

Learning from local areas on the challenges and opportunities to developing effective SEND systems

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This resource summarises learning from work in local areas under the RISE contract, as well as intelligence we have heard via national, regional and other local area work.

In addition to an articulation of the challenges local areas face, we have included examples of effective practice and examples of the interventions we deliver under the RISE contract. Themes align with those in the codesigned Effective Practice Evidence Framework.

Coproduction and relationships at the heart of the system

A strong focus on coproduction and using lived experience to shape system and service design is a fundamental pillar of an effective system, but why is it such a challenge?

Definitions and understanding

- Stakeholders in local areas have differing understandings of the definition of coproduction vs. participation, and of the mechanisms that should be embedded to make it a reality.
- Local authority and health colleagues have different approaches and drivers to engagement and coproduction. Arguably coproduction on SEND in local authorities is more embedded than it is in health, though DCO roles are key in ensuring that health's role in this is not lost.
- There is an assumption that co-production is the sole responsibility of those with 'engagement' or 'participation' in their title, and usually those people are relatively junior. This assumption means that the value and output of coproduction work is often not escalated to a senior level.
- There is an assumption that all decisions related to design and system leadership should be coproduced, and often a fear to share transparently how decisions have been reached.

Workforce skills

- There can be a lack of skills amongst practitioners to have creative and collaborative conversations about what good may look like. This can also manifest as a fear of causing offence or escalating tensions.
- There is a lack of knowledge and skills on how to engage with children and young people who are non-verbal or who have low literacy.
- Practitioners can lack confidence to know that setting parameters and realistic boundaries does not undermine co-production and participation.

Coproduction in challenging times

- When there is a need to co-produce new services, models or new resources this can be seen as exciting, but when the context about minimising damage, managing decline or a cut to a service, leading coproduction work is much more challenging. Support is needed at these times and this means additional senior capacity.
- Levels of tension and lack of clarity between different parts of the SEND system locally can



result in leaders feeling uncertain about what point to involve parent carers, children and young people.

Building the right environment

- Local areas must be able to evidence how they have coproduced and be confident that they drew in widespread views to be able to effectively deal with the fact that views differ. This depth of evidence take time.
- There continues to be a lack of funding for engagement work, especially with children and young people which requires a significant investment.
- Where deliverables, objectives or requirements for a system come down on a local area without the opportunity to adapt, coproduction is not possible from the point of a blank page. However the co-production of *how* what is required to be done, is possible. This is often not done.
- From the outset monitoring and evaluation frameworks need to be built into new work which make clear how voice will be used, where, when and why. This is seldom done.

Working with Parent Carers

- Local areas are working with parent carer forums of differing structures and maturity, which means no one approach fits all.

Shared vision and purpose

Central to an effective SEND system in a local area is a shared ethos which is agreed across all partners, with shared responsibility and accountability for delivering a shared vision and priorities. What stands in the way of this?

Capacity to step back and look strategically

- Most local areas we work with have a vision for their SEND system, often which has been codesigned with stakeholders, but this is very infrequently used as a guide for **decision-making and system redesign**.
- We hear frequently from leaders and managers that too much time is taken up with **firefighting and crisis management**, this impacts on their time and ability to take a step back and plan effectively with partners.
- Many local areas are working on multiple improvement programmes, but few have an overarching view of how these individual programmes of work come together in a **cohesive change programme**.
- Local areas have numerous strategies and policies which pertain to children and young people with SEND and their families, but these documents are often **developed in isolation**. This means that documents are not mutually supportive, and sometimes contradictory.

Lack of ambition and building the vision

- There is still a **lack of ambition** for children and young people with SEND
- For those areas who don't have an agreed vision or joint strategy, we hear the challenge that leaders don't know what good looks like.



- There is a **disconnect** between the **complex experience of being a practitioner** and building relationships with families, and how this can translate to a meaningful and implementable vision and strategy
- The "shared" aspect of vision and strategy development can be uneven with some partners being less involved.

Outcomes and Data

- Integrated Care Systems provide a meaningful opportunity to boost strategic planning and delivery of services around SEND in a more sustainable way but it is still unclear how this will work in practice, especially the **relationship between system, place and local authorities**.
- Many local areas **still have a focus on outputs** (changes to processes, services and provision) **rather than outcomes** (improving children, young people and families' lives) in their strategic documentation.
- Data collected at operational or individual level is **not aggregated at the systems level** to inform commissioning and strategic planning.

Stable and knowledgeable leadership and governance

Collective buy-in from leaders across all partners in the SEND system is critical, this needs to be broad and distributed and supported by robust governance, structures and communication. There also needs to be 'fertile ground' to ensure that the system is ready to implement any changes in strategy and direction. What stands in the way of this?

Collective buy-in, equal decision-making?

- In the absence of an equal share of joint requirements across partners, collective buy-in is difficult to achieve, often leading to a **contest for resources** to deliver competing priorities.
- The shift to bigger health commissioning footprints (Integrated Care Systems) adds a new **uncertainty to existing partnerships**, funding arrangements and service delivery.
- **Comprehensive joint commissioning arrangements** are not embedded or standard across the board, though there are good examples for specific pathways and services.

Capacity to lead on SEND

- The time needed to plan, design and embed change is significant and requires leaders and senior managers to be consistent, **turnover** in this group is significant and the use of interims is common.
- A lack of **strategic planning capacity** and **development roles** have diminished.

Fertile ground and system change

- In some areas, while SEND is a significant part of local authority business, it can be the case that it is not seen as a **top priority at executive and director level, and politically locally**.
- The context and legislation around SEND may be challenging and subject to change, which can add uncertainty to local leaders plans. While significant change and improvement can still be led from local areas, this takes **brave and bold leadership**.

A focus on quality delivery of the essentials

A robust understanding of the statutory framework across all partners and a bedrock of consistently high-quality delivery against those duties, should ensure that all children and young people with SEND have access to practice and provision, from the universal to specialist, that supports them to achieve

their best possible outcomes. What challenges local areas to get there?

A solid universal offer which links to targeted and specialist

- When properly and collaboratively developed across the local system, an Ordinarily Available Provision framework can be a tool that will reenergise the creativity of the frontline, and better support more children and young people in mainstream settings. However, for many local areas their framework has not been collaboratively designed and is not used dynamically.

Complexity and interconnected vulnerabilities

- There is a recognised gap in understanding and specialism in the needs of children and young people with autism and a mental health problem, therefore a significant gap in appropriate provision. Diagnostic overshadowing can be significant for young people with the most complex needs.
- Long waiting lists for specialist assessment and diagnostic pathways.

Linking practice to strategy

- Commissioning happens too often in silos and there is not enough focus what quality commissioning of services looks like and how this is best supported.
- There is a disconnect in how data is used and shared across from delivery teams across agencies. It is not being used to redesign services and pathways to meet shifts in demand.

Communications

- Local offers are not engaging and live sources of how to access support, instead they are often out of date lists of services and referral criteria.
- There is a lack of communication and sharing between teams about individual children and young people e.g. Early Help teams and SEND statutory team in relation to social care.

EHC Plans and process

Much of the delivery in local areas under the RISE contract has been related to EHC plans and the process. This is a summary of the challenges captured.

- The **increasing number of ECHP requests** puts pressure on the whole system.
- **Capacity of advice givers** was raised more than any other issue. Challenges in recruitment and growing caseloads mean that across the board (Education, Health and Social Care), advice givers lack the time necessary to write in-depth, person-centred advice to inform a quality EHCP.
- **Families do not understand the EHCP process** when they start and do not feel updated as they move along it. This means that a lot of staff time is taken up responding to parental queries/ complaints.
- **Aspirations and outcomes** are not identified in partnership with children, young people and/or parent carers at



the beginning of the process. This means that advice givers do not receive the aspirations and outcomes with the request for advice and so cannot write advice which connects needs, outcomes and provision. In addition, it is often unclear who is responsible for supporting children, young people and families to identify their aspirations and outcomes.

- There continues to be challenge from health colleagues in meeting the **6-week statutory timeline** to provide health advice and information.
- Increasingly, advice givers are under pressure to only **recommend provision that is currently available**, rather than what is right and appropriate for the child or young person.
- The requirement to give specific and quantified provision is in tension with interventions (particularly therapies) which evolve in response to the individual's progress.
- Advice givers do not have the **opportunity to discuss/ explore each other's advice**. In an ideal world, advice givers would like to have multi-disciplinary meetings to discuss individual's support and how these fit together into a comprehensive package, however capacity does not allow for this. Many areas are exploring digital portals as an alternative, but no software currently meets all needs.
- **Annual Reviews are not sufficiently person-centred.**

A well organised, skilled and supported workforce

A stable workforce which is organised in a sensible way and with sufficient capacity to deliver is what will ensure that children and young people with SEND can access the support they need, when they need it. However workforce is a perennial issue discussed in relation to SEND, why?

Processes

- In many local areas there is a lack of a robust induction processes which focuses on SEND and local related processes.
- Roles and responsibilities across agencies are not understood and this can lead to duplication of work with families or an assumption that processes take place when they don't.

Workforce Shortages/Wider Pressures

- Ofsted work on residential special schools is showing capacity challenges and issues with finding staff with appropriate skills and experience.
- Some professionals who require accreditation are in very limited supply and local areas have very limited ability to increase supply without poaching from other local areas.
- Remuneration doesn't follow the skillset required to work with children and young people with the most complex needs.

Developing Skillsets and Continuing Professional Development

- There isn't a focus on continuous learning and refreshers on the legal duties for staff across the workforce, this extends to school staff. There is no mandatory training on the Equality Act or Children & Families Act and their implications for practice.
- Local areas are not in control of the training of practitioners.
- There is a gap in support available to social workers to enable them to have supportive but also challenging conversations in relation to safeguarding and disabled children and their families.

Functions and roles

- SEND specific strategic roles (Designated Clinical/Medical Officer and Designated Social Care Officers) are 'outside' of traditional work streams, and therefore can feel isolated in a local area.

- Families tell us that when things work, it's because of a specific, named individual who 'gets it' – there is not an easy way to make the qualities of those people a standard expectation across the workforce.
- Lack of consistency on understanding of the role of the EHC plan co-ordinator (writer, caseworker). No clear requirements or consistent approach to the role, yet it is a pivotal role in local systems.
- Thinking about the workforce beyond social workers, there's a need to consider the importance of support workers and other professionals who directly support disabled children with social care needs.
- A lack of recognition that disabled children's social work is a specialist field and that it requires focussed induction and embedding in a local system.

Emerging Effective Models, Useful Resources, Opportunities and Example Interventions Delivered by RISE

Coproduction

- **Hounslow:** intending to set up quarterly open 'listening and sharing events' to look back on local activity and hear arising and developing issues.
- **Wirral:** New in-house co-production training.
- **Kent:** Co-production with pupils to influence school-wide policy – pupil parliament.
- **General:** Setting up a consistent/regular opportunity for parents to engage with Local Area Leaders in relation to their priorities and to hear feedback to build the relationships

Current RISE interventions:

- Developing/ refreshing the local co-production charter
- 'Bringing the co-production charter to life' – implementing the local co-production charter
- Monitoring and evaluating co-production
- Developing a local co-production training package

Shared Vision & Evidence informed priorities

- The new **joint-inspection framework** from Ofsted and CQC has a renewed focus on leadership and outcomes.
- [Outcomes Framework Data Dashboard](#), CDC developed a multiagency data dashboard to enable local areas to see a mixture of quantitative and qualitative data against a coproduce outcomes framework.
- [System Checklist](#), CDC developed this tool which provides local areas with a framework for assessing their progress to effective joint working and which provides evidence to develop priorities across a local system.
- Rochdale outcomes framework and **co-designed SEND vision** is an effective example of how a local area vision can unite all partners.

Current RISE interventions:

- 'Joining the Dots for SEND': Aligning strategic outcomes, priorities and key approaches
- Developing a strategic outcomes framework
- 'Telling the story of SEND':



- Developing an outcomes-based approach to data
- System-wide improvement mapping: Developing a single, cohesive change plan which incorporates programmes of work from across the system

Stable and Knowledgeable Leadership & Governance

- **Rochdale:** Using an outcomes-based accountability approach Rochdale has developed an integrated SEND team across the local authority and health, which is guided by a codesigned vision, outcomes framework and made a reality via an alliance contract.
- **Keyworking services** developing and strengthening multi-agency oversight and response to children on Dynamic Support Registers and then have capacity to put the resources in place to support individual children and young people.
- **Emerging governance around SEND** in Integrated Care Boards; we believe there is the opportunity at this footprint to make more effective commissioning decisions for CYP with the most complex needs at high cost.
- **Children's Cross Regional Arrangements Group:** cross regional arrangements
- In some local areas which have been able to **make service design decisions to address long-term challenges e.g. Greater Manchester and Camden**, they have in common consistent leadership, who are knowledgeable and confident enough about their own local context that they can adapt to changing national direction without losing sight of local vision.

Quality Delivery of the Essentials

- **SENDIASS services** are frequently highlighted in SEND inspection reports as examples of effective services delivering direct support to families, some are diversifying their offer in other ways.
- CDC has developed **tools and eLearning** to support local areas to develop holistic outcomes in EHC plans and resources to support health and social care practitioners to write advice for EHC plans.
- **Keyworking services** are making a significant difference for children at risk of admissions.
- Collaboratively developed **Ordinarily Available Provision frameworks** have the potential to support more children in mainstream and universal provision, and to reignite creativity amongst the workforce working with children and young people. CDC has developed elearning to support local areas to critically review their own frameworks and draw on effective examples to develop more effective versions in their own context. Some local areas are developing age specific versions of the framework e.g. for Early Years settings.

Current RISE interventions:

- Developing an Ordinarily Available Provision framework
- Data, voice and commissioning
- Mapping and/or developing specific pathways (e.g. Neurodevelopmental)
- Aligning priorities with strategic outcomes
- 'Turning the Curve': Exploring the story behind key data metrics and how the trajectory can be improved
- Pinch Points in the EHCP Process: Identifying and overcoming barriers
- Guided audit of EHCP advice
- Co-Production in the EHCP process
- Delivering quality, person-centred Annual Reviews



A well-organised, skilled and supported workforce

- **Social Care Train the Trainer** model to embed a social care SEND champion network in local authorities to support ongoing and sustainable workforce support and development
- Creating **Senior Social Worker** roles in Disabled Children's Teams who can offer consultation and support to other social workers and hold SEND expertise in the team
- **Additional Roles Reimbursement Scheme** supporting Primary Care Networks by providing additional roles as part of an integrated health and social care workforce. Some CYP specific practice examples.
- **Connecting Care for Children;** a model in NW London which uses a GP hub model to bring specialist health expertise to the community and to upskill GPs to better meet the needs of CYP close to home.
- **Manchester Metropolitan University** social care degree apprenticeship.
- **Designated Clinical Officer and Designated Social Care Officer role evolution;** roles have functions around training wider workforces on SEND and ensuring that SEND is business of health and social care respectively.
- **Head of SEND** roles in Integrated Care Boards and emerging SEND governance structures at system and place.
- **CDC elearning** on many SEND related themes from EHC plans to Liberty Protection Safeguards.
- A **SEND Training Assurance Framework** which sets out the core competencies related to SEND for all staff working across the NHS. Level 1 & 2 SEND Awareness training elearning will soon be available on Health Education England's platform enabling providers to track compliance rates.
- Setting up a **consultation and advice team** that does not case hold but can upskill practitioners in other parts of children's services and apply their expertise on SEND

Current RISE interventions:

- SEN Case Officer skills, qualities and confidence
- Training programme based on workforce survey
- Elearning development
- Series of national events and webinars to share policy and practice updates





About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC membership is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provides a unique overview of current issues. It also enables us to promote collaborative and partnership working among organisations.

CDC hosts the following networks and projects:

- IASS Network
- Independent Support
- Making Ourselves Heard
- Special Educational Consortium
- Transition Information Network

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NATIONAL CHILDREN'S BUREAU