

## Sheffield SEND Partnership Self-Evaluation 2023-2025

### Sheffield context

Sheffield is a core city with a diverse population of 557,000. There are areas of affluence in the south and west of the city, and significant deprivation condensed into the north and east. Sheffield is the 57th most deprived Local Authority in England.

17.4% of pupils in our maintained schools (14,500) have special educational needs and/or disabilities (SEND).

- 3.3% of pupils have an Education, Health, and Care Plan (EHCP) compared to the England average of 4.0%.
- 14.1% of pupils are on SEN support, compared to the England average of 12.6%. (Comparison data from School Census 2022).

The number of EHCPs we maintain is rising rapidly. At the end of February 2023, it was 4,771 – an increase of 684 (17%) compared to end of February 2022. In 2020/21 we carried out 674 EHC needs assessments, compared to 1,018 in 2021/22 - an increase of 51%.

51% of our children and young people with EHC Plans are placed in mainstream schools or settings, and 38% in special schools. This closely aligns to the average across all English metropolitan boroughs of 52% and 38% respectively. The mainstream figure includes 6.9% of children and young people placed in resourced provision/SEN units within mainstream, which is almost double the average of 3.7% across English metropolitan boroughs. (Data from 2021/22 academic year).

28.8% of young people with an EHC Plan are known to social care in Sheffield (as of March 2023). Comparison data from LG Inform (21/22) shows:

- Sheffield has a higher proportion of looked after children on SEN support or have an EHC Plan (32.6% and 28.8%) compared to the average across all English metropolitan boroughs (28.8% and 27.6%).
- Sheffield has a comparable proportion of Children in Need who are on SEN support but a lower proportion who have an EHC Plan (22.4% and 18.8%) compared to the average across all English metropolitan boroughs (22.3% and 22.2%).

In Sheffield, we have a shared commitment and vision to improving the lives of children and their families. These are set out in our Early Help and Inclusion Strategies.

- 'Children and young people are safe and supported to achieve their full potential' (Early Help Strategy).
- 'Sheffield will be an inclusive city where we work together to ensure that all children and young people get the right support at the right time so that they can live a happy and fulfilled life.' (Inclusion Strategy).

The support and challenge to deliver our Inclusion Strategy is through our Inclusion Improvement Board.

**Priority 1. Children and young people’s needs are identified accurately and assessed in a timely and effective way.**

- a) **Children and young people are accurately identified as having special education needs and / or a disability.**
- b) **Children and young people’s needs are identified in a timely way, so to prevent needs from escalating.**
- c) **Practitioners assess the strengths and determine the aspirations of the child and young person alongside their individual needs.**
- d) **The criteria for carrying out assessments of needs and for accessing services and support are understood and the application of the criteria improves outcomes.**
- e) **Timely referrals are made to the other services and agencies where necessary.**

In Sheffield children and young people benefit from assessments in a timely way and from the earliest opportunity. Babies’ needs can be identified as early as birth and/or through the health and development reviews, which are within the delivery of the Healthy Child Programme. SEND Ambassadors (in the Health Visiting and School Nursing service) support the identification of emerging needs and ensure families, with their young children, enter the right pathway of care, help and support. The Explore Learn and Play pathway has been effective in supporting parents to help their children to reach their developmental milestones.

Sheffield performs well and above the England average for developmental reviews:

<b>Data for latest published Quarter 2 - 2022/23</b>	<b>Sheffield %</b>	<b>England average %</b>
Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days by a Health Visitor	85.9	80
Percentage of infants who received a 6-8 week review by the time they were 8 weeks	89.3	79.6
Percentage of children who received a 12 month review by the time they turned 12 months	94.5	71.1
Percentage of children who received a 12 month review by the time they turned 15 months	96.8	81.5
Percentage of children who received a 2-2½ year review	94.7	74
Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	96.3	92.9

Within education settings across the city, the graduated approach is firmly embedded as is multi-agency working. The Sheffield Support Grid (SSG) is being used as a tool to show how agencies can help and support children according to their identified level of need. The SSG is also clear on where the threshold may be for a statutory Education, Health and Care Needs Assessment, (EHCNA). We know, from Sheffield Parent Carer Forum (SPCF) feedback, that parents don’t always understand or have not had the opportunity to understand the SSG which can result in parents requesting an EHCNA before the Graduated Approach is in place. Early Help and Safeguarding needs, when identified, are done so using the Threshold of Need. The response from the Sheffield Safeguarding Hub has been recognised within the ILACS Outcome as offering robust assessment in and out of hours for children in need of support and protection. The response to families continues to be strengths based, introducing the ‘promoting conversations’ approach rather than a referral-based approach.

We know from children and families’ feedback that the Signs of Safety (SOS) Strengths based approach is empowering and far more effective for families than other previously used deficit models. We also know that we haven’t embedded this consistently within the SEND partnership.

As a result of this cross partnership working, what can now be seen in the graduated approach paperwork is the SOS model against the four preparation for adulthood (PFA) outcome areas.

The MyPlan (graduated approach assessment document) has been replaced by the Extended Support Plan where the focus is not just on a child or young person's needs but on the support they require, empowering them into adulthood. Early feedback from these changes are being captured and reported by the Sheffield Citywide SENCOs in case studies. Quotes include:

- Young Person: 'I was allowed to say what I needed to say.'
- Parent: 'I felt empowered as the expert for my son.'
- School: 'A positive meeting, which gave us chance to think holistically and not just about SEND, I will be using this model in all future meetings.'

More feedback and case studies will be captured as this rollout continues.

Like many areas, Sheffield has seen a rise in the number of requests for Education, Health and Care Needs Assessments (EHCNA). (February 2020, 534 requests, February 2023, 1213, requests). The rising EHCNAs has meant the Educational Psychology Service (EPS) has struggled to keep up with the demand. A recent further investment in the EPS has increased the full time EPs by 7 (to 17) and by 10 Assistant EPs (to 12). This should, over 2023, see the waiting time for EHCNA advice from an EP become timelier, resulting in increased compliance against the statutory 20 week timescale. (33% in February 2023).

The quality of EHC Plans continues to rise. This is evidenced through the quality assurance process which takes place prior to plans being issued to parents. Results from Sept 2022 show 80% (up from 33% at the same point of 2022) of all EHC Plans were fully compliant and of good quality before being sent to parents. This is further evidenced by 97% of parents reporting that their experience of the 20 weeks EHCNA process (via a 3-question survey from SENDSARS) has been positive.

We know from audit activity linked to the Accelerated Progress Plan (APP) that Annual Reviews are not always seen as the entire cycle and are heavily based on the content and attendance at meetings. We have further evidenced that not all relevant agencies are able to contribute and attend the Annual Review Meetings.

Work is underway, linked to the APP about the annual review cycle and meetings, this has resulted in:

- The Extended Support Plan (updated MyPlan) is starting to be used as the supporting document for large outcomes in the EHC Plan to be smaller steps, so the review cycle builds evidence leading into the annual review.
- Practice Guidance is in draft for annual reviews to be strengths based and interactive in practice.
- New meeting structures, based on the SoS model with children and young people designing their reviews, are soon to start in a trial with one of Sheffield PMLD special schools.

### Provision and onward Referrals

As part of the Graduated Approach our city runs assessment, provision and moderation on a Locality Model which includes multi-agency panels based in each geographical area. The panels have attendees from across the partnership, but their configuration may be different across the city dependent on the prevalence of needs. This panel approach enables multi-agency:

- Working
- Assessment of need – information sharing
- Moderation
- Identification of further provision / referral for young people

We know working in this way is beneficial for children and young people. We know this through our Inclusion Tracker data.

At the point of evaluation, the data shows:

- 75% of children had improved attendance at 4 months and 70% at 8 months.
- 30% of children had a suspension prior to the discussion - this dropped to 24% 4 months after and 12% at 8 months.
- Only 1% of children have moved to special school following discussion at panel.
- Schools bringing children to the panel would usually envisage they are at the threshold for an EHCNA. The data shows this multi-agency approach has prevented 56% children escalating through to an EHCNA/P.

We know that not all children's needs will be identified early enough and we know assessment and provision may be needed without other services having first identified the needs of young people. On this basis, the Section 23 referral process is now active.

### What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

#### **Inclusion Model Development:**

The Sheffield Inclusion Model is being developed as a co-ordinated delivery model to address the challenges of inclusion across Sheffield. The model is a delivery priority of the Children and Young People's delivery group.

Within the next 12 months we will complete the pilot work at all 'team around' levels and seek to roll out citywide. We will also build further on the model through developing an approach for:

- Team Around the Early Years
- Team around the specialist provision (including specialist hubs in mainstream school)

The Inclusion model will improve the experience and outcomes of children and young people with SEND by ensuring that there is:

- A consistent approach to person centred working that is understood citywide and removes individual child cliff edges, reducing opportunities for issues to fall through gaps and will embed the 'tell it once' approach as families move in and out of additional agency support through the 'team around the family.'
- A relationally driven partnership around each setting through a 'Team around the school' that addresses whole school issues that are barriers to inclusion and effective SEND support.
- Locality-based teams that ensures that where there is additional expertise required to support a child to succeed it comes from the 'Team around the locality'.
- A citywide approach to ensure consistent statutory decision making and strategic change through the 'Team around the city.'

The model brings together the vision and commitments within the Inclusion Strategy and Early Help Strategy in providing the right support, at the right time, in the right place.

### Advisory Services Review:

Over the next 12 months, we will:

- Relaunch the NHS Therapy review, which will focus on Locality working and meeting the needs of children locally.
- Run the review of the Local Authority SEND advisory services which will also focus on a locality model, with citywide CPD opportunities.
- Reduce the need for agency and locum Educational Psychology by streamlining the advice for EHCNA from the EPS
- Further investment within the Autism Social Communication Team and resources / training and expertise via:
  - Studio 3
  - Autism Education Trust
- Ensure that expertise exists within the city to address SEMH needs in the classroom, reducing routes to suspension and exclusion.

### 0-5 SEND

- Multi-Agency Early Years Assessment Nurseries – 6 weeks assessment, based upon the success of the UCAN model
- Portage Plus – building on the national portage model for children aged 3-5 years with communication and interaction difficulties
- EY Citywide SENCO's – working alongside the citywide SENCOs
- EY SEND consultation meetings – to discuss the needs of children within setting prior to any referrals being made.

### Educational Psychology

The statutory needs assessment advice reports are affecting the EPS' capacity to be able to fulfil their trading offer and preventing escalation to statutory assessment. Due to this, a review of the most effective elements of the service has been undertaken and over the next 12 months the service will work to ensure:

- Advice giving - 'stay in your lane' - the EPs will give advice for each EHCNA, but this will in addendum to the specialist teachers for a child's broadest area of need, reducing the input from the EPS, but not the effectiveness of their advice.
- A Joint Assessment Approach will be taken, with the Assistant EPs taking more of a lead as they are trained to do so, allowing the EPs time to input their advice in a joint assessment.
- The EPS will define their training offer, and this will become a citywide offer rather than a school-by-school demand led offer – it will focus on the citywide priorities:
  - EBSA / ELSA
  - Restorative Practice
  - Emotion Coaching
  - Positive Behaviour Solutions

### 0-19 health services



- Develop, embed, and sustain the Locality Support Groups across each locality.
- Continued CPD for the SEND Ambassadors running a cascade model to the health visiting services.

#### **Childrens Early Help review:**

- Introducing real-time performance reporting of early help reach and effectiveness with new high-level KPIs supporting delivery plan requirements.
- Make the changes required to improve data maturity to enable a real-time view of Service and individual intervention level effectiveness/ROI.

#### **Integrated Front Door for Early Help and Child Protection**

From April 2023, a team member from the Special Needs Inclusion Playcare Service (SNIPs) will be established within the screening Hub to help remove stigma away from speaking with a social worker in a time of need. Children who are identified at a transition age (approaching adulthood) within these screening processes will have additional conversations to ensure the right assessment is offered at the right time and could lead into an assessment under the social care transition team.

#### **Annual Reviews**

As acknowledged in our previous SEF (the WSOA SEF), there is a need for the annual review training to be reviewed. The ongoing work associated to the current APP has allowed models of best practice to be identified prior to the review of the training offer.

Now the paperwork is in place, with PFA and strengths-based practice embedded, the training will be reviewed by SENDSARS, citywide SENCOs, SPCF, Children and Families colleagues and the DCO. This will then be updated and disseminated across the partnership.

**Priority 2. Children and young people and their families participate in decision making about their individual plans and support.**

- a) Children and young people access impartial advice and support that enable them to make informed choices about their future.
- b) Children, young people, and their families are supported to understand their rights and make choices and contribute to decision making about their plans and support.
- c) Children and young people understand their plans and support, including intended outcomes and why some changes are not possible.

Children, young people, and their families in Sheffield can access impartial advice through different routes, including:

**The Local Offer website**

The Local Offer website in Sheffield has undergone a transformational change over the past 12 months. This has resulted in a significant increase in use, from just over 3,000 web hits in April 2022, compared to more than 11,000 in March 2023.

**SEND Information and Advice Service (SENDIAS)**

2,679 families have been supported by SENDIAS in the year up to end of March 2023. The service received almost 1,650 new referrals from Sept 21 to Aug 22, an increase of 11% to the previous year. We know demand has increased since then and as a result, the Integrated Care Board (ICB) has invested an additional £82k to enable SENDIAS to support more families and to work directly with more young people and empower them to be heard.

SENDIAS receives positive feedback from the families and young people it supports. In 2022, 83% providing user feedback rated the service as helpful or very helpful and 84% respondents also said they would recommend the service to other parents. From the feedback received, the service has further developed its offer in relation to providing information and signposting at every initial point of contact, parent information sessions, webinars and an updated website. All initial referrals are responded to within three working days.

**Careers, Information, Advice and Guidance Services (CIAG)**

2,356 young people have been supported by the CIAG services in Sheffield, since September 2022. 226 of those young people have known SEND.

CIAG is working alongside Lifelong Learning & Skills and SENDSARS to reduce the number of young people with EHC Plans whose post 16 destination is 'not known.' This is helping youth services to support those individuals back into education, employment, or training. Figures for 16–18-year-olds with an EHCP whose destination is not known have gone from 310 at the end of September 2022, to 39 at the end of February 2023. Our September figures benchmarked well against other groups – 17% of young people aged 16-17 with EHC Plans were NEET or activity not known, compared to 37% across England.

All teams within Community Youth Services (including CIAG) have received CPD to ensure everyone has skillsets to enable any young person with SEND to engage with the offers made from Youth Services. From January 2023, a training and development programme for staff commenced. This includes neuropsychology, motivation/decision making, motivational techniques, models of guidance and coaching.

### Senior navigators at the ICB

Since the Senior navigator service was set up, it has supported 56 children and young people with autism and/or a learning disability. This support has prevented an admission to a mental health inpatient unit. 48 children and young people supported through the Senior Navigators who are recorded on the Dynamic Support Register.

The service helps children and young people, and their families, take part in decision making about their individual plans and support. Young people have told us they welcome this: “Thank you for asking me what I want”; “thank you for coming with me, you make it easier, and you make it fun”, “thanks for going through things, you guys are doing an amazing job, “it is really appreciated being able to WhatsApp message you. It is safe and helps me with my dyspraxia”. Parents have also noted the support has helped empower them and helped them advocate for their children.

The Care Education and Treatment Review is closely linked to the Senior Navigator Service and is supported by a Clinical Lead. There has been a total of 3 CETR’s for young people under 25 (November 2022- March 2023) and 5 Enhanced MDTs for young people (25th January 2023 to March 2023). The outcomes of these reviews have provided support and alternative options to hospital admission, allowing individuals to remain supported in their community. We have children and young people in Sheffield who have not met the criteria for a CETR who have benefitted from an independently chaired enhanced Multidisciplinary Team (MDT) Meeting. These follow a similar format to the CETR’s. No young person who has benefitted from the enhanced MDT have required a hospital admission.

Sheffield has a co-production charter which works from service design through to individual plan design. Across the partnership this is well embedded and co-production is an expectation at all levels, including for individual plans and support.

Sheffield SEND Statutory Assessment and Review Service (SENDSARS) feedback from children, young people, and their families about the EHC needs assessment process indicates that 100% of respondents felt listened to and their views were included in the EHC plan. Feedback includes: “This was done really well, not everyone has always listened and reflected my child’s views so well in the past.”

Child, young person, and family voice are embedded in the standards of Quality Assurance Processes across the partnership and as a quality standard in the EHC plan multi-agency audit process.

- The quality assurance process feedback shows all advice intended for an EHCNA/P has family and young person voice included.
- A recent PFA focussed audit showed an improved overall judgement from 30% (June/July 22) to 64% (Jan 23), with a similar increase on the specific quality standard about the views, interests and aspirations of the children, young people and parent carers being represented.

As a SEND partnership, we need to do more to enable children and young people to participate in decision making about their individual plans. Our SENDing Voices youth group have told us their voices are not heard, and this is reflected in the Young People’s transitions and local offer survey (2022).

We have responded to this feedback by:



- Raising the profile of PFA and embedding it as a shared framework across the partnership. We recently collaborated with DfE and NDTi in the offer of training and conferences. These have been impactful on staff (who provided 99% positive feedback) to ensure they understand how to empower and enable young people to achieve their own future aspirations.
- Updated support plan documents (including the new Extended Support Plan described under priority one) to focus on the four PFA outcome areas and capturing children and young people’s views.
- Amending the annual review process meetings to be more with and for young people, focused on PFA through all ages and stages, interactive and child centred (see Priority 1 for actions).
- Increased engagement with children and young people with SEND (described under Priority 7).

**What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?**

**Local Offer:**

Over the next 12 months, to continue to raise awareness of the Local Offer and improve its effectiveness, we will:

- Engage with children and young people on developing an area dedicated to them, with them, if this is what they want.
- Create promotional materials to be displayed in education settings, GP surgeries and community buildings.
- Continue to reduce the reading age of advice content so that it is accessible for the intended audience.
- Invest in an accessibility add-on for the web platform. This will provide increased functionality for those with learning difficulties, dyslexia, visual impairments and for those whose English is not their first language.
- Create a Professionals Zone on the Local Offer for a one stop shop for resource.

**Youth Services:**

- In May 2023 a consultation exercise will be launched asking young people what they need from the Information, Advice and Guidance (IAG) service. Involving workshops in schools alongside a broader survey questionnaire.
- Increased staffing resource and greater engagement with the community and voluntary sector to work with young people with SEND who are not in employment, education or training (NEET).

**Utilising child voice training:**

We will, working alongside young people, update our child voice training.

Our SENDing Voices youth group is working on short films to say what messages they want professionals to hear. These will be shared widely across the SEND partnership and included in the child voice training.

### **Extended Support Plan (updated MyPlan)**

The Extended Support Plan will be used as the document for the Graduated Approach and as the supporting document to the EHC plan - breaking down long term outcomes into smaller steps of achievement.

The Extended Support Plan will move to being the annual review submission rather than the AR document being a standalone isolated document from all other assessments / paperwork once completed, the annual review training will be reviewed and revised alongside young people as identified in priority 1.

### **EHC Needs Assessment – child centred planning:**

Over the next 12 months SENDSARS will:

- Ensure all families, children, young people, parents, and carers have been part of a discussion regarding the agree to assess and agree to plan.
- Over this year, face-to-face meetings with young people and their families (where appropriate) will take place, starting with young people who are considering their post 16 provision. This will ensure all voices are heard in the production of the EHCNA and Plans.

### **Senior navigators**

Future activity includes additional recruitment to the team and delivery of the action plan (developed March 2023) including better obtaining user voice that will set outcomes much earlier in the child or young person's journey.

To continue to develop the Dynamic Support Register to promote earlier intervention and support, enabling young people to live in the least restrictive environments and closer to home.

### **Childrens continuing care:**

Over the next 12 months, the service is developing an outcomes-based commissioning approach for bespoke packages of support by 2024. This is in line with the planned increase of personal health budgets within the NHS long term plan. A personal health budget handbook will be developed offering families the support they require to achieve their young person's desired outcomes. This follows the publication of the PHB quality framework (Feb 2023).

**Priority 3. Children and young people receive the right help at the right time.**

- a) **Children and young people receive the right help at the right time.**
- b) **Plans and support are regularly reviewed and updated to reflect changes in children and young people’s skills, independence, understanding and other factors in their lives, including reduced support in line with reduced need where appropriate.**
- c) **The wider needs of the child or young person’s families are considered and barriers to learning and participation are addressed.**

Sheffield has always prioritised Early Help for children, young people, and families. We know from data provided in the Early Help data dashboard that early help has prevented escalation into statutory social care services for 91% of families. ((Q3, 2022–23).

Sheffield has a vision and commitment to deliver effective multi-agency working at child, school, locality, and city level to ensure that children, young people, and their families have access to the right help, at the right time and in the right place.

There is already success in this area:

- Over 1,000 families have been supported by a ‘Team Around the Family’ (September to December 22).
- Locality Stage 1 Panels have heard from 86 schools across the city who have asked for help and support for children. (September 22 to end March 23).
- More than 117 children and young people at risk of permanent exclusion have been supported by a multi-agency response at our Primary and Secondary Inclusion Panels. This prevented permanent exclusion in 90% of cases. (September 22 to end March 23).
- Citywide Education, Health and Care Panels have supported 16 children to reintegrate into mainstream school through Fair Access. 45 children who came to panel for a decision on an EHC needs assessment and were found not to require one have received extra support via the citywide SENCOs through a graduated approach.

Ongoing work in this area includes:

- **Use of £5.2m DfE funding for our Family Hub and Start for Life programme** to ensure a universal, community-based offer that can bend and flex to the needs of local communities. This funding is over 3 years to enhance existing family centre universal services and develop a family hub network. Sheffield is one of 75 top tier local authorities to receive this funding, and one of 12 trailblazer programmes across the country.
- Work across the partnership to make Sheffield a **Trauma Aware and Informed City**. Significant training has taken place, 110 primary schools and 18 secondaries have one or more fully trained members of staff (who attended an 11-day intensive school practitioner course). In addition, more than 5,500 members of staff across health, social care, safeguarding, housing, probation, voluntary services including young carers, domestic abuse, churches etc. have been trained in a brief overview of Trauma Informed practice.
- Delivering **Mental Health Support Teams (MHSTs) in Schools** currently covering 33% of the child and young person population with two further teams planned from January 2024 which will enable further impact across the city. Sheffield schools scored above national and regional benchmarks on 43 out of the 47 markers included by the DfE as part of the independent monitoring of impact.
- Review of services such as **Speech and Language, Neurodevelopment (including sensory) and Community Paediatrics** with a view to them being delivered in localities and being based more in schools, ensuring children and young people have their needs met in the right place and at the right time.
- Development of a school link worker role within the **Family Intervention Service** – 3,426 families have been supported through this offer, which resulted in:
  - 688 referrals to a parenting programme.

- 425 referrals for an Intervention worker from the core teams.
- 2,796 were closed due to no further action needed.

- **Parenting Hub** SEND offer supports parents for children aged 3 to 18 and provides a range of parenting support.

Since April 22 the parenting hub has supported over 700 parents, 317 were parents of children with SEND.

*'My relationship with my son is improving, we lost our bond and we are now regaining this in our relationship. I am now talking more with my husband and sharing strategies, working together more as a team. I am now able to better explain things to my other children so they don't resent their brother and can understand some of the needs behind the behaviour.'*

- **SEND Advisory** services work alongside education providers to ensure educational settings can engage in robust CPD opportunities. These opportunities are consistently receiving positive feedback with 97% of all participants feeding back that the training has been good/very good and 87% will change their practice because of the training. (Training using Autism Education Trust resources).

*'The 3 days training were excellent. The course developed my own subject knowledge and then the structure of the materials and the valuable discussions, workshops and dialogue we had over the 3 days has enabled me to feel confident to share these materials with my staff at school.'*

Of the 1,358 children supported by the Autism Social Communication team since September 2022, 68% saw a rise in their attendance in school with 39% hitting 100% attendance.

- **Annual Reviews** - Every term the SEND statutory assessment and review service (SENDSARS) issue lists to schools of all children who require their annual review to take place that term. Where those reviews are not returned within timescale, schools are contacted by a member of SENDSARS to ensure the review has taken place and paperwork is submitted. Where this hasn't happened, SENDSARS will ensure the school or education provider has a date for the annual review booked in.

When children are not in an educational provision (EHE, EOTAS, NOR or NEET), SENDSARS take the lead in ensuring those reviews are planned and completed with the relevant professionals.

77% of EHC Plans are reviewed every 12 months across the city, with 67% requiring changes at the point of annual review. Data shows:

- 86% of amendment notices are sent in 4 weeks.
- 90% of amended final plans are sent in 12 weeks.

We monitor the effective of the help and support offered across the partnership by:

- Children's services Performance clinics – activity and impact data.
- Parental feedback – surveys, questionnaires, and complaints.
- Audit and Quality Assurance processes across the partnerships (multi-agency audit)

- Healthy Minds Surveys in schools (Mental Health and Emotional wellbeing)
- Youth Voice – including through our SENDing Voices advisory group and Youth Council.

**What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?**

**Inclusion Model – see priority 1**

**Family Hubs:**

- An enhanced Start for Life service offer.
- Transformation in the design and delivery of services.

**Extended Support Plan (updated MyPlan) and Early Help assessment** (more information in priority 2)

Work has been ongoing to ensure support to families is across the partnership. The documentation needs to support this.

- Citywide SENCOs and Family Intervention services are to review current paperwork and ensure this is streamlined and complementary.

**Advisory Therapy Service Review of barriers to education**

The Advisory Services review has multi-agency workstreams that are looking at specific areas. These have been prioritised in accordance with the most prevalent needs of the children and families we are working with across the partnership, and have focused on:

- Emotionally Based School Avoidance (EBSA)
- Masking and Autism Burnout
- Purchasing and rolling out the AET materials
- Speech and Language therapy

Over the course of the next 12 months focus will be on Social Emotional Mental Health to ensure we have a robust graduated approach in this area.

**Step Up – Step Down**

Taking from the good practice of the Social Care and Early Help process of step up and down, we will better define this for the graduated approach.

The Head of SEND will work with school leaders, citywide SENCOs, NHS colleagues, DCO, and care colleagues using the SSG to help define a step up and down process.

This will include how we take an approach to ceasing EHC Plans, including a celebratory approach of a young person reaching their outcomes, no longer requiring provision, and / or moving to the next phase of their life.

Final production to be ready for dissemination through the Inclusion Taskforce in the Autumn term, 2023.



### Designated Social Care Officer

Historically Sheffield has not had a Designated Social Care Officer in post, this has now been agreed.

The next steps are:

- Agreement of the job description (with recommendations from CDC) – completed.
- Pay and Grading panel to determine level the role will be paid at.
- Joint recruitment process across Education and Skills and Social Care.

### Annual Reviews and work with Talbot Special School

To bring a model of good practice to Annual Reviews for children with EHC plans, ensuring young person lead, aspirations, skills, barriers, and holistic needs are considered, the Local Offer communications officer and Service Manager for SENDSARS will be working with one of our secondary PMLD secondary schools and their children to ensure their annual reviews are planned with and for them.

Findings will be formulated, included in the planned annual review guidance, and the young people speaking about their experience (with consent) will be included in revised training for annual reviews.

**Trauma Informed and Mental Health Support Teams** - providing early help and prevention for children and young people with SEND within school settings that are tailored to the needs of individual children and schools

- Expansion of the current Mental Health Support Teams in Sheffield schools- further award of two additional teams to Sheffield, extending the reach to 50% of the child population.
- Integration of the existing offer of MHST, Whole Schools Approach (Healthy Minds) and Trauma Informed Schools – developing the schools’-based culture of Trauma informed and mental health awareness.
- Healthy Minds will offer continued professional development for school staff supporting mental health and emotional wellbeing and access to online support and targeted training around areas of need
- Expansion of offer of targeted eating disorders training in schools, provided by SYED.

**Priority 4. Children and young people are well prepared for their next steps and achieve strong outcomes.**

- a) The outcomes that are the most important to the children and young people and their parents and carers are understood and planned for.
- b) Support and plans reflect children and young people’s ambitions and extend beyond required levels of support (such as the number of hours of support from a particular service) to focus on the planned outcome.
- c) Children and young people are supported before and during any point of transition, including when they will no longer be eligible for a service.
- d) From an early age, children and young people develop knowledge, skills and behaviours necessary to prepare for greater independence and adulthood, including the areas of further and higher education, employment, more independent living and good health, positive relationships and participation in society.

In Sheffield we have co-produced Transition Principles which set out what should be happening at the point of each transition for children and young people. There is more to do to ensure these are followed and children and young people with SEND are effectively supported during transitions. Significant work has taken place in the past year under our Multi-Agency Transitions Accelerated Progress Plan.

**PFA – Ages and Stages**

The work undertaken through the APP has enabled the partnership to arrive at the shared vision and aspiration that PFA is embedded from the earliest opportunity and will form the basis of the conversations and support with all families at every age and stage.

**Outcomes and aspirations**

We are working, across the partnership, to better understand and focus on the outcomes most important to children and young people with SEND, and their families. Engagement with young people, including through SENDing Voices and the young people’s Transitions and Local Offer survey, have helped the partnership understand what is important.

To ensure outcomes and aspirations are considered at all ages and stages, outcomes are linked to PFA, the partnership has:

- Updated support plan documents (Extended Support Plan, EHC Plans, and annual reviews) to specifically cover all four PFA outcome areas.
- Rolled out Extended Support Plan training (PFA focus) – attended by over 70% of primary schools in Sheffield and over half of secondary schools –and has been offered to health and care partners.

Feedback shows 94% agreed or strongly agreed that the Extended Support Plan training was relevant to their needs and the materials provided were helpful. Feedback received so far about the Extended Support Plan includes:

- From a young person (case study): “I said everything I mostly wanted to say. I thought it was helpful.”
- From their mum: “We covered quite a few areas... She covered the area about friendship and trying to get help... Things have got done, it's brilliant.”

PFA conferences and training have been facilitated across the city, these have been well attended, and received across the partnership. Approximately 120 people attended PFA conference days in March. 98% giving feedback said it would have a positive impact on their practice and 92% said they will do something differently because of attending.

The PFA focused work is starting to impact, and the results of the PFA focused audits of EHC Plans and Annual Reviews show overall improvements in this area. We are currently seeking more feedback from young people and their families to inform our understanding through lived experiences.

**% of outstanding and good scores**

Audit measure	June/July 2022	Jan/Feb 2023
Overall judgement of audit	30%	64%
QS6 – Preparation for adulthood	27%	51%

**Support before and during transition, including when children and young people will no longer be eligible for a service**

Our Inclusion and Attendance Specialists are successfully embedded into the Early Help partnership in Sheffield. They support educational transitions through a key working approach.

Transition	No of children and young people supported since team inception (2019)	No of children and young people currently being supported within pathway (end March 23)
From Nursery into Primary School (School Readiness Pathway)	566	69
From Primary into Secondary School (Primary Pathway)	533	84
From school into Post 16 (PFA Pathway)	466	75

Feedback from families supported through the above pathways includes:

- 89% have seen positive changes for them and their family (58% a lot, 31% some).
- 95% felt their views were heard and included in the support offered (92% all of the time, 3% some of the time).

**Social Care**

Two new teams are now in place, to ensure transition between children and adult services is a purposeful planned move and young people and their families understand what is available to them. The services work across children and adults social care and across education and health, to ensure a joined-up approach to transition to adulthood.

Data shows more young people are being supported with their social care transitions and at an earlier point.

What	March 2022	March 2023	What this means for social care transitions
Length of time a contact (referral) form was open	43 days	4.5 days	The team are responding in a much timelier way to new referrals/contacts. We are processing and screening new referrals more quickly.
Current open cases (individuals allocated)	161	247	The teams have expanded and increased workforce, so we are able to complete direct work with more young people and their families. This means that more people are being supported.
Age of people we are working with	18-25	16-25	13% of all total allocations are now under 18.
Length of time when people are being allocated prior to them turning 18.	0	4 months min*	This gives adequate time to assess someone's needs prior to them turning 18 and to look at support options in adulthood. *This is the minimum time – i.e. some people who are 18 in 6 months or more are already allocated if they have more complex needs.

Feedback from a mum of a young person being supported includes: *"I have been happy with the support A has received. There is a lot of improvement, and he is confident and before he never used to want to go out and stare out of the window. Now he wants to go out and feels he is a normal person, and he can do what ever he wants."*

### Information

Across the system, we are improving our information offer to help young people and their families know what support and opportunities are available to them.

Our **Local Offer** website and user figures are improving - we had more than 11,000 web hits in March 2023 compared to just over 3,000 in April 2022, with almost 1,000 of these looking at future planning and PFA. The **Health Transition Passport** has links to the local offer as well as developed tools that support cross service transitions.

The **Transition Guide** is in development to let children, young people and families know what happens as they move across services and between education, health, and care, including when they are no longer eligible for support. We are co-producing these resources (see Priority 7).

Young people are supported to develop skills to prepare for more independence and adulthood. This includes:

- Raising awareness and encouraging take up of **annual health checks** for young people with learning disabilities age 14+. We have achieved a significant increase in take-up amongst young people with a learning disability – 71% of 14-17 year olds and 83% of 18-25 year olds at the end of March 2023, compared to 48% and 58% at the end of March 2022.
- Educational offers including; enhanced engagement in **work experience**, a new and improved **Supported Internship**, engagement in **"Better Learners Better Workers" and the Big Challenge"** which are entrepreneurship and workplace engagement opportunities.

- Travel Training – 20 young people have been supported this year with further plans to enhance the reach and resource for the team.
- Skills Builder- is a set of 8 easily recognised skills commonly used in the workplace and they help to introduce a common language around skills for work. Special schools in Sheffield have been encouraged to adopt these skills and most are now embedding them into their career’s programmes. 2 special schools have benefitted from additional investment to join their Accelerator programme, supporting the roll out of the use of the skills across the whole curriculum as a whole organisation approach. Sheffield City Council uses Skills Builder within its own programmes, such as the [BiG Challenge Enterprise Competition](#). This has helped to improve inclusivity in the programme and this year saw winning teams from Seven Hills and Holgate Meadows schools.

### What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

#### Accelerated Progress Plan – plans to further embed and sustain:

- Improvements to social care transitions - **improved information for young people and families**, this will continue, and the increased social care transitions capacity will become a permanent arrangement.
- **Information for children, young people, and families** will continue to improve, including through the new permanent Local Offer officer post.

This includes:

**Improving engagement with young people** through young people’s groups, SENDing Voices, alongside Community Youth Services. Our engagement will increase as we recruit to the new commission. This will include a new SEND youth worker (recruitment is currently ongoing) and two youth influence roles (for young people with SEND).

**Transitions Guide** – we will finalise and promote the Transitions Guide (starting from April once we have a designed version). In April we are also discussing the guide with young people. We will find out what information they want and in what format, so we can develop information specifically for young people.

- We will continue to **embed Preparation for Adulthood** across the SEND partnership, this will include:
  - Further training to follow on from the PFA training in January, March, April, and May. Specific Early Years focus, whose PFA training offer will be confirmed and promoted from the summer term 2023.
  - **Regional conference days** being led by Sheffield and NDTi for schools and SEND Partners.
  - Further embed the updated **multi-agency documents** to support children and young people with SEND – the Extended Support Plan (updated MyPlan), EHCP and the annual review template.
  - Our work to **increase supported internships** will be enhanced through our involvement in the three-year Internships Work programme.

#### Transitions support

The Sheffield Inclusion Model (priority 1) has been developed to support the effective identification of children and young people with SEND who may require an enhanced transition package. The Team around the School way of working is being piloted in 10 schools as part of this, and we will evaluate the pilot within the next 12 months.



### Transition documents

Both our hospital/clinical services and education providers require effective tools to aid transition. In the next 12 months we will:

- Create and embed the use of a **Sheffield Transition Passport** for all children that have any form of need, that ensures the right information is shared at each academic transition point from early years through to post-16 education. This will bring together interdependencies across areas such as SEN, safeguarding and academic needs that all need to be in place for success.
- Sheffield Teaching Hospitals is re-launching the use of the **hospital passport** to support communication, as a direct result of patient feedback.
- The DCO is supporting **enhanced record keeping** and sharing by embedding PFA information and conversation prompts within SystemOne. Records can be printed out and shared with education, skills providers and other professional groups with consent, and will be increasingly developed and used over the next year.

We will continue the development of **transition pathway documents** across the partnership. These will provide information about the transition from one service to another, including when a service ends and / or a young person is no longer eligible. We have engaged with young people to inform the development and documents are being produced for roll out from May 2023.

### Increased employment support

We will continue to work to increase supported employment opportunities including through the Internships Work programme. Our largest provider, The Sheffield College, is developing a supported internship for academic year 23/24.

### Post 16 education provision

We will continue working to develop a post 16 hub, opening in September 2024. This will facilitate an extra 100 post 16 education places, with scope to expand. The offer will have a strong focus on employment, independent living, and life skills. We are currently working with a range of stakeholders to develop this proposal further.

**Priority 5 Children and young people with SEND are valued, visible and included in their communities.**

- a) Children, young people and parents and carers understand what community activities are available.
- b) Children and young people are supported to participate where appropriate in activities and make friends and develop positive relationships.
- c) Children and young people are supported to develop their confidence, resilience, and knowledge so that they can participate in universal and specialist activities as appropriate.

We know young people want to be included in their communities. They have told us: 'We want people to speak with us,' 'don't worry about asking us the wrong things,' 'we want to have friends and have fun.'

Through PFA audit activity we know the PFA conversation is improving, however the Community outcome remains the 3<sup>rd</sup> least likely area of 4 to be discussed in depth.

Work has been undertaken to ensure the priorities of children and young people are reflected in their plans that support them:

- PFA conferences for leaders, managers, and practitioners – facilitated and supported by NDTi focused on the importance of having a community to engage with.
- Updated the local offer to ensure community and friendships are key areas (impact - evidence Local offer hits rising)
- Ensuring all areas of PFA are included in the EHC plan, Annual Review documentation as well as advice reports.
- The extended support plan training focuses on PFA and extending outcomes to ensure they are relevant to children and young people.
- 247 Grid Training for staff to ensure they have tools to use when supporting young people regarding their adulthood, where access to the community is a key area for consideration.



**Information sharing**

- Information about activities in local communities is shared frequently through the newly established SEND Facebook group (990 members).
- The Local Offer Officer has access to the App 'Nextdoor' to ensure local activities are shared with local communities.
- SPCF run events for families to attend and their website contains links to the groups and activities young people can join and attend.  
<https://sheffieldparentcarerforum.org.uk/information/leisure/>
- SPCF runs themed community events for families to attend with key stall holders sharing information. The last event was themed to PFA and had 140 people attending. 100% of parents who filled out the evaluation form stated the stalls and information available were good or very good.
- SPCF also runs summer events in local parks for families enjoy fun activities and use the time to speak with services and professionals who are also in attendance.

### Community Youth Services

- The Youth Voice and Influence Service is a key part of our Accelerated Progress Plan and has been actively engaging young people in a broad consultation about Youth Voice. This has led to the development of a youth voice group 'SENDing Voices'. The group has worked with a film maker to produce a short film/advert to promote their group and gather more members.
- The Community Youth Team offers one-to-one targeted support through referrals for young people who struggle with positive community engagement. The offer works well for young people and provides an opportunity to access support from Primary Mental Health (through signposting) and Speech & Language (through commissioned support) at a time when they need it the most.
  - 2 days of SALT time is commissioned by CYT. This allows the young people they work with to access communication assessment, recommendations, and advice with greater flexibility than currently possible in mainstream services.
  - In 21/22, 119 referrals were made to the commissioned service – 51% (61) went on to full assessments and 31% (37) closed following triage. (The remaining young people were already receiving input from other SLT NHS services).
  - Of the young people who had a full assessment, 90% (45) were found to have additional needs and of those young people, 17 had previously been known to Speech and Language Therapy services. This means that 62% had previously unidentified and unsupported additional needs.
  - Feedback is positive, including from families and the CYT team: SALT enables me to link into the realms of Emotional Health – Well-Being and Social Communication Issues which are sometimes the underpinning factor to the behaviors and attitudes of our young people.
  - The commission for 23/24 has increased to 3 days a week of SALT time from 2 days the previous year.

Universal Youth Services have seen investment, which has increased the resource at the frontline. All staff receive relevant and necessary training around SEND and this correlates with an emerging increase in young people who have SEND attending mainstream youth clubs.

Young people from the SEND youth clubs are currently volunteering, and work is ongoing to encourage them to access the Level 2 Youth Work Course offered by the council to enable their access to upcoming flexible work in the city youth sector.

### Continuing care

Children Continuing Care Nurse Assessors work in partnership with children, young people, their families, and services to develop support plans that meet children and young people's needs and aspirations of integrating into community provision.

From this partnership work, tripartite funding is requested that includes resources that better enable access to and participation in the community. Budgets are there to ensure that a personalised approach is embedded and includes access to settings that promote making and maintaining friendships and building social skills. 48 families have used personal health budgets to build high functioning packages of support that have achieved independence for the child and their family. There is a growth in the request for personal health budgets, showing appetite for a more personalised approach to care when considering, health, care and education that allows integrated delivery.

### Occupational Therapy Services

A large part of the service offer considers personal achievements and aspirations for children and young people and their families. Community access is often a Therapeutic outcome commonly included within the outcomes for children and young people – further work is being completed with practitioners to ensure there is the capacity to achieve this outcome with young people.

### Senior Navigators

The Senior Navigator offer evidences action planning around community access, access to activities and developing relationships. Commonly this provision is used to develop a working relationship between the young person, navigator, and the family to create high levels of engagement. Evidence gathered through case work shows that confidence, and resilience is increased as community participation increases.

### We continue to monitor the impact in this area by:

- The ongoing audit and quality assurance group – community engagement will be a key theme within the audit cycle to bring priority to this area.
- The continuation of links to Youth Services and Young Person voice groups.
- Local Offer hits – the Local Offer (communication and co-production) working group will continue to engage with children, young people and their families to ensure the Local Offer has the right, relevant and accessible information about community activities and engagement opportunities for young people.

### What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND

#### Promoting the importance of friendships and community

Using the information provided by NDTI, audit feedback and SENDing Voices, further training and conference opportunities will include community and friendships as an area of focus. This includes:

- SENDCO network briefings – monthly
- Autism Conference – July 2023
- SEND Conference – June 2023

#### Therapy Commissioning

Occupational Therapy leaders have begun discussions with Commissioners to expand the services to allow them more opportunity to develop community links for and with the children and young people they work with. (Therapy Review).

#### Local Offer development

- We will have ongoing engagement with young people, including through SENDing Voices and ChilyPEP (Children and Young People's Empowerment Project), to gather young people's views on the Local Offer content.
- We will run Local Offer Live events across the city during academic year 23/24

#### Audit and Quality Assurance

Community and friendships will be included in the forward planner for 2023 audit and quality assurance focus to track the impact of the input into this area. This will cover EHCNA advice reports, EHC plans and annual reviews - learning will be taken and included in the relevant Service Improvement plans.

### Youth Services

- Increase youth forums to talk to young people about what adulthood looks like for them and work to address the concerns raised – feedback to the Inclusion Improvement Board.
- Community Youth Services will continue working to ensure youth provision is accessible and offers sensory safe environments.
- Further advice and guidance will be sought from Child Development and Neuro-disability Services to ensure the youth offer is appropriate and accessible for all young people with SEND.
- Alongside the peer role model approach and following Youth Service re-design, we will work with Local area committees, neighbourhood action groups and businesses to advocate and support the inclusion of young people with SEND.
- A continuation of the full CPD training programme across the service to ensure all practitioners have the same levels of competencies when working with young people with SEND. Young people with SEND can then have the confidence that their needs will be met no matter which youth club / community provision they are accessing.



**Priority 6 Leaders are ambitious for children and young people with SEND.**

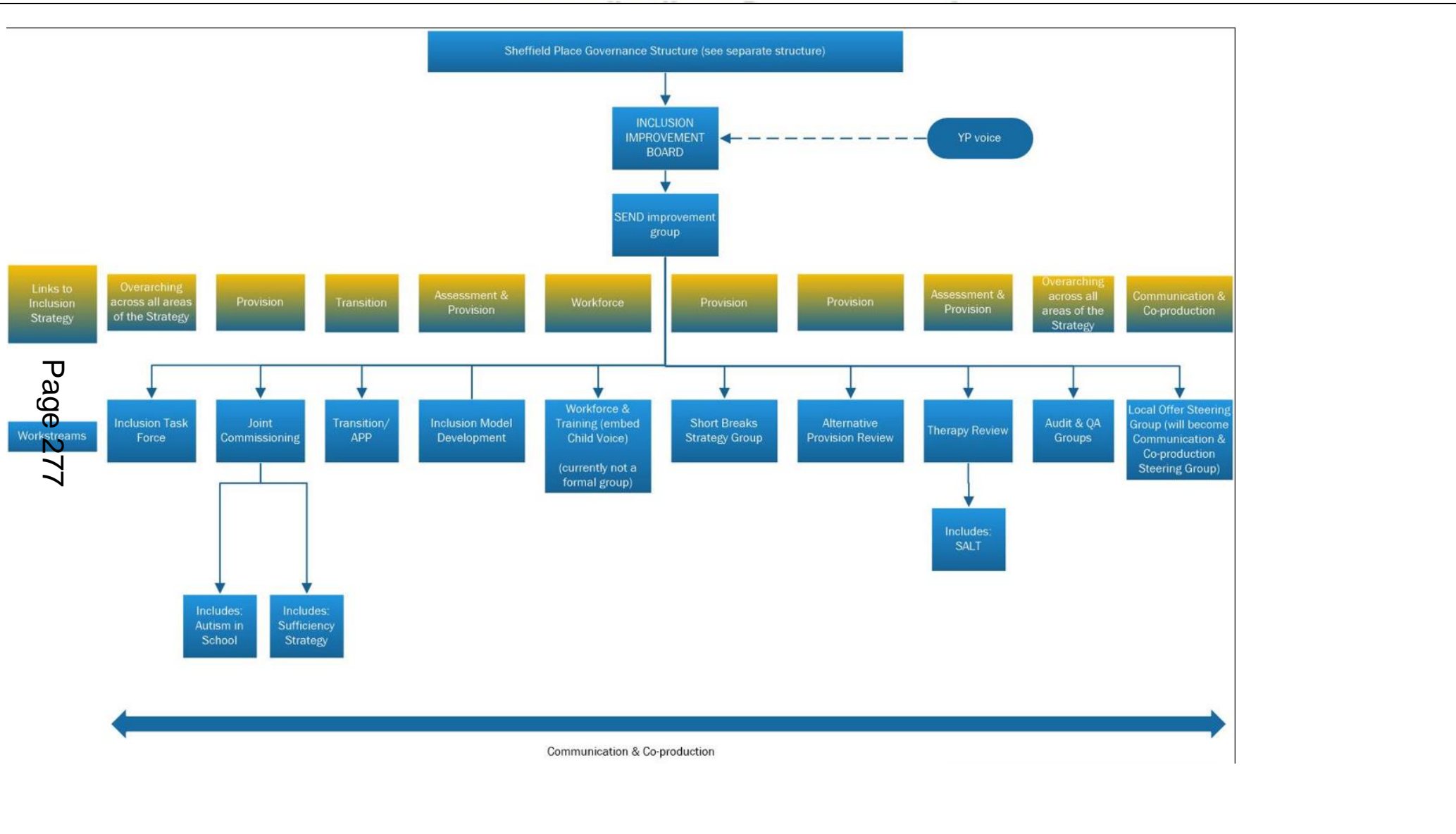
- a) Leaders have an ambitious strategy that defines the shared outcomes they will work collectively to achieve for all children and young people with SEND, and they embed an aspirational culture of high expectations and quality across services and provision.
- b) Leaders understand their responsibilities and accountabilities, including their statutory duties and their individual responsibilities in the wider area strategy
- c) Responsibilities are delegated in line with leaders' legal duties and there is strong oversight of these resulting activities.
- d) Processes for making decisions are structured so that the leaders responsible can swiftly agree to changes that are required to improve services.
- e) **Leaders challenge themselves and each other to improve experiences and outcomes for children and young people with SEND.**

Sheffield Leaders are ambitious for children and young people with SEND, the Sheffield Inclusion Strategy and Early Help Strategy share a vision, that sets out this ambition, both strategies have been coproduced, and run until 2025. The vision is:

**'Sheffield will be an inclusive city where we work together to ensure that all children and young people get the right support at the right time so that they can live a happy and fulfilled life.'**

We are implementing the Inclusion Strategy and its five commitments: Assessment, Provision, Transition, Communication and Workforce, with oversight from our Multi-agency Inclusion Improvement Board. The Board also has oversight of our Transitions Accelerated Progress Plan (APP). Leaders across the partnership provide support, challenge, and hold each other to account at the regular board meetings. These have resulted in leaders having a better understanding of each other's responsibilities and the challenges associated with improving the experience and outcomes for our children and young people. It has also resulted in citywide agreement that continuing the work to embed Preparation for Adulthood will be one of the four Healthcare Partnership priorities for the Children and Young People's Delivery Group in 2023/24. (See Priority 9 for more information).

Further to the APP, the SEND improvement programme is committed to driving the priorities as detailed in our governance structure and workstreams that align to the Inclusion Strategy.

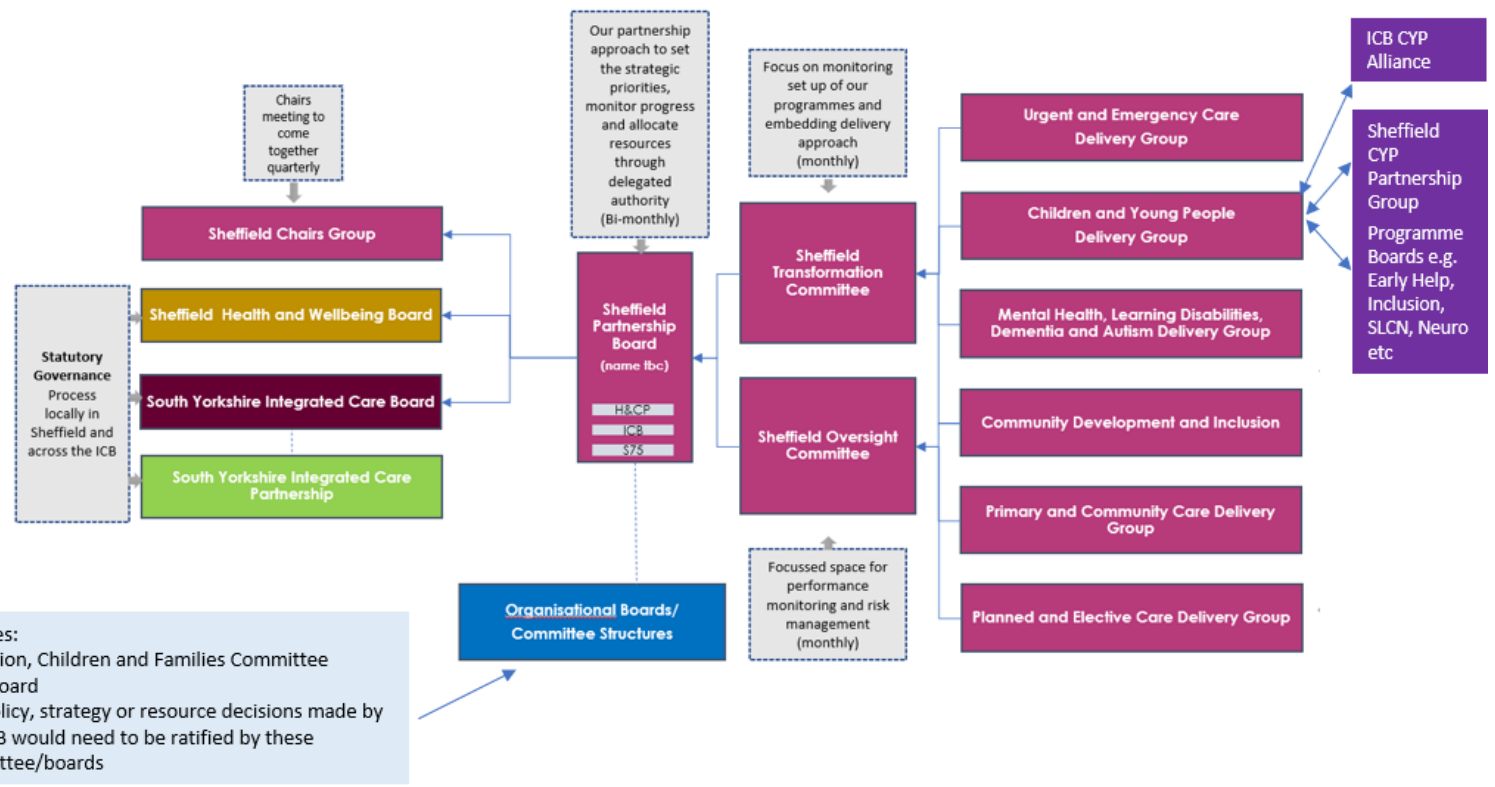


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The new Place governance structure is beginning to ensure that responsibilities for SEND across the whole system are delegated appropriately with strong system oversight across all levels of accountability.

## Sheffield Place Framework : Governance Structure

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Includes:  
 Education, Children and Families Committee  
 SCFT Board  
 Any policy, strategy or resource decisions made by the SPB would need to be ratified by these committee/boards

The DCO has worked closely with executive health leaders to ensure they understand their statutory duties regarding SEND. The governance structure, shown has been developed to enable oversight of risk and thematic reviews of need and inequalities, in accordance with those duties. The South Yorkshire ICB – Sheffield Place has a named leader for SEND, as do all providers who have duties relating to SEND.

Evidence of the impact of this includes:

- Leaders within our hospital providers understand and are committed to meeting the needs of children and young people with SEND. They are engaging with the LA and ICB in the continued development of services that seek to improve outcomes and reduce health inequalities. (e.g Neuro-Disability Transformational programme).
- SEND has been the top scoring area for investment within joint commissioning priorities for which significant funding has been secured to deliver services that will directly influence better outcomes for children and young people with SEND. (Priority 9)
- Actions being taken when risks are escalated. For example, the DCO presented risks to the South Yorkshire ICB’s Quality, Improvement, Patient Experience and Performance Committee that has resulted in executive support for a deep dive in learning disability identification.

**Performance management and decision making**

Across the SEND partnership, there is a robust approach to performance management. Each area has its own internal processes for monitoring and responding to performance with data outcomes reviewed through the Inclusion Improvement Board.

The same is true of decision making across the partnership. There are times when decisions can be made internally in the area in which it effects, and times where decisions must be taken as a partnership agreement.

Children, young people, and family feedback is an expectation across the governance, performance management and decision-making structures, meetings, and boards. We recognise further improvements are needed in this area. We tend to consult with young people on decisions we are looking to make and wanting their views on, rather than an organic process of hearing from young people and responding by shaping services to their voices.

**What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?**

**Children and Young Person Voice:**

Following the review of the Inclusion Board (October – December 2022) we strengthen the influence of children and young people’s voice, from April – June, we will raise the following:

- ‘How does your area hear young person voice and use this to shape the services, commissions and responses across the area partnership?’
- ‘How do you feedback to children and young people the changes that are made because of their voice and experiences?’
- The Communities Directorate will facilitate youth voice into the Board via our SENDing Voices group and Youth Council.
- A request of education partners will be made to ensure reporting from children and young people supported in education are heard through questionnaires and surveys.

These activities will be completed by July 2023 with a view to formalising child and young person voice into the terms of reference from September 2023. This will bring consistency to youth voice entering the governance structure and feeding into service delivery, commissioning, and the future transformation of services.

**Delivering priority commitments:**

We will continue to deliver our Inclusion Strategy, including embedding improvements introduced through the APP into business as usual. This includes by continuing to:

- Train the workforce (health, care, education and Voluntary, Community, Faith Sector) in preparing for adulthood.
- Improve the communication and accessible information for children, young people and families around how to prepare for adulthood.

**Leader commitments:**

By July 2023 executive leaders and provider leads in Health will have job descriptions that define their duties in regard to SEND. The DCO is working on this nationally with NHSEi to develop these.

**Ensuring SEND is everyone's business**

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- Co-produced 'SEND the Basics' Training is being recorded in April and will be disseminated from May 2023.
  - The training will be used within the Early Help Training offer, SEND, Inclusion, health, and care training offers.
  - Throughout June – July 2023 there are plans to work with an Academy Trust to pilot work with schools to ensure they can have access to all sessions via education platforms.
  - Further work with HR will ensure these sessions form part of the mandated induction expectation across all levels of delivery and management.



**Priority 7 Leaders actively engage and work with children, young people and their families:**

- a) Leaders consider the specific needs of groups of children and young people with SEND and how best to engage them in co-production.**
- b) Leaders ensure that decisions relating to services are appropriately shaped by children and young people’s needs, experiences, ambitions, and outcomes.**
- c) Leaders give feedback to children, young people and parents about changes they have made to their areas services and explain where change is not possible and why.**

In Sheffield we have a Co-production Charter which sets out how we will engage with children, young people, and families. Co-production is central to our SEND improvement work.

We work closely with Sheffield Parent Carer Forum (SPCF) who are a strategic equal partner. SPCF are represented at all levels of SEND governance and are involved in multi-agency improvement work across the partnership. This includes the Transitions Accelerated Progress Plan, which was developed in co-production with SPCF, who are integral participants in the workstreams and strategic steering group.

SPCF’s involvement in improvement work across the SEND partnership enables us to understand the views of more than 2,350 full members (parents and carers) and more than 300 professional members. Parent carer members are representative across all areas of the city. The Forum also reaches more parents than their members, through 1 to 1 peer support services, peer support groups in different communities, parent groups in 15 mainstream secondary schools through the Autism in School project, social media, conferences, and events. Subgroups include education, transition, and Speech and Language Therapy. From April the Forum will also run regular adoption/foster carers group, including special guardians and kinship carers.

The Director of Children’s Service has consistently maintained bi-monthly parent group meetings with the SPCF, the feedback from these meetings has positively influenced the Local Offer development, including the appointment of a dedicated Local Offer Officer role. Also positively influencing the short breaks steering group and SEN transport availability.

We actively engage parents, carers, children and young people through surveys, events, and newsletters. We recently set up a SEND Facebook group which gained almost 1,000 members in its first month. Our top post received over 10k views due to members sharing wider than the group. A snap poll recently found 96% thought the group was useful, and 4% not useful.

We engage with children, young people, and families to coproduce improvements. For example:

- Feedback, insight and lived experience of children and young people with SEND and their parent/ carers has been central to developing the Place Based priorities agreed by the Health and Care Partnership, the ICB Sheffield Place and Sheffield City Council.
- Our Short Break Strategy Group was developed to ensure strategic engagement and co-production with SPCF in agreeing the priorities to further develop short break services for disabled children and their parents/ carers. Key developments include;
  - Co-producing the revision of the Short Breaks Statement in line with the Sheffield co-production charter.
  - Extending the timescale for spending the short breaks grant enabling parent carers to have a more flexible approach to meeting the needs of their children.

- Commissioning a befriender service as part of our short break offer and specific community activities provision for young people with SEND aged 16-18 years, based on young people's aspirations. (The tender for the latter is in the process of being commissioned).
- Children and young people at alternative provision (AP) helped shape our recent AP free school bid to the DfE – we will engage further in the design through to opening (if successful) to make sure new AP provision meets their needs.
- We have produced our SEND Transitions Guide in co-production with SPCF and held a focus group with parents and carers. We acted on feedback and are soon to meet the group again to tell them what changed because of their feedback and gain their views on the designed guide.
- Children, young people, and parent carers are coproducing improvements to the Local Offer website.
- Engagement with children and young people about social care support, including those with additional needs, influences strategic decisions and improvements. For example, our Children in Care Council and Sheffield Care Leavers' Union jointly took over our Corporate Parenting Board and delivered a session about the lived experience of care experienced children and young people, gaining promises about what attendees will now do differently, which we followed up three months later.

### Increasing engagement

We have identified, as a partnership, that we need to particularly increase our co-production with children and young people. We have increased capacity for this through:

- An 18 month commission with Community Youth Services.
- An additional £82k investment from the ICB for the SEND Information, Advice and Support service (SSENDIAS), to support more families and work directly with more young people. (Part of the funding will enable a new Youth Worker post).
- A permanent Local Offer officer post to raise awareness of the Local Offer and ensure it is more responsive to local needs. Parent carer feedback directly led to this role being created.
- The youth commission runs until March 2024. It has enabled the set-up of the young people's advisory group, SENDing Voices, and is soon to see a new SEND Youth Worker and Young Influence roles filled by young people with SEND.
- Feedback through the increased engagement has already informed the development of transition pathway information and we are soon to give feedback to the group about the changes made because of their views.
- Young people involved have told us they value the engagement. One said: "I am looking forward to the year as a group, I think it is the best thing that has happened to me in a long time."

From a health perspective, the position is still evolving. Practitioners ensure that the views and aspirations of our children and young people are captured through assessment and associated planning, but it's acknowledged there are underdeveloped mechanisms for robustly collecting and using patient voice across the city. Most activity is led by the Local Authority and education providers, and more work is needed to support health services in collecting and sharing children and young people's views to inform service redesign, transformation, and improvement work. This will develop as the Inclusion Board embeds youth voice as part of the terms of reference.

**What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?**

Over the next 12 months we will:

- Increase the influence of children and young people's views as part of our multi-agency governance structure and use them more robustly to inform strategic decisions and improvement work. (See Priority 6).
- Fully recruit to our 'SEND youth voice commission' (see above).
- Use the views and experiences of parents, carers, children and young people to inform our workforce development.
  - Young people from SENDing Voices are producing short films of messages they would like to share with the professionals working with them. We will share these widely across the SEND partnership and also build them into our forthcoming multi-agency Voice of the Child training.
  - We have worked with SPCF in co-production to develop SEND The Basics training which will be rolled out across the partnership from May 2023.
- Increase activity to provide feedback to children, young people and families about what we have changed as a result of them giving their views. This includes through SENDing Voices, the local offer annual You Said We Did report and SPCF's State of Sheffield survey which is soon to report.
- Expand the remit of our Local Offer working group so it becomes the SEND communication and co-production steering group. This will amalgamate the ongoing work from our Accelerated Progress and expand the membership to include broader representation across the SEND partnership (from June). The group will help coordinate a longer term plan of co-production activities. Forthcoming activity includes:
  - Youth workshops on the Transitions Guide and Local Offer website (April and May).
  - Parent and carer workshops to inform the development of the Local Offer website. (Currently being planned with SPCF).
  - A survey of parents and carers about the 0-5 SEND service (Ongoing)
- Help ensure links are made to existing pieces of work where children, young people and family feedback is already gathered. For example, from the Autism in School project across 15 mainstream secondary schools in Sheffield.
  - Working with the PCF to utilising the 'State of Sheffield' survey to ensure we use the feedback into service improvement plans, ensuring we have used this to the best effect in future planning and response. (as detailed above)

**Priority 8 Leaders have an accurate, shared understanding of the needs of the children and young people in their local area.**

- a) Leaders gather accurate, timely information about children, young people with SEND in their local area and monitor changing needs of the population, including using the perspectives of children, young people and families.
- b) Leaders understand the experiences and outcomes of children and young people with SEND in their area, their background, identities, including barriers to them accessing support and their needs and strengths.
- c) Leaders share information across education, care and health services so they can learn from different perspectives and approaches.

Our Health and Well Being strategy demonstrates a shared understanding of high level priorities and ambition to meet the needs of children and young people across the city. The first three ambitions (see diagram) are to ensure every child has the best start in life, is included in their education and experiences a successful transition to independence with a key theme throughout to reduce inequalities.

These ambitions are underpinned by the Great Start In Life Strategy, School Readiness Review, and Inclusion Strategy, which set out more detailed plans and commitments for how we are going to deliver and commission services for children, young people and their families.

Sheffield is data rich with a range of metrics collected and used across the partnership that ensure leaders understand the changing needs of the population and any emerging risks or gaps. These include:

- An extensive 'Inclusion Dashboard', demonstrating where we are seeing increases and decreases of educational engagement, needs assessments, SEND Placements and health service waiting time data. This also includes the national and core cities comparisons, and enable cross partnership planning and integrated commissioning arrangements through the identified governance arrangements (Priority 6).
- The 'Exclusion In All Its Forms' dashboard which helps the targeting of help and support for education providers across the partnership, linked to the Inclusion Model development. (Priority 1).
- Qualitative feedback from children, young people and families through regular engagement and youth voice captured through the Youth Council and SENDING Voices group.
- SPCF meet directly with leaders from the Local Area and feedback on parent/carer voice.
- Contract monitoring, performance reports, audits and quality assurance processes across education, health and care all provide vital feedback to inform the partnership of changes across the city including the experiences of children young people and their families.





- Part of the audit and quality assurance process is to ensure young person voice is heard and service effectiveness is considered upon the basis of the young people's feedback. Feedback is gathered from the youth groups, but also gathered through Snap surveys on social media and through our education providers.

Oversight of the key strategies, performance data and transformational work is through our place-based governance structures (which have been revised following the inception of the ICB) – see priority 6 governance structures.

We monitor child, school, locality and city level data and have a good understanding of needs and provision at an individual and service level. Practitioners understand the diverse range of needs they are supporting across the different areas of the city as the majority of our services work within the defined locality model.

We need to do more to collate and aggregate this data at a strategic level to collectively inform decision making and policy.

#### What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

- Further embed and strengthen our partnership arrangements and shared understanding of SEND in the city through our revised governance structures.
- Expand communications with children and young people through our developing Local Offer group as it expands its remit. For example, to include communication and co-production regarding transition/PFA improvements initiated through our Accelerated Progress Plan.
- Move more towards collection and monitoring of outcome data rather than activity data. Ensuring we are analysing the information for impact purposes and sharing this effectively across the partnership.
- Utilise more children, young people, and family voice and feedback in helping leaders understand experiences and outcomes. (See Priority 9).



**Priority 9 Leaders commission services and provision to meet the needs and aspirations of children and young people:**

- a) Services and systems have been designed around the needs of children and young people and are informed by evidence of what works in achieving good outcomes.
- b) Joint commissioning arrangements enable partners to make best use of all the resources available to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way.
- c) Leaders understand that children and young people with SEND may be more vulnerable to abuse and ensure that this is carefully considered when commissioning and evaluating services.
- d) The local authority identifies children and young people's needs accurately and arranges suitable full-time educational provision to meet the needs of children or young people who require alternative provision as early as possible, for example, ensuring that full-time education for children and young people who have been excluded begins no later than the sixth day of the exclusion
- e) The local authority ensures that there are intervention plans for each child and young person in alternative provision, including clear objectives and plans for their next steps, such as returning to mainstream education.
- f) Joint commissioning arrangements meet the local area's statutory responsibilities for identifying, assessing and meeting needs.

Our joint commissioning arrangements have been further developed and revised following the implementation of Integrated Care Boards and a greater focus on collaborative and shared place-based priorities. This enables a more integrated, systematic way of working to improve outcomes for children and young people with SEND and their families. This is in the context of increasing need and complexity within the city, as evidenced by referral rates in some services doubling over the last year e.g. CAMHS and specialist eating disorder services. There are planned waiting list initiatives for 2023/24 and financial investment aimed at positively impacting on waiting times.

The Children and Young People's Delivery Group is part of the revised governance for Sheffield Place, to oversee and champion the place-based priorities for children and young people. The Delivery Group is jointly chaired by the Director of Children's Services and the Children and Young People's Clinical Director, ICB. From a voice perspective the membership includes the Parent Carer Forum and the Children and Young People's Network. The place-based priorities are:

1. Empower parents/carers to support their children and young people (Early Help)
2. Expand the Inclusion Model and integrate health services within this, further roll out of the Inclusion Locality Model
3. Preparation for Adulthood (Transitions)
4. Increase focus and accountability across the system, streamlining governance arrangements and further develop and progress integrated ways of working and approaches

Additionally, the All-Age Mental Health, Learning Disability, Dementia and Autism (MHLDDA) Delivery Group is co-chaired by the Clinical Director for Mental Health, in SY ICB Sheffield Place and a VCF Senior Lead and oversees the agreed place-based priorities for positive emotional health and wellbeing and mental health transformation that includes a specific emphasis on children and young people and also a wider all age approach. The priorities are:

- Agree and oversee the plans to tackle the waiting times for CAMHS
- Design an integrated, holistic approach to children and young people's mental health and social care

- Deliver the commitments of the Autism Strategy and refine the diagnostic pathway for neurodevelopment
- Recommission learning disability community services - all age approach
- Continue to grow and develop the VCSE sector, working together to address health inequalities – all age approach

Our joint commissioning and place-based priorities are informed by:

- Citywide data on health, population and socioeconomic areas, this data can be distilled into geographic areas to inform locality working and service delivery.
- Joint Strategic Needs Assessments (JSNA)
- Our partnership outcomes; safe and nurtured, **children and young people are safe**, secure and nurtured within their own home, **safe communities**, children and young people are safe and supported in their community so that they are not at risk of harm, **good health**, children and young people have good physical health, **emotionally healthy**, children and young people are resilient and emotionally healthy, **engage in education and activities**, children and young people access their education, employment and their local community- with the overarching outcome of **children and young people with additional needs receive appropriate support in a timely manner**.
- Children and young people's lived experience
- Interface with inclusion and SEN processes, enabling day to day intelligence and caseload data
- Sheffield Parent Carer Forum (SPCF) and wider partnerships including the Inclusion Taskforce. Greatest needs data quilt
- Child level data, service monitoring activity, consultation, focus groups and surveys.

The routes of information are collated, jointly reviewed, and utilised to develop and inform our plans and priorities for the city.

We know the following about the impact of our joint commissioning arrangements:

- We have a number of indicators monitored through the Early Help data dashboard such as number of 16+ year olds with an EHCP, permanent exclusions of children and young people with SEND.
- Children are receiving better access to our Pupil Referral Unit that they were pre-pandemic. Absence has reduced since 2019 from 50.8% absence to 33.8% absence in 2021. Currently attendance sits at 68% for 2022/23 year to date. In-year absence in 2018 was 36.2% but is now at 30.9%. In-year persistent absence was 78% in 2018 but is now at 74.5%.
- We have increased the number of medical alternative provision places from 70 to 100.
- The Ofsted inspection of Becton School in March 2022 identified that 'more than half the pupils show massive improvements in how many days they regularly attend school.'
- Professionals and parents have improved access to online, co-produced Autism and Speech, Language and Communication resources to help them better understand and meet the needs of children and young people.
- Families of autistic young people are receiving valued peer support services provided by the Sheffield Parent Carer Forum.
- More children with specialist needs are being educated within the city due to a 25% increase in the number of specialist places available in Sheffield and our below average use of ISP placements versus comparable areas.

- We have opened a new special school, Discovery for Key Stage 2 to 4 children, and young people with complex communication/interaction and SEMH needs.
- 76 more children are receiving support in their local mainstream school through the development of 7 new integrated resources.
- Increased resources have been and are being secured through the joint commissioning arrangements and these are being invested in the greatest areas of need. For example, Autism in Schools and Speech and Language Legacy projects, which have provided training and peer support networks for schools, parents and children and young people, have evaluated very well with all groups.

To understand the impact of our joint commissioning arrangements we undertake the following:

- For integrated resources we are undertaking annual monitoring arrangements to review impact. Through this activity we look at case studies, attendance rates and onward destinations of learners. Further development in this space is needed (see next 12 months).
- In special schools, the impact of these places on young people is captured via annual reviews and achievement of outcomes in EHC Plans.
- In some areas we have a rolling process of assessment and audit, e.g. of EHCPs, repeating surveys such as Healthy Minds.
- Attendance data within Local Authority commissioned Alternative Provision is monitored through regular attendance reviews and as part of our attendance improvement work.
- All children in receipt of an EOTAS package to meet their needs are open to an Inclusion and Attendance key worker to ensure that the package of provision is effective.
- Where children are supported to access Local Authority part time Alternative Provision, an action plan is put in place as part of the Primary Inclusion Panel or Secondary Inclusion Panel to ensure that it forms part of a co-ordinated plan.
- Attendance of children accessing unregulated alternative provision via the Sheffield AP framework is recorded daily via a local authority system that is also available to schools.
- We co-produce several of our transformation programmes and service reviews with children, young people and families and use their regular feedback to inform and shape our plans, for example through the Autism in Schools project and our SENDing voices group.

### Alternative Provision:

Whilst the Pupil Referral Unit (PRU) remains a school that requires improvement, the September 2022 Ofsted monitoring visit found that the 'strategy of introducing the 'bases' approach has led to a marked improvement in attendance. In addition, it is clear that pupils are beginning to respond positively to the richer and more ambitious subject curriculum. You are taking effective action to further improve pupils' attendance.'

A rapid increase in children who are medically too ill to attend school has led to an increase in the commission for our medical Alternative Provision, now providing up to 100 places. The implementation of an 'Education for children who cannot attend due to health needs' policy statement and a revised model of admission to the provision has ensured that the local authority has tighter grip on the education provision commissioned and delivered for those with medical needs. Children are supported earlier through attendance work.

Too few young people successfully reintegrate from either the PRU or medical Alternative Provision. Whilst clear pathways are in place to aid reintegration, too few children are supported to return to a mainstream school.

Also linked to Priority 7 – there is a developed mechanism in place, through a contract with youth services to speak with children and young people upon significant changes within commissioning activities.

**What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?**

At a strategic level, the city’s Healthcare Partnership (HCP) group has agreed four high level transformational priorities for children and young people in 2023/25, all of which will support children and young people with SEND and their families:

1. Empower parents/carers to support their children and young people, (Early Help) Transformation of Family Hubs as part of trailblazer status, improve support to meet the needs of neurodiverse children, young people, and their families, transform the short break offer for disabled children and young people.
  2. Expand the Inclusion Model and integrate health services within this, further roll out of the Inclusion Locality Model, transform the health service community offer into school localities and primary care networks, develop enhanced support for children who are looked after to enable more looked after children and young people to be cared for in local provision reducing the need for external placements and children and young people being placed at a distance.
- Preparation for Adulthood (Transitions), enhanced training and awareness in preparation for adulthood, further develop and improve information, advice and guidance and continue to progress the SEND Accelerated Action Plan.
- Increase focus and accountability across the system, streamlining governance arrangements across the city and further develop and progress integrated ways of working and approaches.

This will result in:

- More services being delivered using the proportionate universalism approach to ensure that the city is improving the outcomes of those with greatest need whilst meeting need early and at the point of presentation.
- Community Paediatrics, Therapies and Health Care Assistants being integrated into the Inclusion Model.
- Refresh of our sufficiency plan, setting out our longer-term strategic intent.
- We will continue to progress further development of specialist places including opening two new special schools (2024 and 2026/2027) and the development of a post 16 employment/life skills hub (2024).
- We will continue to grow our integrated resources, with an ambition to double the number of places in the city by 2027 (a 300-place increase).
- We will undertake further work to improve our capturing of experience and outcomes for our integrated resources. This will inform further strategic activity.
- We will progress an Early Years element to the wider SEND plan aligning Building Successful Families and Family Hub transformation activity.

- We will monitor progress of training for CAMHS and other mental health staff around duties for working with people with SEND and improving reasonable adjustments and associated impact on Children, young people and families.
- We will implement the children young people Emotional Wellbeing and Mental Health Delivery Plan for 2023-24.
- We will improve data quality and data sharing across the system.
- Develop a Short Breaks Market Position Statement to further stimulate the market in providing a greater choice of and access to short break services for disabled children and their families.
- A commissioning exercise is underway to provide additional short break opportunities for young people aged 16-18 based on their feedback and aspirations. The intention is to provide a wider range of activities designed to increase independent living skills, prepare young people for adulthood and provide a wider range of socialisation opportunities.
- We will develop a targeted 18-25 offer for young people who need to access mental health support in early adulthood, aimed at improving their journey through recovery towards thriving.

#### Alternative Provision model

As part of our Alternative Provision (AP) model delivery plan, we will consider sufficiency of local authority commissioned Alternative Provision, including for those who are medically too ill to attend and those excluded from school. Specifically, we are seeking to develop a 'step out' model for those at risk of exclusion.

The AP model delivery plan will develop a more detailed expectation around intervention plans, we will understand the strengths and needs of these plans and how they fit with the Extended Support Plan and EHC Plan, recognising the increased numbers of children with SEND who access Alternative Provision.

- Ensure a 'Team around the School' is in place, starting with the Sheffield Inclusion Centre, that takes an 'Admissions, Review and Reintegration' approach that ensure that each provider has a clear plan of how they will effectively support children and young people throughout their journey in AP.

#### Education other than at School

A small number of children with EHC Plans have an agreed EOTAS package, overseen by the Local Authority. In the coming months we will build on the current review of oversight and engage further with children, young people and families, to ensure we are clear on the entry into EOTAS and academic journey through to post 16.



**Priority 10 Leaders evaluate services and make improvements**

- a) Leaders jointly evaluate whether their services and provision are improving outcomes for children, young people with SEND, not only whether children and young people have received the services.
- b) Leaders monitor whether there are sufficient services and provision to meet the needs and aspirations of the children and young people in their area and take appropriate action as a result.
- c) Leaders use information from a range of sources in their evaluation, including feedback from representative groups, children and young people using services and data relating to outcomes to improve their services and provision.
- d) Leaders have established clear processes to enable services and providers to evaluate and improve their provision regularly.
- e) The local authority evaluates how well the alternative provision it commissions is improving outcomes for children and young people and takes action if needed.
- f) The Local Authority maintains strong oversight arrangements for alternative provision it commissions, including oversight of each alternative provision's safety and suitability and in particular of alternative provision that are not registered as schools.

Through Priorities 6 to 9 we have covered how we engage with children, young people, and families to understand if we are improving outcomes. We have covered the data we use to measure impacts and further activities that will strengthen the experiential feedback and how we review the current commissioning and delivery services to support increasing needs.

As demonstrated through the governance arrangements outlined in Priority 6, regular meetings take place to evaluate service delivery and impact for children and young people with SEND across the partnership.

Further to this, leaders across children's services have visited every special school, integrated resource, and most mainstream schools across the city to discuss provision and delivery issues. As a leadership team we all maintain regular contact with education leadership regarding:

- Sufficiency and capacity
- Children's experiences, SEND and safeguarding
- Immediate feedback on improvement work, sufficiency, and capacity.

The Children's Services Leadership Team hold weekly meetings with Head Teachers to:

- Discuss educational issues and emerging trends
- Deploy resource to support improvement based upon joint evaluation.

Leaders are pro-active in engagement with children, young people, and their families, including the Director of Education meeting more than 30 parents in the last quarter to discuss the impact and delivery of SEND services. This also allowed opportunity for the negotiation of solutions and mitigation of risk for vulnerable children. These discussions have also helped inform and develop strategies to better meet individual needs of children.

Capacity and sufficiency of offer are continually monitored and assessed by leaders using information, data and voice provided by children and young people, parents and carers, school leaders and employer groups. This has resulted in improved and improving offers, including:

- Enhanced engagement in work experience, a new and improved Supported Internship, engagement in “Better Learners Better Workers” and the Big Challenge” - entrepreneurship and workplace engagement opportunities.
- The development of a focused partnership with The Sheffield College and Lifelong Learning and Skills to develop a joint delivery concept.
- The S&LT steering group and review – agreeing additional investment for increased assessment capacity to reduce escalation.
- CAMHS – agreed additional assessment investment and capacity for a timelier response to children and families in need of therapeutic intervention.
- The SEND Advisory Service Review.
- The Neuro-developmental pathway review – agreed investment for the assessment pathway to reduce waiting times.
- Early Help Review.

Delivery services conduct quality assurance, audit, deep dive learning opportunities, joint assessment reviews, learning walks, themed reviews, and curriculum reviews as part of their performance processes. These feed into service performance clinics, director level oversight performance clinics, strategic reviews, and analysis to measure the quality of each service and informs continual improvement plans.

Service Improvement Plans are part of the expectations for all areas of work across the partnership. These improvements plans must demonstrate how user experiences are informing service developments and how the effectiveness and impact is being monitored. Every Directorate has key priorities that feed into the outcomes identified in the city ‘One Year Plan’ in which SEND is included:

‘Deliver effective, person-focused SEND services,

- We will build better relationships with parents, deliver EHCPs within timescales, increase SEND places across the city and improve the transition to adulthood for more learners.’

Every area has their own performance management arrangements and are collectively held to account through the performance and delivery board outlined through the governance arrangements.

Alternative Provision in Sheffield is monitored through an Approved Provider Framework. When an Alternative Provision is unregistered, the framework allows the local authority to complete due diligence checks, including quality and safeguarding, before any child is allocated a place (21 Secondary and 10 Primary Providers). SLAs and contracts are used for all providers to ensure ongoing expectations are clear.

The Inclusion Centre – AP Free School have performance oversight through Ofsted, their School Improvement Partner, Management Committee, Officers Meetings and Support and Challenge Meetings. These work towards improving the weaknesses found during their Ofsted Inspection and subsequent monitoring visits which measured the Centre as requiring improvement – improvements have been identified in subsequent monitoring visits.

Further work is needed to address the disjointed nature of Alternative Provision offer across the city, this has been identified through the data oversight, feedback from schools, parents/carers, and young people's outcomes. Action has been taken to understand need, demand and what the structure should look like to allow children to achieve their best outcomes.

The local authority uses the Inclusion Tracker to ensure all Alternative Provision arrangements are recorded for individual children. This allows oversight of the benefits and impacts of the provision.

**What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?**

**Alternative Provision model**

Develop our AP offer and oversight:

- Establish a multi-agency Development Group who will work on 'what consistent best practice and high-quality provision across all AP will look like.'
- Develop the new 3-year AP framework for unregistered provision, building on our previous focus of providers having suitable safeguarding and quality checks, embedding a common practice across all AP.
- Further develop the quality elements of our provision using the IntegratED Alternative Provision quality toolkit.
- Robust recording of agreements for the use of AP and the outcomes that should be achieved for all children in attendance.

**Therapy and Assessment**

Over the next 12 months, leaders will monitor through the governance arrangements (Inclusion Improvement Board) the impact of the system wide actions linked to the therapy review and investments expecting to see reduced waiting times and improved outcomes for children and young people.

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**Priority 11 Leaders create an environment for effective practice and multi-agency working to flourish.**

- a) Processes and systems are set up to support practitioners to work together and share appropriate information in a timely manner, including strong systems for identifying and responding to risks to children and young people with SEND.
- b) Leaders ensure that practitioners are clear on their individual roles and how they can best work together to improve outcomes for children and young people.
- c) Leaders ensure that practitioners have the appropriate skills to understand children and young people’s needs and aspirations, and to create an inclusive environment.
- d) Leaders encourage practitioners working together to focus on the child or young person, identifying alternative solutions when existing options do not meet needs and aspirations effectively.
- e) Leaders ensure that practitioners working with children and young people with SEND have the right knowledge and skills to reduce the risk of harm, and understand that children and young people with SEND may be more vulnerable to abuse, neglect and exploitation.

Sheffield takes a strong multi-agency approach to identifying risks and protection for all children across the city. This has been recognised in the ILACS Good outcome for Children and Family Services. (July 2019).

**Inclusion Model – a ‘Team Around’ approach:**

At all levels across the partnership multi-agency working is embedded. The inclusion model demonstrates this effectively.

1. Team Around the Family – defined as a multi-agency response to family’s identified needs. A model of step in and step out operates for family’s who may live through and with temporary or long-term interruptions in their lives that require a multi-agency response of short- and long-term intervention.
2. Team Around the School – defined as a school led process supported by a team of multi-agency professionals. Meetings happen on a regular basis that develop strong local relationships. A focus on optimising whole school and cohort specific support that ensures improved outcomes for children.
3. Team Around the Locality – defined as an expert multi-agency panel consultation and advice in the seven localities across the city. The aim is to remove barriers to education for vulnerable pupils and ensure the holistic needs of children are met, where other approaches have not worked.
4. Team Around the City – defined as a core team of senior practitioners from across the partnership with decision making responsibilities that include statutory and other city-wide processes. This may include funding, placement allocation and access to resources that support children and young people to access education.
5. Team Around the Early Years – this is an emerging model of support designed around the private and voluntary sector of nurseries and childminders, helping them to access CPD and appropriate advice from a multi-agency team and panel within their local area.
6. Team Around the Specialist Approach in Mainstream – this is a developing model working with schools who have identified children with complex needs who require wrap around support from across the partnership, this involves specialist and targeted work based on the SCERTs approach with support from S&LT, Autism Social Communication Team, Special School outreach, Care and Inclusion colleagues for a Team Around the Family.

Further to this, the Governance arrangements from workstreams supporting the partnerships at the operational level through to the ICB Sheffield place framework governance structure allows multi-agency work to flourish.

### **Integrated Front Door for Early Help and Child Protection:**

The electronic IT systems available to practitioners across the partnership are not yet linked, however the partnership arrangements beyond IT systems are set up to ensure the best links and responses to families. Work is underway to bring systems together through a re-tendering process.

The Sheffield Safeguarding Hub operates as an Integrated Front Door for Early Help and Child Protection. This is a multi-agency team responding to requests for help across the partnership. The Hub represents the SEND partnership input into decision making as this is shared across Education, health and care for all referrals received. Our models of operation are supported by clear information sharing protocols that allow information to be shared safely across the partnership to protect and help children and young people.

### **Training:**

Practitioners across the partnership have access to a range of CPD, which includes the Safeguarding Training Offer from the Sheffield Children Safeguarding Partnership. A 3 month induction for all staff across the partnership takes place and includes training for:

- Safeguarding,
- SEND
- Partnership working
- GDPR and information sharing.
- Health and Safety

### **Inclusion Taskforce (ITF)**

The multi-agency group are responsible for SEND and inclusion training available to practitioners that supports the help and protection of children and young people.

### **The role of the Designated Clinical Officer**

The DCO offers a rolling programme of training to health services including regular 'clinic' drop-in session for professionals, where support and advice is provided. The DCO has worked with health services to develop their own internal QA processes and also provides oversight and input at wider EHCP process level. We have an EHCP Nurse Assessor role, who works with the DCO, providing quality assurance of health advice, training, advice and support to health practitioners in developing and providing high quality and timely information to support the EHCP process.

Other parts of the DCO's role includes:

**Transforming Care** - through proactive monitoring meetings support for children and young people who have needs under transforming care and who have escalating need/blockages in their provision can be discussed. This is closely linked to the Dynamic Support Register and risk registers held by CAHMS.



The panel has been running since 2019. It has led to improved working practices and, although there is no direct evidence to support better outcomes for children and young people, we know it has mobilised otherwise difficult cases within health, education, and care regardless of whether the child has an EHCP.

**Consultations** – Through the completion of a short referral form, children are brought to the attention of the DCO for advice and guidance on who within the NHS can best meet the identified need. This is also an opportunity to manage any risks that may be arising and find best possible solutions.

**Engagement Meetings** – Clinical Nurse Specialists and Therapy Services have engagement meeting with the DCO where SEND is discussed and information about LA services is shared. This has allowed for greater understanding across the NHS workforce and encourages multi-agency working. This has been the driver behind the use of Family Hub for assessment purposes, linking services to community provisions.

**Supervision Arrangements**

Across the partnership there are agreed supervision arrangements, all practitioners within the partnership have access to professional and personal supervisions. These sessions allow practitioners to discuss their roles, responsibilities, CPD, multi-agency working and performance. It is also an opportunity to discuss referrals, case work and gain an understanding of how to move support for a family forward. Every practitioner has access to at least monthly sessions, with many able to access fortnightly structured sessions and peer supervision through online platforms, or office dialogue.

As a partnership we can ensure effective working practices and multi-agency working through ongoing:

- Effective, regular supervision – clinical, case, and personal
- Personal Development Reviews – a time to reflect on practice and performance.
- Multi-agency audits and quality assurance process, both interdepartmental and multi-agency
  - Information sharing agreements.
  - Shared initiatives – Inclusion Model

**What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?**

**System Procurement:**

By 2025 the Local Authority will have procured a new case management system for education services within the Authority. The requirements of the system procured will be that it links to the Care system of Liquid Logic.

The system will also ensure there is the capability to build digitised EHC Plans and portals for document submissions.

**The role of the DCO:**

Over the next 12 months the new practitioners working with the DCO will come into post. This will allow opportunities for joint casework across the partnership and release the DCO into strategic development work.

The DCO will continue to deliver the training across NHS colleagues and raising the awareness of SEND and multi-agency working.

**Priority 12 Alternative Provision**

- a) Inspectors will use the evaluation criteria to evaluate the local authority’s commissioning and oversight of alternative provision for all children and young people in placements directly commissioned by the local authority. This includes evaluating how the local authority ensures that placements: meet the needs and aspirations of children and young people; provide the support they need; prepare them for their next steps; and enable them to feel valued and included in their community. Inspectors will consider whether the local authority’s use of unregistered and online provision is lawful and appropriate to children and young people’s needs.
- b) Inspectors will gather evidence to help evaluate the experiences and outcomes of children and young people with SEND in local authority-commissioned alternative provision. Where local authorities work with schools or trusts to commission and oversee placements, inspectors may gather and evaluate evidence about the local authority’s role. In graded education inspections, we look at the experiences of pupils in alternative provision commissioned directly by schools.
- c) Section 19 of the Education Act 1996 places a duty on local authorities to arrange alternative educational provision in school or elsewhere ‘for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education’. The education provided under section 19 should be full time (unless medical needs make this impossible) and suitable for the child, taking account of their age, ability and special educational needs (if any).

As outlined in Priority 10, work is being undertaken to ensure we have one single coherent plan and oversight of AP across the city. This includes:

- Registered AP - Sheffield Inclusion Centre (6<sup>th</sup> day provision for children receiving permanent exclusion from school)
- Further AP free school development (exclusion, reintegration and step out)
- Becton School – Chapel House - Medical AP (children identified as too unwell to attend school)
- Unregistered AP (re-engagement / vocational)
- School commissioned AP.

Sheffield has a well-established network of **unregulated Alternative Provision** that has evolved over time. The LA ensures effective safeguarding checks, observations of Teaching and Learning and monitors daily attendance at providers on the framework.

The Progressions Team supports the matching of placements meaning that children’s needs are known and that they are appropriately placed. Children attending unregulated AP tell us that it provides them a safe place for learning where they feel valued and feel they get a fresh opportunity to learn. (Summarised from responses to consultation gathered through providers, 2022).

Sheffield has one **registered Alternative Provision – Sheffield Inclusion Centre (SIC)** who are commissioned for 250 places to deliver the 6th-day provision for children excluded from school. As detailed in Priority 10, SIC is currently RI under Ofsted judgement. The improvement works, as detailed in Priority 10, can demonstrate improving attendance (reduced absence 50.8% 2019 - 33.8% 2021) with 68% being the current year to date attendance figures. It can be demonstrated that post-16 education engagement is improving from 68.8% in 2019 to 70.2% in 2022.

Sheffield Inclusion Centre are commissioned to deliver outreach provision, this is short term AP based on Nurture Principles. The impact tracker demonstrates over 3 terms, this provision is effective in reducing the likelihood of suspension for 100% of the children who attend. (2022)

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Sheffield commissions 100 places at **Becton School via Chapel House, to meet duties related to children medically too ill to attend**. The 'Health Needs in School' policy now exists that identifies how children should be supported prior to accessing medical AP and how the medical AP offer should be implemented. As referenced in Priority 9, attendance improves for children who access Becton School. Average attendance exceeds national benchmarks for medical needs education. 71% of children had improved attendance by 20% or more since starting at provision. (2022)

Only 2 of the Y11 leavers in 2022 went on to be NEET from this provision. 95% of leavers had places secured at FE, training or entered employment. Entry and exit meetings are held fortnightly to ensure children most in need have access to the provision and those who need to re-enter their mainstream school can do so, supported by a reintegration plan. Commissioning arrangements have ensured the SLA is in place with KPIs identified regular monitoring meetings in place to ensure these are met.

We know through our oversight of data, regular meetings and contract monitoring that too few children are reintegrated from AP across the city.

- 27% of young people accessing Chapel House were reintegrated to mainstream school, 20% transitioned to special school and the remainder left following Year 11 or left city.
- 4.8% of children accessing SIC have been reintegrated this year – although plans to increase numbers of reintegration are in place.

Over the last 12 months we have spent time reviewing the AP offers and we are able to consult on the new implementation vision, which is in line with the SEND and AP Green Paper Improvement plan 'intervention not destination.'

**What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?**

**Alternative Provision model**

A development group (as referenced in priority 10) is being put in place to drive this work forward, backed by a project management approach. A critical focus will be on clear communication of what we are trying to achieve.

- Medical - provision that delivers alongside a clear treatment plan for those who are medically unable to attend school.
- Exclusion – Provision for children excluded from school focused on supporting behavioural change and re-integration to a future full-time placement or post-16 education.
- Vocational – Creation of a vocational offer that sits alongside the school-based curriculum that is qualification led and supports transition to post-16 education.
- Intervention & assessment – Short term, part time, targeted provision that assesses or addresses needs, enabling a reduction in risk of exclusion.
- Key stage 1-3 full time provision – Provision focused on assessing and meeting needs that supports effective transition back to school with the skills in place to manage the curriculum. Provision is likely to be over an extended period. Pupils would remain dual registered ensuring a link to their home school for reintegration.

- Key stage 4 full time provision – Provision focused on assessing and meeting needs that supports effective transition into post-16 education with the skills in place to manage the curriculum. Provision is likely to be until the end of Year 11. Pupils would remain dual registered ensuring a link to their home school for possible reintegration or access to elements of the curriculum.
- Step out – Short term, full time step out provision to address potential excludable issues, for example drug use, offensive weapons, violent behaviour. Ideally this should be up to 6 weeks. Within the provision there should be effective assessment of the risks of exclusion.
- Engagement – Provision for learners who are at a point where they are unable to engage with a formal learning environment, focused on enabling them to get ready to learn.

The Alternative Provision development plan seeks to ensure tighter grip on the offer citywide, better understanding of what is needed and what works and ultimately better outcomes, measured through a reduction in exclusions in all forms and evidenced through our inclusion tracker. As part of this work, we will:

- Review how Alternative Provision is funded. This citywide funding review will make recommendations on future cost of Alternative Provision that seeks to incentivise the use Alternative Provision as part of a clear plan of inclusion prior to the requirement for statutory intervention.
  - Review, through consultation with schools, the potential sufficiency demands against each part of the system. This will ensure that we have sufficient appropriate placements for the city in the coming years.
- Continue to ensure that our AP offer is being developed, including through the two bids we have submitted for Alternative Provision Free Schools.
- Procure a new 3-year framework from which to contract AP providers. As part of this we will develop a wider training offer for providers that ensures effective safeguarding and trauma informed interventions are in place.
- Look at how we can create capacity for upstream support, linking with work to review our advisory service offer, so that we have appropriate SEMH interventions available to school to support children who may be at risk of exclusion.

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