earliest point and to check on children's readiness for school.
- Arrangements within health services to notify the local authority of children under five with SEND are not thoroughly embedded. Procedures **vary across the local area**, which delays the identification of children's needs. Leaders are working to standardise approaches, but this has not yet been achieved.
- The completion of annual health checks for those children and young people over 14 years of age with a learning disability **varies too much**. While there was a good uptake at some GP practices, other GP practices have not completed any checks on those children and young people known to them. When completed, the outcomes of the checks were not often shared with the special school nurse services. This lack of joint working limits the opportunities to meet children and young people's health needs.
- Strategic, needs-led joint commissioning is not sufficiently developed for children and young people up to the age of 25. As a consequence, the children and young people **have not benefited from equitable access** to services to meet their needs. The quality of, and access to, educational support and health services **varies too much depending** on where families live and the schools their children attend.
- The lack of shared learning expectations and outcomes across the CCGs has affected children and young people with SEND aged 0–25 in accessing the services they need to meet their needs. Weaknesses in commissioning and strategic oversight have resulted in **unwarranted variation**, gaps in provision and unacceptable waiting times before needs are assessed and addressed. In some areas, the waiting time for autism spectrum disorder assessments can be as long as 18 to 24 months and post-diagnosis support is not effective, which is not compliant with National Institute for Clinical Excellence (NICE) guidelines. An autism assessment has been developed in one CCG, with positive outcomes for families and their children, but the findings are not being used to develop practice in other CCGs at the required pace.
- The gaps in the commissioning of services for speech and language therapy (SALT), physiotherapy, occupational therapy and attention deficit hyperactivity disorder services between CCGs mean that **some children and young people get access** to assessments and support and **others do not**.
- Some specialist nurses actively work with local schools to improve awareness of specific health needs and the impact on capacity to learn and behave well, but this is **not a shared approach across the local area**.
- Annual reviews of EHC plans, including those for children and young people placed in independent schools outside the local area, are **not consistently completed** within the required timescales.

INCLUSION

- 'One planning', which underpins assessment and support for children and young people identified for SEN support or with an EHC plan, is seen by many parents and carers as unhelpful in meeting their children's needs.
- In schools, for some children and young people, **reasonable adjustments are not made to help them to attend each day and to do well**. A lack of basic attention to educational, emotional and behavioural needs leads to anxiety and not getting the learning that they are entitled to.
- Many parents and carers are **not confident that their children's speech and language needs are met**. The SALT services often give school staff relevant advice, training and programmes. However, this guidance is not always followed through in school. This has created much dissatisfaction among parents and carers.

- Children and young people **do not always get the specialist equipment they need in schools in a timely way**. In some instances, education and health services act quickly to adapt premises and provide sufficient funds and equipment. However, other children and young people experience lengthy delays in getting necessary resources. Where this occurs, schools and families often are forced to step in to provide whatever they can to support the child or young person in their care.

AMBITION

- The Essex Child and Family Well-being Service does not proactively check for health needs in school-aged children through their school years. This **reduces the opportunity** to identify children's needs or review children's changing health needs after the age of five. As a result, the service is reactive and, too often, does not provide what is needed to children in a timely and well considered way.
- Ongoing provision in EHC plans is not always clear enough to make sure that young people moving from paediatric to adult services get continued support from like-for-like services, such as therapy services.

TOGETHER

- The completion of annual health checks for those children and young people over 14 years of age with a learning disability varies too much. While there was a good uptake at some GP practices, other GP practices have not completed any checks on those children and young people known to them. When completed, the outcomes of the checks were **not often shared** with the special school nurse services. This **lack of joint working** limits the opportunities to meet children and young people's health needs.
- Significant weaknesses in the local area's approach to joint commissioning have not ensured that processes for planning and implementing EHC plans is effective for children and young people aged 0–25 years with SEND. The weaknesses result in **insufficient advice from the right professionals** in health and social care services, which weakens the effectiveness of plans to meet children's and young people's needs.
- Some plans are not specific enough about what must be provided and **do not always fully consider social care and health needs**, such as tracheostomy care.
- Information and plans linked to combinations of education, health and care needs are **not sufficiently joined up** to identify how support will be coordinated.
- EHC plans are **not shared effectively** with health practitioners even when they had provided advice. Staff are unaware whether their advice is used accurately to specify the needs, provision and outcomes.
- The CCGs do not have robust oversight of the provision specified in EHC plans, which limits assurance that needs will be met. This is exemplified by weaknesses in health provision at a special school that was not fully meeting children's and young people's needs.
- In some cases, parents and carers were **not informed in a timely or compliant way** that their children's EHC plans would cease.
- Children, young people and their families **do not experience a 'tell it once approach'**. They often have to explain their concerns and circumstances over and over again.
- **Joint working** between some paediatricians and settings is **limited at times** because **information is not shared effectively** and in a timely manner. Delays in typing some clinic letters and the quality of the information shared limit planning to better meet children's and young people's needs. Furthermore, too great a reliance was placed on parents and carers to share this information with settings.