

Trafford Metropolitan Borough Council Special Educational Needs and Disabilities (SEND) Remote Peer Challenge

25th – 28th May 2021

Feedback Report

1. Executive Summary

There is a passion and commitment at all levels across the partnership to improve the outcomes for children with SEND. The Council has identified children as a corporate priority and Lead Members for Children's Social Care, Education, Adult Social Care and Health and Wellbeing have a good understanding of SEND and what it means for their portfolios. Scrutiny is also taking an active role through initiating task and finish groups to look at specific aspects of SEND including Education, Health and Care Plans.

There is a real sense of strategic ambition and pride about Trafford's SEND journey and what is needed to improve outcomes for children, young people and their families. This now needs to be translated into improvement in practice and provision development with a strategic oversight on the improvement plan and key milestones and impact. Systems are not sufficiently developed to enable the local area to demonstrate the quality, consistency and impact for children and families.

Professionals are reflective and know that there is still much to do but there is an openness to learning with and from each other, through listening and co-production with local families and from external review. There are strong, professional relationships across the system, and this is increasingly producing positive partnership working.

The Joint Strategic Needs Assessment (JSNA) will provide a good base to inform strategic planning and this should also be tied into longer term financial planning to identify and allocate resources to meet projected future need.

Funding for SEND has been responsive with capital funding made available to provide some small, specialist classes. Local authority services appear to be well resourced particularly in early years and sensory impairment services. A rebalancing of resources may be needed as the profile of demand changes.

The High Needs Block budget has been well managed but the deployment of future funding should be reviewed to consider and take account of changing needs and pressures alongside work with the Schools Forum to ensure schools are sighted on these challenges.

The timeliness of Education, Health and Care Plans (EHCPs) has improved significantly over the past two years but the quality of the plans is variable, and it is often difficult to 'see and hear' the child in the plans. It is important that the views of children are listened to and acted upon both in terms of EHCPs but also wider service development. The contribution of social care and health is not always evident, and the introduction of multi-agency audits should improve this. A shift in emphasis from plan production to progression of desired outcomes is needed.

Some local authority SEND services are particularly valued by children, young people and their parents and carers including the early years and sensory impaired services. There are, however, lengthy waiting lists for some health services including speech and language therapy, support from CAMHS and Autism diagnosis. The impact of COVID-19 has increased waiting times.

There is a commitment to the Trafford Parent Carer Forum (TPCF) and there has been some co-production with the Inclusion Charter and question and answer sessions during COVID-19. Further work is required to promote the forum and to ensure that parents who are not part of the forum still have their voices heard. It is important that the local area learns from families lived experience which is not currently consistently embedded across the system.

The local area's response to COVID-19 ensured that services were sustained and children, young people and their families were kept in view through a range of measures. Many of the initiatives can be carried forward post-COVID-19 and there are plans to do this but it will be important to work with parents, carers, children and young people to ensure that if this way of working continues, it will meet their needs.

2. Key recommendations

There are a range of suggestions, observations and practical actions within the main section of the report that will inform both some 'quicker wins', in addition to the conversations onsite, many of which provided ideas and examples of practice from other areas.. These will also contribute towards securing enduring change for children and young people with SEND and their families. The following are the peer team's key recommendations to the Council and the Clinical Commissioning Group (CCG):

- Galvanise the **SEND Partnership Board to oversee the prompt translation of current ambitions and action plans into tangible impacts which make a difference** for children and families
- **Use the Joint Strategic Needs Assessment (JSNA) to ensure the medium and long-term revenue and capital programmes are directly responsive to changing and emerging needs** to achieve the ambition of children with SEND living, learning and growing up closer to home
- Seize the opportunity for the **Designated Clinical Officer (DCO) and Designated Social Care Officer (DSCO) to work together to provide a system overview of quality, effectiveness and impact** to strategic leaders
- **Sharpen the focus across the local area, on the risks and opportunities associated with organisational change** relating to the implementation of an integrated care system (ICS) to ensure that the resources for Trafford meet the needs of children and young people with SEND. In addition, ensure that the future organisational or administrative changes proposed, such as the transition of CCGs to ICS, take full account of the central importance of the leadership role of health partners in any multi-agency model affecting children and young people with SEND.
- **Accelerate the review of the Trafford Autism and Social Communication (TASC) Pathway** to ensure that less obvious needs are recognised and met
- **Agree and implement a system of capturing good practice and ensuring the 'child is in the room'** across all agencies and within all meetings, decision making and records
- **Involve parents and carers** in the decisions about post-COVID-19 service design and delivery to ensure that it meets their specific needs

- **Establish a key worker/single point of contact** and support for parents and carers to navigate the SEND system on behalf of their child
- **Communicate clearly with children and families** describing the provision and transition support available to them 0-25+
- **Develop an employability pathway** for those with less obvious needs and those with high functioning ASC where traditional supported internships are not appropriate
- **Establish and embed single and multi-agency audits** to improve the quality of EHCPs using the findings of the education, health and care plan (EHCP) review as a starting point
- **Ensure that social care needs are recorded in EHCPs** including Short Breaks provision
- **Identify and overcome barriers in IT systems** to enable effective information sharing between professionals at both a strategic and operational level
- **Ensure key health metrics are regularly reported to the SEND Partnership Board** using the newly developed data dashboard

3. Summary of the virtual peer challenge approach

The fundamental aim of the peer challenge is to help councils and their partners reflect on the provision in the local area for children and young people with special educational needs and/or disabilities, in consideration of the Children's and Families Act 2014 and the Special Educational Needs and Disabilities Code of Practice 0-25 (2015).

It is important to remember that a peer challenge is not an inspection; it provides a critical friend approach to challenge the council and their partners in assessing their strengths and identifying their own areas for improvement. The approach involved reviewing the self- evaluation, documentation and data; auditing a sample of education, health and care plans; carrying out virtual interviews via Teams with a range of groups and individuals including children, parents/carers, staff from early years settings, schools, college, primary health care providers, specialist health providers, elected members and leaders from the local authority and CCG. As a result of COVID-19 and the associated travel restrictions, it was not possible for the peer challenge team to visit Trafford. Nonetheless, the use of virtual meetings enabled the team to effectively gather evidence from a wide range of partners. Trafford and its partners are encouraged to reflect on what the findings mean in relation to the area as a whole.

The peer team

Peer challenges are delivered by experienced peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected based on their relevant experience and expertise and their participation was agreed with you.

The peers who delivered the peer challenge at Trafford were:

- Lead Peer – Rose Durban, LGA Associate and former Director of Children's Services

- Education Peer – George Gilmore, LGA Associate, former special school Headteacher and SEND Adviser
- Health Peer – Linda Williams, LGA Associate, former senior health manager
- Local Authority Peer – Dr Jackie Lown, LGA Associate, former Assistant Director of Specialist Services
- EHCP Reviewer – Richard Holland, LGA Associate
- EHCP Reviewer – Tracey Newcomb, LGA Associate
- Challenge Manager – Jill Scarr, LGA Programme Manager – Children’s Services

The process

The peer team prepared by reviewing a range of documents and information to ensure they were familiar with the Council and its partners and the challenges it is facing. The team then delivered four days of virtual field work during which they:

- Spoke to more than 125 people including a range of council staff, Lead Members, headteachers, Special Educational Needs Coordinators (SENCOs), external partners, young people, parents, and carers.
- Gathered information and views from more than 30 meetings and through additional research and reading.
- Collectively spent more than 190 hours to determine their findings – the equivalent of one person spending more than 5 weeks in Trafford.

This report provides a summary of the peer team’s findings. It builds on the feedback presentation provided by the peer team at the end of their fieldwork on 2 June 2021. By its nature, the peer challenge is a snapshot in time. We appreciate that some of the feedback may be about things you are already addressing and progressing.

4. Scope and Focus

The peer challenge focused on five key themes. The report includes the good practice we heard about and areas which you might want to consider further.

Themes:

- Leadership and governance of SEND across the local area
- Capacity and resources (including finance)
- The identification of children and young people who have special educational needs and/or disabilities
- Assessing and meeting the needs of children and young people who have special educational needs and/or disabilities
- Improving outcomes for children & young people who have special educational needs and/or disabilities

In addition, Trafford identified a further four Key Lines of Enquiry (KLOEs)

- Response to COVID-19

- Quality of the SEND experience for children, young people, parents and carers
- Transitions Phases (particularly around Preparing for Adulthood)
- Voice of the Child

5. Main Findings

5.1. Leadership and governance of SEND across the local area

It was evident that children are a priority for Trafford Council and political leadership is strong in this area. One of the corporate priorities is that 'all children and young people in Trafford will have a fair start'.

The Lead Members the peer challenge team spoke to are knowledgeable about SEND and the implications for their portfolios – Children's Social Care, Education, Adults and Health. Comments from Lead Members about SEND services in Trafford included "we want be famous for the service we give for SEND" and "Clarity, easy process and best in class" showing a real commitment to children with SEND. Scrutiny is sighted on SEND and has initiated a number of task and finish groups including assessments and EHCPs and exclusions.

There is a sense of strategic ambition, and a feeling of pride about where Trafford has come from and where it is going in relation to children and young people with SEND. The motivation, optimism and commitment across the system and at all levels was impressive - it can be described as 'thoughtful positivity'. Professionals are reflective and aware that there are still things to do to improve practice and provision for children and young people with SEND but there is a real willingness to do so.

However, ambition and strategy need to be increasingly translated into consistent practice and provision development which leads to improved outcomes for children and young people. There is currently a dissonance and disconnect between ambition, expectation and achievement from a parental perspective as some of those we spoke with are unable to see improvements in the SEND provision they are experiencing.

There is not a consistent strategic oversight of the implementation of the SEND improvement action plan which would provide collective clarity and assurance about milestones, review points, resources, outcomes and impact of the ambitions.

Partnership working is increasingly productive with strong relationships evident across the system.

Recent changes to the leadership of the Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS) has led to improved communication with the local authority and the provision of detailed performance data from SENDIASS will help inform strategic decisions.

The numerous boards, committees and task and finish groups which include the SEND Partnership Board, Transitions Board, Directors Board and the Communication and Engagement Group have led to an over emphasis on process. There may be some potential to streamline the various groups. Many of the SEND professionals from partner agencies will attend several of these groups

and it raises the question of capacity to support all these different groups at the expense of delivering and tracking the impact of the improvements.

There is an evidence and research base towards improvement and the Joint Strategic Needs Analysis (JSNA) can now inform strategic planning.

The proposed Integrated Care System (ICS) will provide new structures in health and social care and with this comes both opportunity and risk. It is not clear if there is sufficient focus on the potential risks associated with this organisational change and how this will impact on key roles, particularly in health and the strategic oversight of SEND provision.

Health data is currently not reported to the SEND Partnership Board making it difficult to ascertain how health provision is performing. It is understood that this is partly due to the recent change of provider from Pennine Care NHS Foundation Trust to Manchester University NHS Foundation Trust. A dashboard of health indicators is nearing completion and this should be reported to the SEND Partnership Board at the earliest opportunity.

5.2. Capacity and resources

The funding for SEND has been positive and responsive; schools and Trafford College have appreciated this. When a clear case has been put forward, schools have received capital funding to develop local SEND provision including small, specialist classes. Where specific equipment has been required for individual students it has been provided.

There is currently a lack of connectivity between the utilisation of JSNA intelligence, the Medium Term Financial Plan and longer term strategic planning. It will be important to identify and allocate resources to meet projected future needs. The Council will need to ensure that, as the number of children and young people with an EHCP increases and the profile of their special educational needs changes, resources are effectively deployed to meet the ambition of 'closer to home' for Trafford children.

The local authority SEND services appear to be well resourced and are currently having a positive impact for some children and families. This is particularly the case for sensory and early years services. Looking forward, the use of current resources should be analysed and prioritised to best match demand. An important priority is for strategic partners to consider how capacity can be developed in the system and cost effective services commissioned to meet needs so all children and families consistently experience a positive impact.

There is a successful Educational Psychology Service which has full 'buy-in' from schools with strong leadership, enabling the expansion of an impactful service.

The High Needs Block budget has been well managed but it is now at a position where future funding needs to be reviewed. Council reserves have been used to balance overspends but this is not sustainable going forward. There is a positive relationship with the Schools Forum and it will be important to work with this group to ensure that it is fully sighted on long-term pressures and how they will be funded. The work of the High Needs Block Sub-Group needs to be accelerated to enable schools to be part of producing the 'preferred future scenarios' for SEND.

Succession planning is recognised as an issue and in the Educational Psychology Service, there is a strong culture and ethos built by the Principal Educational Psychologist which will “see us through when she leaves”. However, critical and impactful though this service is, achieving the sustained and integrated improvements at the necessary scale and pace for children and young people with SEND and their families, requires a broad and systemic view of capacity and capability.

There are several single specialist posts across health and the local authority, and these can be seen as both a single point of success but also a risk. This includes both the DCO post and the proposed DCSO post. It will be important to look across the system at other opportunities to meet organisational capacity to cover for absence either through vacancies or sickness and secure consistent and cumulative improvements that match the ambitions and strategic intent of the partnership.

The co-location of local authority and health services is seen as a real benefit in supporting partnership working with effective matrix management in place. Staff valued the opportunity to talk to colleagues, network, share practice and quickly resolve issues and identify solutions as a result of co-location.

The joint commissioning arrangements are currently working well, and it is hoped that with the proposed ICS there will be opportunities for more pooled budgets. The Commissioning Board in Trafford is seen as a real asset. However, as demand is increasing and with more pressure on resources, there is a question of whether joint commissioning includes enough focus on value for money analysis across all need types.

The peer challenge team identified some risks associated with the successful delivery of the SEND Action Plan:

- Ensuring the right financial allocation for Trafford in the proposed ICS arrangements. It is important to Trafford that services are delivered on a locality basis and there are concerns that a Greater Manchester approach may dilute the shared view between system partners of local needs and the resources available to meet these.
- The School Nursing team is understaffed and there are recruitment issues which results in only being able to offer a basic level of service. This is not unique to Trafford and is a challenge in other areas.

With the proposed recruitment of a new Designated Clinical Officer there is an opportunity for this role’s purpose and function to reflect the spirit of the SEND Code of Practice and act as a navigator which can look across SEND health services, identify issues and orchestrate resolution.

5.3. Identification of children and young people who have special educational needs and/or disabilities

The timeliness in meeting statutory timescales for EHCPs has improved from 60.2% in 2019 to 81.2% in 2020. However, the updating of some plans is not timely and can lapse so that plans become significantly inaccurate. There were examples from parents of a placement being lost due to the plan not being updated, and the local authority not knowing when an individual had reached 18. Parents reported concerns about the quality of EHCPs with missing information

being cited as the main problem as well as lengthy advice being included. This raises a question whether the aim of meeting the statutory timescales is impacting on quality.

SENCOs are well regarded across all settings including the college and they felt valued and well supported. SENCOs are involved in decisions of the Trafford Assessment Panel (TAP) and discussions to changes in the annual review system. There is a comprehensive training offer to practitioners and partners and there was a range of training offered during COVID-19 from Occupational Therapists, Educational Psychologists and other professionals. All training is valued, and SENCOs have been able to contribute their expertise to this training. The Parent Carer Forum appreciated being involved in co-producing a remote support offer for parents. There is now an opportunity to consider the effectiveness of a blended approach to continuous professional development in the future.

Access to some services is a complicated process and it is not always clear who parents can contact. Many of the parents that spoke to the peer team said that they were left to navigate the system on behalf of their child, sometimes not knowing what provision was available, who to contact or where to go. The council may want to consider whether the introduction of support from a key worker or named professional, such as the SENCO, may help parents.

The Private, Voluntary and Independent sector including childminders are complimentary about the support they get from the Special Educational Needs Advisory Service (SENAS). Early years services and provision for children with SEND and their families is seen as positive.

The local authority's Graduated Approach which includes an effective 0-5 early years version, was co-produced with settings and is used well by SENCOs. The local authority's assessment panel use the Graduated Approach to check whether effective support has been provided before a child or young person is considered for an education, health and care plan.

In terms of the Healthy Child Programme, 2-year-old developmental assessments are back up to 80%. Pre-COVID-19 assessments were at 90% with a drop to under 50% during the peak of the pandemic.

5.4. Assessing and meeting the needs of children and young people with special educational needs and/or disabilities

The Trafford Teaching School Alliance (TTSA) is a key partner in the SEND system. Building upon the expertise in local primary and special schools, the alliance provides a range of continuing professional development courses to enhance teacher effectiveness in supporting children and young people with SEND.

Social Workers and the wider partnership need to take more account of the needs of children with SEND in their assessments and plans. It is important that all partners understand that a child's lived experience is about their whole life and not just the particular aspect of a professional's input.

The review of education, health and care plans identified that, where the social care service was involved, the emphasis was on recording the status of the child e.g. 'child in need', 'child protection', 'looked after' rather than describing the

child's social care need. In good educational psychology reports the social care and family history was well understood but unfortunately not reported in the plan. Additionally, not all social care information is recorded in the EHCP including information about short breaks.

Health needs in the EHCPs were framed in general terms and some of the reports from health partners contained very little information.

Understandably the initial focus has been on improving the timeliness of EHCPs but plans reviewed highlighted that there is often an undue focus on the actual plan production. This now needs to shift to encompass an increased emphasis on the desired outcomes which provide a very clear picture of what is to be achieved and by whom.

Some training around SEND awareness was delivered to strategic social care leaders prior to COVID-19, this should now be resumed and provided for the wider social care workforce. Repeated training on a rolling basis would encompass staff changes and agency staff.

The local authority has identified the need for a Designated Social Care Officer who will provide strategic oversight of the care needs of young people with SEND and support preparation for adulthood. This follows a service redesign in Children's Social Care. There is a great opportunity for this post-holder to form a strong integrated approach with the DCO and impact on the system by working together, providing, embedding and monitoring a quality assurance framework across SEND in Trafford.

The Trafford Sensory Impairment Service is highly regarded by parents and for those who accessed these services, transition was positive

Trafford Parent Carer Forum (TPCF) provides mutual support and the Stronger Together Empowering Parents (STEP) programme provides emotional and practical support from a team of volunteers and is seen as positive by parents.

The local authority are committed to the co-production of services with parents and are working closely with the Parent Carer Forum to co-design services and provision. The chair of the forum is a member of the SEND Partnership Board. However, not all parents of children with SEND know about the forum and some work could be done to publicise the group more widely. Similarly, it will be important for Trafford to capture the voices and experiences of those families who choose not to engage with the forum.

A visioning day was held with Trafford Parent and Carer Forum resulting in the co-production of the Inclusion Charter. The Charter is a starting point and gives Trafford a vehicle to look at cultural competence¹ and outline the entitlement of children, young people and their families.

¹ Cultural competence is the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own

There has been improved access to information and support for parents e.g., Local Offer, SENDIASS and the training and workshops run during COVID-19 were well received and welcomed.

For some children a range of plans are needed and produced including Personal Education Plans, EHCPs, Child in Need and Child Protection plans. To make it clearer to children and families these plans would benefit from being aligned and integrated.

Partners who are contributors to plans reported that they do not always see the draft or final EHCP. This makes it difficult to see how the information provided has influenced the final plan. There are also difficulties with access to view and use Liquid Logic and this was mentioned by SENCOs and other professionals.

There are concerns that the CAMHS service has not returned to face to face contact since the start of the pandemic. The current and planned CAMHS provision needs clearer communication to parents and carers as well as taking into account increased demand for the service from children and young people, and their parents following COVID-19.

There are lengthy waiting times for Speech and Language Therapy, support from CAMHS and Autism diagnosis and although progress was made prior to the pandemic in reducing waiting times, COVID-19 has meant that the numbers on waiting lists are rising.

Parents and governors spoken with expressed their concern that secondary provision is not seen as being as inclusive as primary. The peer challenge team heard concerns that a narrow focus on national performance table metrics discouraged some secondary schools from being fully inclusive. Mention was made of little inclusive resource provision within selective school buildings. The Inclusion Charter provides a vehicle for all Trafford schools to highlight and promote their work in being both inclusive and improving in their culture, practice and provision and demonstrate their explicit ambition and contribution to meeting the needs of all local children.

The Trafford Autism and Social Communication (TASC) pathway is not working on a number of levels. Referrals have to be made by SENCOs and where issues are related to home life, it is difficult for SENCOs to evidence this. Some clinicians are also not aware of the referral process and are advising parents to make a referral. Because of this single agency referral route to the TASC pathway it appears that this may be creating an unnecessary bottleneck for children and families.

The review of EHCPs showed that quality assurance processes need to be improved across the partnership. Although work has started on quality assurance this is not yet reflected consistently in some plans. Going forward, the quality assurance process should include both single and multi-agency audits. The current quality assurance process only involves the EHCP team, there is no quality assurance of plans by Health.

Personal Budgets and Personal Health Budgets are not widely used which could indicate that parents do not generally know about this option for funding. This has been acknowledged and it has recently been agreed to appoint a Personal Health Budget Lead in the Continuing Health Care Team. It would be beneficial if a similar approach is taken by the local authority to Personal Budgets.

5.5. Improving outcomes for children and young people with special educational needs and/or disabilities

In the Early Years Foundation Stage (EYFS) outcomes have improved for children with SEND with 26% achieving a Good Level of Development in 2019, placing Trafford just above the national average. This is an improvement on previous years.

There have been strong outcomes across KS1 and KS2 for children with SEND. However, outcomes for children with SEND at KS4 are weaker than primary and some feedback questioned the impact of the selective system in Trafford. Progress 8 results are significantly below geographical and statistical neighbours and there needs to be a way of disaggregating the selective school figures to ascertain if this is the case. In addition, the local authority should consider other achievement measures that could be used to assess the outcomes for children at the end of KS4.

Short breaks data is seen as good by commissioners and is used to inform commissioning. Quality data is collated through unannounced visits, regular quality inspections using the Care Quality Commission (CQC) Key Lines of Enquiry and this is used to inform improvement plans within providers. There are plans to ask providers to secure joint registration with Ofsted and CQC to increase accessibility and flexibility of provision.

There are some positive examples of co-production, for example the Short Breaks statement and Inclusion Charter but there is still more to do to ensure true co-production across all aspects of SEND.

The Inclusion Charter is a positive step forward but it also needs to promote a shared culture, practice and the lived experience across the partnership.

The young people met during the peer challenge reported feeling well prepared for transition into education, employment and training. This was due to the support they had from their school and in the groups the team met, the impact of their SENCO and from the Trafford Sensory Impairment Support Services were particularly highlighted.

Work by the Council for Disabled Children and partners to develop a multi-agency outcomes framework provides a strong foundation for agreeing and using outcome measures consistently across the partnership. Although this initial work has been done it needs to be used so outcomes are visible in the lived experiences of children and families.

5.6. Impact of COVID-19

There is much to learn, be proud of and build on in the local area's response to COVID-19. Services accelerated changes to meet the needs of children and families with SEND. Examples included:

- on-line training for SENCOs and early years staff,
- daily telephone calls to vulnerable families,
- multi-agency meetings to allow families to remain in contact with services,
- agencies attending more key meetings virtually than pre-COVID-19,

- co-produced on-line question and answer sessions for parents
- wellbeing programme for children and young people returning to school after lockdown
- online speech and language courses

Strategic and operational nimbleness to sustain services and keep individual children and families in view was a particular strength.

The local authority provided an agile response to ensure the future viability of local health and care providers by making payments for service activity based on planning rather than actual and by quickly passporting additional government funding to sustain provision.

There is the potential for COVID-19 to impact on the wider determinants of health including:

- digital poverty
- impact of COVID-19 on BAME communities
- children's emerging and unmet needs
- parental health and wellbeing
- increased referrals into services

Work has begun on surge planning in mental health services and the partnership needs to be mindful of other pressure points going forward.

Practitioners want to keep some of the different ways of delivering services developed during COVID-19 going forward as they are seen to have worked well. It will be important to seek the views of children, young people and parents to establish whether and how this is acceptable to them.

5.7. Quality of the SEND experience for children, young people, parents and carers

The young people the peer team spoke to were positive about the support and challenge they received in school to do their best.

Parents of children with sensory needs reported high levels of satisfaction around support for both their child and their family

Meetings are now arranged after a decision is made not to assess or issue an EHCP, in order to explain the outcome, agree next steps and ensure that the SEN Support Plan is effective in meeting needs. This is seen as a positive step and provides parents with some support at a difficult time.

The partnership needs to seek, hear and respond to the lived experiences of children and their families. The peer challenge team heard of good and poor experiences, some historical but also more recent cases. The stories were emotive and it is clear that parents strive to get the best possible outcomes for their child.

Some parents and carers are not experiencing the impact and difference on the ground from SEND improvements particularly for children and young people with Social, Emotional and Mental Health needs (SEMH), and those with Autism. Parents reported lengthy waiting times, a lack of clarity about pathways and provision for children with multiple needs and for those children with an uncertain

diagnosis of need. The impact of COVID-19 has intensified needs in a number of cases.

There does not appear to be a systematic way of capturing feedback from children, young people and their families and this applies to both the local authority and health services. Individual services do seek feedback but it is often ad-hoc and it is not clear if there are any mechanisms to bring feedback from these services to a multi-agency group to look at learning and focus on the experiences of the child, young person and their family. This includes follow-up to parental contributions to EHCPs.

5.8. Transitions Phases (particularly around Preparing for Adulthood)

There are several emerging improvements around Preparing for Adulthood.

- young people the peer team met were confident about their transition, they spoke about the support from their schools, college or the Sensory Impairment Service
- Transitions Board has been refreshed with new terms of reference and a new Chair. It is too early to see the impact of these changes but there are plans to have a number of committees that sit beneath this board.
- Educational Psychologists and SENCOs are using Preparing for Adulthood outcomes as the basis for their reports and reviews.
- there is a commitment to learning from practice and being responsive to young people's changing needs

However, there is limited evidence that there is sufficient focus on the voice, views and lived experience of children and families at key transition points from 0-25. There are real concerns from parents about transition from primary to secondary and from 14+ - words used included 'frightened', 'fearful', 'terrified'.

EHCPs reviewed showed the default position as being 'to be considered from Year 6 onwards' for those transferring from primary to secondary. In some plans it was noted that the transition would be difficult. It is suggested that for some children planning needs to start in Year 5.

Young people with less obvious needs (both for those at SEN Support and with an EHCP) and who may have ASD or SEMH may not be getting appropriate support when compared to those with a more clearly identified need. It appears that this is easier for those transitioning to adult health services who have a clear medical need or learning disability. This gap may be exacerbated by post-COVID-19 emerging or unassessed needs.

Some families would benefit from support around transitions, particularly around preparing for adulthood and the changing relationship with their child. For many they have been the child's principal advocate and the change to a world where their child has an independent voice may be a particular challenge.

Supported Internships are used for some young people, though the range available could be extended to better meet the needs of those with less obvious needs and those with high functioning ASD as a pathway to employability.

There is an inconsistent picture of adult health and care services involvement in supporting young people preparing for independence and that these services are not being involved soon enough. In some cases, involvement only began at 16.

5.9. Voice of the Child

The EHCP reviewers found that the reports produced by Educational Psychologists are written in a child-centred way.

The 'Let's Talk about SEND' Conference in 2019 resulted in the agenda for the second conference being co-created with children and young people.

Intentions captured through the multi-agency work on an outcomes framework provide a springboard for a consistent approach to hearing children's voices as it provides examples of how children and young people's voices can be heard.

The involvement of children and young people in their reviews has increased during COVID-19 as a result of being carried out virtually and after seeking the views of children and their families could be carried on going forward.

The LGA EHCP Reviewers looked at 20 EHCPs. The views and aspirations of children and young people were all included on the request for EHC assessment form, however, they tended to be a set of single line statements. These provided some useful insight but did not 'bring the child to life'. This is an important section to 'highlight' the child. It also was not clear from the plans whether anyone followed these up in detail with the young person.

The Trafford Self-assessment specifically mentions capturing the voice of the child and young person:

'Of the 290 plans issued this year, 101 (34%) were evaluated using this QA framework. Analysis from the data indicates good practice in eliciting the voice of the child and young person - 93% were judged to have clearly represented this in the plan and 92% for the voice of the parent/carer.'

Although the views and aspirations of the child are captured, the reflections of the reviewers are that it will be useful to triangulate the levels of quality identified through the QA process, alongside the feedback of young people and their parents. In many areas where this has been done, for example using the POET tool (<https://in-control.org.uk/resources/poet-personal-outcomes-evaluation-tool/>) both young people and parents record lower levels of satisfaction.

Despite some individual pockets of good practice, the voice of the child is not consistently apparent or evidenced in practice across the partnership.

6. Next Steps

The Local Government Association would be happy to discuss how we could help you further through the LGA's Principal Adviser Claire Hogan, telephone 07766 250347 or e-mail Claire.Hogan@local.gov.uk and Linda Clegg, the Children's Improvement Adviser, telephone 07545 787882 or e-mail Lindaclegg0@gmail.com

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