

North Somerset SEND Partnership

SEND Improvement Board Minutes

Tuesday 16th April 2024, 9.00am to 11.00am

Present

Cllr. Catherine Gibbons (CG) Executive Member & Chair
Jo Walker (JW), Chief Executive, NSC
Anthony Webster (AW), Head of SEND, NSC
Claire Shiels (CS), Director, Children's Services, NSC
Kenton Mee (KM), Chief Executive for North Somerset Parents Carer's Working Together & Parent Carer Forum for North Somerset
Alison Stone (AS), Head of Children's Commissioning, NSC
Ed Bowen-Roberts (EBR), Headteacher, Baytree and Representative for Special Schools
Wendy Packer (WP), Head of Inclusion, NSC
Anna Clark (AC), Senior Performance Improvement Manager, Children's Services, ICB
Rosie Shepherd (RS), Chief Nurse, ICB
Jane Antis (JA), Assistant Director, Children's Services, NSC
Dawn Newton (DN), Head of Front Door and Family Wellbeing, Children's Social Care, NSC
Grainne Rogers (GR) on behalf of Lorraine McMullen
Emma Brown (EBro), Vulnerable Children's Unit, Case Lead, DfE
Emma Bray (EBra), Headteacher Christ Church Primary, representing Primary Headteachers
Mandy Plumridge (MP), SEND Manager, NSC
Hannah Batts (HB), Principal Business Intelligence Lead, NSC
Bally Nagra (BN), Head of Service for Children with Disabilities Service in North Somerset
Helen Caldwell (HC), Interim Head of Learning and Achievement, NSC
Jacqui Scott (JS), Interim Head of Virtual Schools
J Smith (JSm), Headteacher Clevedon School,
Rebecca Pinder (RP), Minute Taker

Apologies

Justin Humphries (JH), Secondary Head Representative, St Katherine's School

Martin Hawketts (MH), Head of Service, Adult Social Care, NSC
Shane Devlin (SD), Chief Executive for Integrated Care Board for BNSSG
Pip Hesketh (PH), Assistant Director for Education Partnerships, NSC
Emma Diakou (ED), Head of Business Insight, Policy & Partnerships, NSC
Georgie MacArthur (GM), Consultant in Public Health for NSC
Claire Bullock (CB), North Somerset Parent Carers Working Together
Jane Humphreys (JaH), Children's Improvement Advisor within the Local Government Association

1.0 Welcome and Introductions

CG opened the meeting and welcomed members.

2.0 Minutes of the Improvement Board 19th March 2024

Minutes approved.

2.1 Action Log

- 2.1.1 Health. GR and her team are working on updating case studies from the Health Service and are in the process of writing and checking them to get them submitted into our SEND evidence folder. Item in progress and will be completed within 3 weeks.
- 2.1.2 Case Review. CS is having conversations today around what the inspection will look like for different practitioners and staff, training will be started today and follow up sessions with individuals will be part of the inspection readiness as things move forward.
- 2.1.3 NSCPWT. Mark Hemmings is working across South Gloucestershire, Bristol, and North Somerset around funding for the Parent Carer Forums and making sure they are sustainable, work is ongoing behind the scenes.

2.2 Risk Log

- 2.2.1 AW and SD have updated the Risk Log. **The first 6 items around leadership, holistic and national issues are unlikely to change, the Board agreed these should be kept note of, to give context to the Risk Log. AW to add these to the issues tab on the spreadsheet. ACTION.** AW proposed to identify 3 or 4 of the most significant risks to bring to the Board for strategic thinking about what the next steps could be. Arrows have been added to show whether risks have increased or decreased. The Risk Log scrutiny will become a regular exercise.

2.3 Forward Plan

- 2.3.1 The June Board meeting is in person at the Town Hall and the following Board in early September.

AW has tracked to November 2025 to give an idea how things will flow. Future standing items can be added and extended as needed.

2.4 Update on Terms of Reference and Meeting Frequency

2.4.1 It has been agreed the Board will be held every 2 months.

3.0 Assessments and Reviews Reports

3.1 MP highlighted key points. There has been a significant increase in the number of assessments with 103 in January, it's suspected a significant part of that will be around the Top-Up funding review and schools no longer being able to request non-statutory funding. Schools are advising parents to make the request. Numbers mean there's not sufficient Educational Psychologist time and this will impact our compliance. The team were hoping to have cleared the backlog by the end of March; 20 cases are taken from the backlog each month. The number of plans issued in 20 weeks, are 57% in January, 71% in February and 66% in March, until the backlog can be tackled progress won't be made. The backlog was over 120 a year in September, it's now at 45 to 50, the team are working with the Educational Psychologist Service (EPS) to access locums to bring those figures down as quickly as possible.

3.2 AW believes the increase relates to changes to the Top Up funding; the team are introducing the new matrix for mainstream schools; they are working with schools and professionals this afternoon to moderate those with an EHCP to move into the new system. AW hopes those changes will reassure the system and work with EPS and Special Schools around outreach to increase early intervention to improve system confidence. Parents aren't feeling confident in the system and children aren't getting the support they need. CG has heard from parents who have been encouraged by the school to make the request.

3.3 KM asked for clarification on numbers coming through. It was predicted there would be an increase with the Safety Valve and the shift in funding. MP stated the figures went up slightly following moderation, it was hard to quantify the Top-Up funding requests and the process could have gone through the normal moderation process where children didn't have an EHCP; MP felt the numbers were more than anticipated. Safety Valve targets are on track, there's a difference between a higher level in post-16 than pre-16. When projections were being considered the team were trying to manage those that didn't have a plan and move them through a managed route; some of that is being done, but there was also a significant increase last year. The team planned to do 100 a year and within a few months had 113 in the system, already when there weren't enough EPs, AW is hoping if they can get back to '0' that should be managed through early intervention and nurture to reassure the system children's needs are being met and recognised at the earliest point.

3.4 Reviewing is being done constantly and feels reasonably on track. JW wanted to know how the Board could support conversations with mainstream settings around tribunals.

When the team turn down an assessment request and refuse to issue a plan there's a risk a parents will take us to appeal; parents don't feel confident schools can meet their child's needs.

- 3.5 When SEND consult with schools they often respond to say they can't meet those children's needs. Schools need to have more of a 'can do' attitude and show parents they're confident about meeting needs. **JW, CG and CS to identify clarity of support and time frame of the Board. ACTION.** There's a growing negative perception of the Safety Valve Project which is affecting people's confidence in the system. CS wants to ensure the area offers a wide range of support to children and families with SEND, particularly SEMH and to share what family support and reasonable adjustments are available, and that an EHCP isn't the only way to get support. Also, a conversation around the Safety Valve Program, what that means and to dispel the myths. **An honest conversation is needed between the Board and CEO's, about what the system is trying to achieve, what's working well, what can be improved and then further analysis on the EHCP requests and SEMH. CS to host a conversation with CEO's, to develop plans around inclusion. ACTION.**
- 3.6 One of the challenges faced is the disparity in the TUF funding between the independent sector and what can be accessed through our TUF rates. EBR suggested a conversation with CEOs about what is needed to be able to support these young people with the TUF bands. EBR highlighted the quality of Annual Reviews, one gave no understanding of the child at the point of tribunal; the personal element has been lost now they're electronic and are now a box ticking exercise.
- 3.7 MP recognised it's apparent the quality has declined over the years. Teams training has been offered to all schools, the take up has been mixed and training will be offered again. The team have been working on a project looking at an existing plan that wasn't very good, clarity is needed with schools what actions need to be taken as part of that annual review process and what information is missing, that's been successful the issue now is how that is upscaled.
- 3.8 35% of children are being turned down for needs assessment; KM didn't think they should be turned down and families need validating; this gives an opportunity to unpick with schools some of the system challenges. 65 families took North Somerset to tribunal over the year and a supportive process needs to be created. KM suggested that meeting with CEO's would be beneficial for the local authority to have a supportive framed approach, families are still struggling to get answers. There is more work to do in this space.
- 3.9 AW explained that AANTS is an additional analysis tool available to schools and the system works with EPs and schools on early intervention work to support children. The EP interprets the result and produces a report which goes back to school for strategies and support. It's available for schools but comes down to capacity.

AW is trying to complete a number a month and is meeting with Guy to look at plans for the EP Service for next year. There is a cost so that depends on school funding, and whether work is done with schools to look at local authority funding.

- 3.10 EBra noted that SENCo's report a similar picture on the quality of EHCPs, saying it's difficult for Health to attend annual reviews and SEND officers to attend EHCP reviews; SENCO's feel they have responsibility for writing EHCPs. Lots of dates need to be provided to train team leaders for primary SENCOs. If SENCOs are trained effectively quality will increase, the views of SEND officers and Health are needed at annual reviews.
- 3.11 Secondly is the increase in SEMH needs with pupils as young as 3 with emerging needs. The SEND Improvement Board are working with the SEMH Steering Group which will bring around a huge shift. All schools are receiving the Karen Treisman; but in terms of support on the ground it comes down funding. Teachers are reporting pupils with SEMH are sharing their needs through their behaviour, which is challenging. It's good to hear EP capacity and outreach is increasing.
- 3.12 CS reinforced the need for everyone to provide support, an EHCP system is not the only element to supporting families, and the system needs to consider how schools are supported to be able to respond to our Early Help Offer and how to support teachers in schools with techniques from practitioners. There's something about what the Training Offer looks like and an agency approach to what the team's supporting schools looks like. There's a piece of joined up work with partners in Health around types of needs coming through and signposting to other sources of help to take away for our Children's Support and Safeguarding Plan around what the joined-up offer is across Children's Services. The Family Support Worker post will pick up some of that work.
- 3.13 The Annual Review compliance figures are mixed, 98% of school transfer reviews were sent by 15th February and 100% for FE transfers. Where papers were received in time it was 66% compliant and 54% where the paperwork wasn't in time, which is an issue when they don't come in until after the due date. There's a need to deep dive into the report quality, MP hopes to see the number of re-rated plans increase. There's now a permanent DPO who will be supporting Jodie to ensure Health is included in the plans. The child/parent/carer voice is improving as well.
- 3.14 EBra referred to SEMH needs; SENCOs are now adding Early Help pages, but feedback on the level of support with the two programs is that it's confusing; there's Family Support and the additional Supporting Families, more training and support is needed for SEMH at early level.
- 3.15 Regarding the Parent/Carer survey, 66 parents have been spoken to, those parents who have gone through the process previously are recognising an improvement.

4.0 Attendance and Exclusion

- 4.1 Young people who have EHCPs in whatever setting have higher rates of absence than peers without SEND and the proportion of children with EHCPs persistently absent from school is higher. Current data isn't like for like as the year isn't finished, although WP has noted some temporary signs of improvement, that may not be the same at the end of the year. There have been data issues to how attendance has been received during the last 12 months and Business Intelligence colleagues are trying to rectify that.
- 4.2 More important than numbers, is what's being done to support youngsters with SEND and attendance. There's a lot of work to do with statutory guidance, a lot of work is going on supporting colleagues in schools and to ensure attendance is a prime focus. Education Welfare Service meetings should be three times a year, they don't have capacity and are going in once or twice; that gives us the opportunity to talk to attendance leads in schools about how to support those young people; clearly a significant number of those are either EHCP students or receive SEN support.
- 4.3 Schools have their own Education Welfare Officers and SEND Officers who do a lot of work to help children and young people with EHCPs. WP is doing a lot of work to focus a multi-agency approach for those missing education or not receiving their full entitlement. Colleagues are meeting three mornings a week to see what can be done to accelerate progress. WP also meets with SEND colleagues and other teams to ensure monitoring and tracking is done for those with EHCPs; and a monthly meeting with Health colleagues for concerns for youngsters with EHCPs. WP is pulling together as many services as possible to ensure information is triangulated to highlight any youngsters that are being missed; and ensuring there is capacity at future meetings.
- 4.4 Regarding suspensions and permanent exclusions, there has been an increase in suspensions for youngsters with EHCPs already, there are still 2 terms to go. WP has identified the principal reasons for suspensions are to do with physical assaults, either against an adult or pupil, or consistently disruptive behaviour, which is a huge concern. Schools are doing their best to support these children and young people, but they are seeing high levels of dysregulated behaviour at times which means they struggle to try and match those peoples' needs. The youngsters often come to the Inclusion Panel, where multi-agencies support schools with advice and guidance to try to maintain placements. The levels of assault are across the range, those displaying aggressive behaviours are fewer in number, but they do exist, and colleagues come to panel very distressed, where staff are being bitten and pushed. It's not just mild frustration and that's what becomes worrying when schools feel they have no other option and need to consider welfare of students and staff.
- 4.5 There's a piece of work to develop how to get this right and how the school environment is one where the child can thrive and feel confident and be supported to manage that behaviour.

Also, there's a conversation to have across the system on how to help parents and carers manage and what boundaries look like and how to use the behaviour hub work for the school system. CS believes that behaviour is communication and it's a difficult language to respond to, this is being seen in 3-year-olds.

- 4.6 JS is seeing the communication of unmet needs through the emergence of deliberate, sustained, and co-ordinated violence against staff which is a worrying trend. There are moments of frustration and unintended consequences, but JW is now seeing intended consequences from a small number of students. Training is looking at depersonalising the actions and reminding staff who the adult in the room is.
- 4.7 BN would argue whether a 4-year-old would understand consequences of their behaviour and if that's layered within the EHCP what is the trajectory for those children being excluded? There's an increase of children needing to come out of school, be on a reduced timetable, or being excluded which seems to be increasing for this cohort. From a Health perspective, there's no PBS offer in North Somerset, the best practice model needs to be measured, rather than exclusion because children will be more vulnerable in the home setting.
- 4.8 KM commented that particularly around behaviour, it's a challenge as a system how to get better at identifying underlying needs, to enable to offer support as early as possible. Support systems should be in place to enable these children and young people to be included at school. For some young people, exclusion is a reward, this is the wrong approach and leaves some children vulnerable at home. The problem is shifted from one place to another, the root cause isn't being dealt with and there's no support for the family. Discussions to take place around the challenges to the system and what would help schools identify the need and get support help in early as possible.
- 4.9 Focus is on Nurture Hubs, Resource Bases, and re-scoping the Voyage Learning Campus to do more early intervention and outreach work; those are key, and the sooner needs can be identified collective support can be put in for the young people, family, and school to support them in the right setting. If a permanent exclusion happens with a young person who has an EHCP, the authority will challenge/support schools to ensure that everything has been done to ensure appropriate interventions have taken place. People need to be assured that the authority have tried everything. WP has been presented with figures for March, and regrettably across the board, there has been 5 permanent exclusions; 2 of the youngsters were receiving SEND support and 2 had EHCPs, significant work had been done with those settings, and it was felt collectively there nothing else that could be done. Positively, a lot more outreach work and support will happen.
- 4.10 Outcomes for children permanently excluded is a difficult life course, not only in terms of their ability to get jobs, but short-term potential for exploitation, and ending up in the criminal justice system. It's what is done now to intervene to make sure that trajectory doesn't happen.

CS was concerned about the SEN data. **It was agreed a learning circle is needed to discuss where early intervention could have been placed; to then take discussions to the Children's Health and Care Improvement Group. CS and MP to discuss. ACTION. RS to invite the Children's Complex Team and other colleagues to be part of the conversation. ACTION.**

- 4.11 BN wondered how to use the key working model in the ICB and the DCO review, in terms of are there entry points we could have averted. One parent got help from the voluntary sector to support their child and that could be something to consider. Assurance needs to be given by the board, whether exclusions are proportionate and could something different have been done.
- 4.12 EBR suggested a risk register to show how critical placements are to allow for early intervention and becoming a priority for parents and social care. Communication needs to improve between each agency to give awareness on how critical placements are and to make sure support is going in at the right place at the right time. RS highlighted the awful incidents of children dying of knife crime and other children being involved in that; if children leave education some awful things can happen, it's everyone's responsibility to keep children safe and in education.
- 4.13 A lot of children and young people may not meet the threshold for CAMHS, and agencies needs to think about what other services are available for these children. AC suggested trying to reconcile schools with higher numbers of needs against our Mental Health Support Teams to see if there's something that can be done earlier on; there should soon be 70% coverage in North Somerset, **AC to confirm numbers. ACTION.**
- 4.14 CS reflected on EBR's comment around the understanding of increasing risks, some children wouldn't meet the threshold for care and support, and the system might need to think differently around shifting the threshold for cohorts. RS offered to work with some of the NHS Safety Guidance to model around dynamic risk assessment which shifts thresholds.
- 4.15 JW was pleased to hear there's a lot of activity around identification and data. The joined-up offer of support is important and ensuring that's across the system and understood by schools, health, and the authority; the theme around joining up the support offer is being emphasised again and again. This is WP's last meeting; JW gave a huge thank you for her service to North Somerset Council and wished her all the best for her retirement. MP finishes on 31st May 2024.

5.0 Send Inspection Update

- 5.1 CS shared information to understand the inspection methodology; it's important that people understand this is a local area inspection. There's lots of preparation for the inspection getting people together and learning from audits. **If members want to be involved in the SEND Engine Room, please let CS know. ACTION.**

AW has put an action plan for the SEF to bring forward to the SEND Engine Room and bring back to the Board to track improvement; AW is working with different agencies to get everything across the line.

- 5.2 The forecast is a strong 2 with a trajectory to getting a 1. There's been a huge amount of improvement work, not everything has to be perfect to be in that space, the work by the board and understanding of the leaders and system moving forward is apparent.
- 5.3 CS shared that not enough is being done in the community, it's been agreed to set up a Children and Young People's Board Forum with community providers, there's a huge opportunity around using holiday activity funds to make sure capacity is being supported with skills to meet needs. The Accessibility Strategy in place for schools could be used to broaden to the wider community.
- 5.4 KM's training team are doing a good job and are getting good connections with several different community organisations. Police are wanting elements of the training for their staff; the more unpicked there's a need to increase the opportunities of upskilling staff across the board. Partnership for Inclusion of Neuro Diversity in Schools Project is working with ICB, NHSE and DFE, 13 schools are selected in North Somerset for a trial to put in training and access, to try and take that beyond training and how to tailor training in the community sector. An update on the PINDS Project is due at the next Board.

6.0 Update from DFE Advisors

- 6.1 Not present.

7.0 Any Other Business

- 7.1 **AW to discuss with CS and PH the practicalities of involving the young people. ACTION.**

8.0 Date of Next Meeting

- 8.1 Tuesday 11th June 2024 - 11.00am to 1.00pm – venue to be confirmed.