

Agenda

Children and Young People Scrutiny Committee

Date: **Tuesday 14 November 2023**

Time: **2.00 pm**

Place: **Herefordshire Council Offices, Plough Lane, Hereford,
HR4 0LE**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

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Agenda for the meeting of the Children and Young People Scrutiny Committee

Membership

Chairperson **Councillor Toni Fagan**

Vice- **Councillor Liz Harvey**

chairperson

Councillor Clare Davies

Councillor Robert Highfield

Councillor Jim Kenyon

Councillor Ben Proctor

Councillor Rob Williams

Sam Pratley (Co-optee)

Hereford Diocese

Agenda

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
2.	<p>NAMED SUBSTITUTES</p> <p>To receive details of members nominated to attend the meeting in place of a member of the committee.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive declarations of interests in respect of Schedule 1, Schedule 2 or Other Interests from members of the committee in respect of items on the agenda.</p>	
4.	<p>MINUTES</p> <p>To receive the minutes of the meeting held on 26 September 2023.</p>	9 - 26
<p style="text-align: center;">HOW TO SUBMIT QUESTIONS</p> <p>The deadline for the submission of questions for this meeting is 12.30pm on Thursday 9 November 2023.</p> <p>Questions must be submitted to councillorservices@herefordshire.gov.uk. Questions sent to any other address may not be accepted.</p> <p>Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at www.herefordshire.gov.uk/getinvolved</p>		
5.	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive any written questions from members of the public.</p>	
6.	<p>QUESTIONS FROM MEMBERS OF THE COUNCIL</p> <p>To receive any written questions from members of the council.</p>	
7.	<p>SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITY (SEND) ACTION PLAN</p> <p>This report provides an update on the progress in implementing the SEND Strategy</p>	27 - 54
8.	<p>CHILD AND ADOLESCENT MENTAL HEALTH SERVICES</p> <p>[Papers to follow]</p> <p>An update on Child and Adolescent Mental Health Services. The item aims to assist the committee in identifying gaps in provision and exploring opportunities for more effective commissioning of services.</p>	
9.	<p>CO-OPTED MEMBER RECRUITMENT UPDATE</p>	

[Papers to follow]

This report provides the Children and Young People Scrutiny Committee with an update on work to recruit its co-opted members.

10. CHAIR'S UPDATE

For the Chair to receive updates on any work and activity relevant to the committee's remit.

11. WORK PROGRAMME

To consider the work programme for the committee.

12. DATE OF THE NEXT MEETING

Tuesday 23 January 2024 2.00pm

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The location of the office and details of city bus services can be viewed at:
www.herefordshire.gov.uk/downloads/file/1597/hereford-city-bus-map-local-services-

The seven principles of public life

(Nolan Principles)

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

Minutes of the meeting of Children and Young People Scrutiny Committee held in Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Tuesday 26 September 2023 at 2.00 pm

Board members present in person, voting:

Councillor Frank Cornthwaite
 Councillor Clare Davies
 Councillor Toni Fagan
 (Chairperson)
 Councillor Robert Highfield
 Councillor Jim Kenyon
 Councillor Ben Proctor

Sam Pratley (Co-optee) Representative of the Diocese of Hereford

Board members in attendance remotely, non-voting:

Councillor Liz Harvey (Vice Chair)

Cabinet member:

Councillor Ivan Powell

Note: Board members in attendance remotely, e.g. through video conference facilities, may not vote on any decisions taken.

Others in attendance:

Hannah Bannister-White	Operational Lead Public Health Nursing	Wye Valley NHS Trust
Simon Cann	Democratic Services Officer	Herefordshire Council
Kevin Crompton	Independent Scrutineer	Herefordshire Council
Liz Farr	Service Director, Education, Skills and Learning	Herefordshire Council
Darryl Freeman	Corporate Director - Children & Young People	Herefordshire Council
Victoria Gibbs	Service Director - Early Help, Quality Assurance and Prevention	Herefordshire Council
Gail Hancock	Service Director Improvement	Herefordshire Council
Matt Pearce	Director of Public Health	Public Health
Nicola Turvey	Early help service manager	Herefordshire Council
Superintendent Helen Wain	West Mercia Police	West Mercia Police
Danial Webb	Statutory Scrutiny Officer	Herefordshire Council

Others in attendance remotely:

Julia Stephens	NHS 0-19 Public Health Nursing Service	NHS
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152. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Rob Williams.

153. NAMED SUBSTITUTES

Councillor Frank Cornthwaite substituted for Councillor Rob Williams.

154. DECLARATIONS OF INTEREST

There were no declarations of interest

155. MINUTES

It was noted that councillor attendance records for the meeting were not accurate and needed to be amended.

Including noted amendments, the minutes of the meeting held on 18 July 2023 were agreed as a correct record and signed by the Chairperson.

156. QUESTIONS FROM MEMBERS OF THE PUBLIC

Four supplementary questions had been submitted to the committee further to the original questions published as part of the agenda pack. Three of these were responded to verbally by the Cabinet Member for Children and Young People and a written response was promised for the question that couldn't be answered on the day.

Questioner:	Eddy Parkinson
Scrutiny Meeting:	September 2023
Supplementary Question:	
<p>I draw attention to the last sentence of the response. 'Everyone with significant contact with children'. I ask the council to define 'significant' in relation to contact with children. Is this based on hours? Is there a policy the council uses? Thank you</p>	
Response: Delivered by Councillor Ivan Powell during the meeting.	
<p>Councillor Powell thanked Mr Parkinson for his original and supplementary questions and stated:</p> <p>"Significant in the context of the question refers to those members of staff who would have direct face-to-face contact with children. Many children's services colleagues do have indirect contact with families, where an enhanced DBS (disclosure and barring service) check may not be required. The numbers of hours worked is not a factor in this process and the requirement for an enhanced DBS is written into all job descriptions for members of staff who are expected to have direct face-to-face contact with children."</p>	

Questioner:	Rachel Gallagher
Scrutiny Meeting:	September 2023
Supplementary Question:	
<p>"On the 18th August 2023, CJ, an information governance officer for Herefordshire Council responded to a Freedom of Information request regarding a Reunification Policy. She confirmed that there is NO policy currently in place and no timescales for when it will be completed.</p> <p>Without a policy, procedures lack clarity and consistency. Without this policy, parents do not know what's expected of them, social workers don't know when to use the procedure and no one knows why it should be implemented and when. Therefore, children are not being returned to their parents and remain in care.</p> <p>With no policy in place to ensure this procedure is used, even when recommended by independent social workers, how are you reducing the number of children in care?"</p>	
Response: Delivered by Councillor Ivan Powell during the meeting.	
<p>Councillor Powell thanked Ms Gallagher for her original and supplementary questions and stated:</p> <p>"In response to the original question we referenced our reunification practice guidance and that forms part of the overall permanence policy for the council. The freedom of information request referred specifically to the reunification policy, we acknowledge that we should have referred specifically to that reunification practice guidance, we would like to apologise for any misunderstanding that many have been caused by that.</p> <p>Children in care have an independent review officer, who chairs children looked after reviews, where the care plan, including the plan for permanency is considered. There is an established permanence panel, which ensures that there is an appropriate permanence plan in place and this includes children who are potentially suited to a plan of reunification. There is also a permanency champion in post, who has a dedicated team of social workers, specifically focusing on the discharging of care orders and supporting children to go home to the care of their parents and or family members where this is in their best interest and is in line with their care plan."</p>	

Questioner:	Hannah Currie
Scrutiny Meeting:	September 2023
Supplementary Question:	
<p>To quote from your response to my original public question:</p> <p style="padding-left: 40px;">"An Independent Visitor is a volunteer who befriends and visits a child or young person living in the care of the Local Authority. Independent Visitors can provide support, advice and guidance as well as positively engaging with the child or young person in activities."</p> <p>Therefore, it is fair to assume that Independent Visitors are very beneficial to children and young people in care. Arguably, they have a safeguarding role as they are</p>	

independent of foster parents etc. It is disappointing to hear that of the 396 children in care (at 18/9/23), 372 (94%) do not have an Independent Visitor.

The council has responsibilities as a Corporate Parent.

How will you be recruiting for more Independent Visitors and by when will all children and young people in its care who are mature enough (usually from age 5) be offered and encouraged to have an Independent Visitor?

Response:

Written response to follow.

Questioner:	Ms Reid, Herefordshire
Scrutiny Meeting:	September 2023

Supplementary Question:

The Team around the Family (TAF) seems a positive approach and I welcome the roll out of Family Group Conferences (FGCs). I suggest you do “market research” on them fairly soon.

Prioritising use of FGCs (eg children “in need”) is sensible.

From the website of the council’s improvement-partner, Leeds City Council:

“Referrals for FGCs are mainly made through the child or young person’s social worker or Early Help Lead Worker.”

When will the council extend the use of FGCs to children (and families) supported by Early Help?

Also from Leeds’s website:

“Each FGC is coordinated by an accredited FGC coordinator, who is independent from the social work service or other services. The coordinator is neutral, with no case management or decision making responsibilities.

I hope the council’s FGC Coordinators are truly independent?

Response: Delivered by Councillor Ivan Powell during the meeting.

Councillor Powell thanked Ms Reid for her original and supplementary questions and stated:

“We do not yet, as a council, have a firm timeline to extend the use of family group conferences to children and families supported by early help. Our priority as we expand our service at this stage, is to focus on children and families on the edge of care and for whom reunification is a possibility. We’ve spoken to our partners in Leeds and they have explained it did take them a number of years to get to the position that they are now in and that is where family group conferences are being offered as widely as they are in

Leeds. We are working closely with them to learn from their experience and obviously to try and speed up our expansion efforts. Our family group conference coordinators are independent of the case management, as they are in Leeds, and that future service redesign - expected early next year - will further reinforce that position.”

157. QUESTIONS FROM MEMBERS OF THE COUNCIL

There were no questions received from Councillors.

158. EARLY HELP

The committee took the report as read and the debate was opened up for questions.

The committee asked how the council and partners engaged with children and families to determine need and demand for services. It was asked how well the partnership knew the families, their strengths and the pattern of service use, and how this knowledge determined which services were being provided.

The Director of Children’s Services explained that allocation of services was based on historical data primarily taken from the JSNA (Joint Strategic Needs Assessment) and that the JSNA was being updated by colleagues in public health in the next six months.

It was explained that the JSNA was a data set that was refreshed periodically, and informed by service user feedback and by demographics and information obtained from schools and voluntary/community sectors. Additional information was also obtained from the census data.

It was noted that a lot of early help and prevention services were delivered through school hubs and Talk Community hubs.

The Head of Services for Early Help stated that families were identified by those professionals or people who knew or worked with the family and that advice and signposting could be given depending on the level of need. The CHAT (Children’s Health and Advice Team) and the helpline it operates could signpost for early help services before the need for targeted services.

There was a windscreen of needs from levels one to four. Level one was safeguarding, level four was where universal services were required. Levels two and three were where the CHAT helpline, school, health and police services came in.

The Head of Services for Early Help explained that where needs were more complex families could be offered an early help assessment, which was an assessment of the needs of the whole family including all children and adults. This was done with consent and the professional would draw up a plan of support to address any needs. The early help assessment was a working document that was regularly updated and reviewed. If additional needs had been identified, targeted support would go into the family home. Professionals would also work with other adults who have a role in the life of the child, such as grandparents.

Work was carried out with children to understand their lived experience, which could highlight further needs.

The committee noted that needs were changing rapidly due to the fallout from Covid and the cost of living crisis. The committee hoped a revised JSNA might draw attention to other needs, but questioned whether services would be able to respond to and adapt to changes in the community.

The Head of Service for Early Help explained that early help and the wider partnership was constantly evolving and developing depending on needs. The CHAT helpline had identified an increase in calls about mental health and anxiety, and staff were being trained in the 'fearless parenting' programme, which was aimed at parents with children who suffer with anxiety. The CHAT was constantly updating its knowledge about what services were available, including online, telephone and specialist services (accessed through GPs or CAMHS).

The committee enquired whether information obtained by school systems such as 'my concerns' was being used as a data source for targeting activity

The Director for Education, Learning and Skills explained that schools were required to keep records of concerns and build pictures via electronic systems such as 'my concerns' or traditional paper records, and this did often lead to referrals being made. Accessing the data directly would be difficult due to confidentiality issues, but schools did report in on patterns and trends, which feeds into the safeguarding audit.

The committee stated that the relationship with schools was an important one and noted the need to discuss a recommendation on making sure trends and patterns from school data were being used as effectively as possible.

The committee suggested that some families were scared to seek help from the council for fear of their children being removed.

A broad set of referral numbers from each area of the partnership was requested, along with figures for care leavers and what measures were in place to support them and their children.

The committee suggested it would be useful to share good practice with all schools especially in relation to pastoral care.

The Director of Children Services agreed that more family support officers would be good, but disagreed about families being scared of seeking help from the council. The Director did accept that some families didn't trust the council and that it needed to work on its image.

The Director stated that a report on referrals would form part of the work being done with safeguarding partners and that care leaver support was something they were hoping to discuss at a later stage.

The Head of Service for Early Help pointed out that there had been a lot of good news stories about the council and early help coming through from families. Early help was relationship based and building trust was key, they were aiming to promote positive messages about early help every month and would like to get families on camera at some stage. Early help had been deemed as good according to Ofsted reports.

The Head of Service for Early Help, provided a rough breakdown of referral sources, explain that 50% came from schools with the next biggest source being families stepping out from social care and no longer a safeguarding need. Health colleagues, health visitors, school nurses and midwives accounted for most of the remaining referral figures.

The Head of Service for Early Help discussed a programme called 'first steps', this was a preventative universal programme open to all parents 21 and younger. The programme had had a positive take up and offered parents support with underlying needs such as finance, housing, mental health and preparation for parenthood.

The committee enquired about how many professionals were assigned when dealing with families and whether each sibling was provided with an opportunity to speak privately away from other siblings and family members.

The Head of Service explained that the lived experience of every child was captured by speaking to children separately. There were lots of different ways to capture the voice of the child, but individual voices were crucial to understanding lived experience. The number of practitioners allocated would vary from family to family and individual circumstances.

The committee sought clarity on the definition of early help as detailed in the report.

The Service Director Early Help, QA and Prevention explained that the definitions fell out of working together to safeguard children and reflected the continuum. Early help was about providing support at the point of presentation, but also enabling families to be stepped down or across into targeted universal services and allowing them to access wraparound services within their communities.

The committee enquired that if there was a spectrum of early help, whether simply labelling it early help was a good way of describing it so that the public understood what it was. The committee asked how best to get across the differences regarding the sort of help that could be accessed before social care got involved as professionals.

The Director of Children's Services suggested that there was a danger of over engineering the terminology, it could be called early help, early intervention or early prevention, but families generally knew what they needed.

The committee enquired about availability of pre-natal services.

A representative of the Wye Valley NHS Trust explained that colleagues in midwifery provided pre-natal classes and offered mums to be anti-natal contact, one-to-one holistic assessments in the home and support for parents and family with any issues.

The representative for West Mercia Police explained that they had a number of officers dedicated to early help, including a prevention assessment officer and two intervention and prevention officers, one being located in the MASH with social care staff.

Initially these roles had focused on children already showing signs of trauma and on the fringes of criminality, but they were now moving focus from tertiary to secondary prevention, focusing on children who were exposed to negative situations and removing the likelihood of them becoming involved in criminality.

Using the police data set, a prevention assessment officer looked at every child recorded as an involved party of crime and reviewed every child under fifteen subjected to a stop and search. This would not always result in a referral, but when it did, support would include home visits with the family, ongoing engagement with parents, school engagement with education professionals and potential referrals to mental health programmes such as steer clear (knife crime) and strong young minds (anger management). Working with the family and the child, the interventional prevention officers assessed what would be the most suitable means of supporting and delivering early help. The work was documented on a problem solving plan, which sets out how to improve and track the situation with families. Generally there had been a positive picture from this.

The committee asked how the partnership arranged things strategically, and how would different partners make changes in relation to the revised JSNA.

The Director of Children's Services explained that public health were working across the partnership to develop the JSNA data set and how to use that going forward. Leadership teams were involved with this and there were parallel pieces of work being done, Public health was very keen to engage with different partners and information was being used to inform conversations about what the service should look like in two to three years' time.

The committee acknowledged the work being done with teenagers on the fringes of crime, but enquired about those teenagers who simply needed support and help in everyday areas. What lessons had been learned from the funding issues that led to closure of 'no wrong door' and what was being done to provide somewhere to go or some way of connecting with advice providers that maintained privacy and gave teenagers a safe space.

The representative for NHS 0-19 Public Health Nursing Service explained that teenage public health nursing had a school nursing service embedded in it. Every high school had the opportunity to access a school nurse, who delivered drop-in surgeries for young people every week. These were confidential and covered sexual health, anxiety, smoking, drink and drugs. The school nurse would provide teenagers with info, advice, signposting and signposting to the sexual health clinic, in a confidential space to have discussions.

The service was looking to enhance and develop its offer to teenagers, with workshops within schools offering support around transitional times and to children missing from school.

The committee asked if there were any lessons learned from the 'no wrong door' situation.

The Director of Children's Services stated that the service had learned a lot about keeping an eye on contracts and commissioning. Youth services were no longer a statutory service, although there were fantastic services being provided by community and community volunteer groups. Regrettably, given the economic climate, it was unlikely there would be a return to commissioning or providing youth services.

The committee asked whether it might be possible to supply a small amount of financial support for voluntary and community groups and reach out to the city and market town councils to discuss what could be done together.

The Director stated that funding was a political decision, but there was a role for town and parish councils to support local initiatives to support youth workers.

The committee enquired as to whether information from the children and young people survey was being shared and fed into how the services were being developed and how partners were responding.

The Director of Public Health stated that they would be combining the historic responses with the most recent set to create longitudinal data. The Children and Young People Partnership had been up and running again for 12 months and was the forum that would have oversight of that data. The data would be used to inform strategic plans.

The health and wellbeing strategy was prioritising 'best start in life' and mental wellbeing and would go through a process of starting with evidence, implementing the intervention and evaluating the outcome. The cycle of change would then be repeated as required.

The committee enquired whether the threshold documents were being used consistently across the partnership.

The Director of Children's Services gave an assurance that the threshold documents were solid (as viewed by Ofsted), but everything hinged on people understanding and applying the threshold in a consistent manner. The safeguarding partnership owns the document and more work needed to be done on making sure that people in voluntary groups, schools and nurseries knew and understood how to access services and how to have a conversation with people concerned about children.

The committee asked about availability of children's theatre as it was a useful platform for allowing children to express themselves by pretending to be somebody else.

The Director of Public Health pointed out that Creative Health Champions could consider how to embed arts and culture into health and wellbeing and there could be some opportunities to link things in with the community paradigm.

The committee asked about the process for dealing with and who the point of contact was for seeking help in relation to cyber bullying inside and outside of school.

The Director for Education, Learning and Skills explained that all schools have anti-bullying/behaviour policies and that within those policies there were processes about how to report bullying concerns. The policies contained advice on cyber bullying issues and Herefordshire schools were proactive in dealing with cases. Schools took their personal development curriculum offers very seriously.

The committee asked about how early help and family hubs in Herefordshire would look.

The Director of Children's Services noted that Herefordshire Council was not part of the government pilot on family hubs, but that it would be possible to discuss the general principles around them.

The Director for Education, Learning and Skills explained engaging with early help and face-to-face meetings with primary, secondary school heads, and leaders and governors' webinars, presented good opportunities for the local authority to feed in on a variety of agenda items including the early help and prevention offer.

There was a growing offer of early help and prevention in a cluster-based community paradigm model. Visits to larger market town schools had revealed a pleasingly rich early help and prevention offer, which was well established from community and voluntary organisations working within schools. Schools also had available community space around the hub and spoke model, which could potentially be developed further.

The committee asked how involved partners were with the hubs.

The Director for Education, Learning and Skills pointed out that a number of organisations already contributed and that this could be developed further with partner organisations.

The committee asked what a parent could expect to experience from the hubs.

The Director for Education, Learning and Skills explained that hubs could coordinate voluntary work that happened in schools and bring together a variety of services. The school essentially acted as a host, meeting point and enabler for those services to coordinate around families and this included midwifery and health services running groups for families and for children. The hubs were trying to provide an environment and collate groups where services could coalesce and come together, including pre and after school clubs.

The committee asked if cyber bullying could feed into the hub.

The Director of Children's Services confirmed that would be an aspiration and pointed out that an advantage of running such groups through schools was the strong parent input it drew in.

The committee discussed four key ways of remedying cyber bullying: that the source be identified and stopped, the victim supported so that they didn't suffer long-term harm, the person bullying being counselled and the message being spread that bullying was unacceptable. The committee asked if these steps were currently being implemented.

The Director for Education, Learning and Skills explained that schools had bespoke anti-bullying policies. These typically contained key processes and guidance on how the schools approached the issue, including investigation, support and applying the process as a whole. Schools were expected to take bullying very seriously and staff were highly skilled at supporting children and dealing with bullying in all its forms. Many schools also participated in the national anti-bullying initiative about the golden rules.

The Independent Scrutineer explained that appropriate processes were in place to deal with the level of concern. This would start with the school and escalate to a safeguarding lead at the school who would have contacts into the wider system, such as MASH, where there was a police contact. If the bullying was very serious attempts would be made to locate the source depending on the information available.

The safeguarding board in November would be seeking assurance that children would be supported and bullying dealt with in a way as described.

The Director of Public Health explained there was an aspiration to develop a healthy school standard or a sort of tool kit for schools that would enable them to identify and tackle issues they thought were important, which could include bullying.

The committee enquired about whether the authority had got the balance right for commissioning of other services and whether there was enough funding for commissioned partners.

The Head of Service for Early Help explained that organisations were commissioned to provide early help, but the all ages commissioning service led on that over a number of services across the partnership. Information on that could be provided at a later date.

The Cabinet Member for Children and Young People provided a note of caution into well-intended, but potentially restrictive and damaging council monitoring of voluntary organisations in the early help sector. A degree of capturing and counting was fine, but there needed to be a degree of trust in the leadership of other organisations that they would just get on with what they were doing.

The committee agreed with the cabinet member, but enquired how, if you didn't count anything at all, could any gaps be identified. What was the role of the local authority and was it the role of the authority to make sure that there was some early help around.

The Cabinet Member for Children and Young People explained that gaps would be identified through the Children and Young People Partnership Board in the area of work that sits below statutory prevention. There was a need for data counting and capture, but when you reached a level where that became difficult it would be advisable to step back and put trust in the voluntary community sectors and schools.

The committee discussed setting up two task and finish groups, one around family support officers and the other around pastoral care.

The Statutory Scrutiny Officer warned against setting up two such groups without proper preparation and discussion about what the committee would want from them.

The Director of Children's Services stated that a task and finish group on family support officers would not have significant impact on how many there would be next year, however the committee might want to consider a task and finish around the broader subject of recruitment and retention, which would not just be limited to family support work.

The Director for Education, Learning and Skills pointed out that pastoral care responsibility sat with the governing body of the school and the trustees in the case of a trust.

The Statutory Scrutiny Officer noted that it had become apparent that the committee might benefit from an initial briefing on what the local authority's powers were in relation to schools. It was a rapidly moving area where council powers were being drained and would continue to be drained. There was a very different environment from just five or six years ago.

The Scrutiny Officer suggested an initial briefing about those powers might equip and inform the committee in terms of recommendations it made going forward.

The committee agreed to hold back on any task and finish group activity until proposed topics had been discussed in more depth and relevant briefings had been held.

The committee unanimously agreed the following recommendations:

RESOLVED:

That:

- a) **The committee notes the report, and**
- b) **the council will make full use of school information collection to plan and deliver early help support, and**
- c) **the JSNA will be brought to scrutiny to understand its role in supporting service delivery, and**
- d) **a briefing around the schools education powers will be arranged and delivered for committee members.**

159. FAMILIES' COMMISSION REPORT UPDATE

The Director of Children's Services gave an introduction and overview of the report and explained that it had posed seven questions for consideration some directed at the council and some at the partnership.

It had been agreed with the commission that there would not be a rush to give glib, shallow responses to these questions and that adequate time would be taken to stop and reflect.

The Director sought the committee's agreement to provide a further update in three months' time on the progress and impact of the steps taken since the publication of the commission's report. The Director stressed that this would not be a paper exercise for the council and its partners. Long term responses and plans had been developed and a direction had been taken to further engage with some of the families who had met and spoken with the commission.

The committee asked the Independent Scrutineer for the main points that were raised by the commission and what progress had been made.

The Independent Scrutineer started by thanking the families involved for their contributions.

The Independent Scrutineer noted the areas of overlap involved in responding to the commission and the overall improvement journey that children's services was on.

It was explained that partner engagement with restorative practice would help meet some of the recommendations of the commission and that a trauma informed awareness training package would be rolled out across the partnership over the coming months.

It was stated that focusing on the way the partnership worked, the culture and the way it interacted with the families who were involved with the social care system, would be key to success in the future, but that all of this would take time to get right.

The partnership would need to find ways in the future of ensuring it got direct feedback from families going through the system and that the restorative approach being rolled out should help that.

The committee enquired as to what the restorative approach would look like, what differences families who had used the service before would notice and whether the 'Think Family' approach would be embraced.

The Independent Scrutineer explained that the new approach would focus on 'working with and not doing to' by seeking joint solutions to issues and that children would stay with their families whenever it was safe and possible for them to do so

The Director of Children's Services pointed out that restorative/relational practice was a model of practice that had been around for many years and that if the committee wished it would be possible, with joint input from the Leeds improvement partner, to carry out a workshop on the subject.

The Director acknowledged that one of the key criticism of children services had been that families felt they had been 'done to and not worked with'. Some families had come for help and support and felt that the service hadn't provided that and had been heavy-handed or escalated things in an unhelpful way.

The service had tried to listen to that and the commission had been a staging post. The restorative practice was like two axis on a chart, one being high support and one being high challenge, with an aim to having honest conversations that help raise concerns, but also focusing on strengths and how families could be encouraged to build on these in the best interest of the children.

In the past interventions had been characterised by high challenge and low support, which had been punitive and led to criticism

The Director stated it was about shifting behaviour, language, the way the service worked with families and colleagues and building good relations over a period of time through honest conversations and dialogue. This was something that hadn't occurred in the past and Leeds was helping that process of change.

It was explained that:

Restorative practice was about putting things right, saying sorry and discussing how to make amends and get things right

Relational practice was about building good relations between practitioners and families, practitioners and practitioners and practitioners across a range of agencies.

The Director stated that this didn't do the subject justice and that he would like to make a presentation to the committee at a later date with the improvement partner.

ACTION: Director of Children's Services and improvement partner to deliver workshop on restorative/relational practice.

The committee raised concerns that there was still a lot of jargon involved in the communications. At the heart of what needed to be done was focusing on building relationships, responding to questions and carrying out and completing commitments.

The Director explained that the update was for committee purposes and that a different communication was going out to families.

The committee discussed the issue of co-production. It was asked if and how the service was capturing feedback from families to move things forward, and whether there was a strategy or plan to benchmark and monitor progress.

The committee also enquired as to whether the complaints system needed to be improved and if there was a system that could work and be applied across the partnership.

The Director explained that there had been a lot of additional conversations with families who cooperated with the commission. The complaints process was one of the seven questions that the commission asked it to consider.

Structural and operational differences in the NHS, West Mercia Police and the council would make it hard to introduce or implement a single standardised complaints process. However, the partnership was working hard to promote clear signposting of support for families through the partnership website. Sampling around families was also being carried out to establish whether people found the complaints processes very helpful or accessible, this information could be used for analysis and the creation of a forum where the learning from that sampling could be applied.

The committee asked where would a family experiencing issues with social care go to presently to raise those issues.

The Director said most families would use the statutory complaints procedure, which was a very closely and tightly monitored system and process.

It was explained that as recently as last year not everything had been going through the statutory complaints process and complaints weren't being responded to in a robust way. Training was now being given to frontline managers, so that the service would get better at responding to complaints.

Other routes used by families included: directly contacting the Director, the cabinet member or local ward councillor.

The committee asked what work was being done to encourage families to raise complaints.

The Director pointed out that when the service starts to work with families it lets them know about complaints and compliments procedures, which wasn't the case previously.

Also if a child is on a protection plan or is looked after then an independent review officer will remind families about the complaints procedure that is available.

The process is detailed online and through leaflets available at different points in the process. Although not all families are able to do so, engaging the complaints process via the website was a common route.

The committee enquired as to whether there had been an increase in complaints.

The Director confirmed there had been an increase in stage one and two complaints within the process, which was to be expected following the promotion of the complaints process and the recent Ofsted inspection. The Director felt that not enough complaints were being resolved at stage one, but that work was being done to resolve this.

The committee asked if local ward councillors were contacted following an initial complaint to the service from one of their constituents, so that they could act as a go-between.

The Director explained that the service welcomed the constructive engagement of ward councillors, but that confidentiality prevented them from telling councillors about who the service was working with. Some families might not want their ward councillor involved and some councillors might not have the capacity to be involved in such situations.

The committee noted that there was a heavy emphasis on listening to the families and taking a family-centred approach to the complaints process. It was asked whether, for the sake of balance, the case officers and social workers involved in cases were approached for their opinions and input.

The Independent Scrutineer explained that from experience, the families speaking to the commission were very open and hadn't denied that there were circumstances in their lives that had required them to seek help around their children.

It was pointed out that the complaints the families had had with the process weren't about the decisions that were made, but rather the way they had been treated during the journey.

The Independent Scrutineer stressed that moving forward it was about doing what is necessary, but in an empathetic and respectful manner.

The committee acknowledged this, but asked if, when a complaint from a family came in, whether the social worker on the case was consulted with and asked for input.

The Director explained that at stage one the investigating manager and team manager would look at case records, speak to the social worker and speak with the school depending on the nature of the complaint.

The Director added that stage one complaints would either be upheld, partially upheld or not upheld. Often at this stage families would be content that somebody had listened and looked at the complaint, others would not and this would lead to stage two or above. The process was not entirely different to complaining in any other arena of life.

The Independent Scrutineer pointed out that there was also the safeguard after the statutory procedure, whereby there was a right to a stage three independent review of the complaint.

The Director and Scrutineer explained that a historical failing in the service had been that complaints went through the council's rather than the statutory process, with the council process not allowing for an independent review at the end of it. Some families were not aware of the statutory process.

When applied properly the complaints procedure could be effective and independent reviews were extremely helpful.

The committee noted that there had been a significant change in the last year, but wondered what needed to be done to change the culture.

The Service Director for Improvement in Children Services echoed previous comments about the historic lack of respect and empathy when dealing with certain cases and added that there had been a judgemental element in the manner in which families had been treated

It wasn't just about what had happened, but how it happened. Improving culture would involve listening to and respecting people and valuing the contribution that they could make. The Service Director noted that all families had been very brave in contributing to the process and had helped to reshape and improve the service.

The committee asked about what was being done to help parents being abused by their children and what support was in place for young carers.

The Independent Scrutineer explained that there had not been any substantial work in relation to young carers yet, but it was on the list of questions.

The committee noted that regarding culture within the partnership, there had been a feeling by some partners that the families commission was very one sided and that there was another side to the story, but what emerged was a picture of a flawed culture that had developed over time. The committee asked if the Independent Scrutineer was seeing a change within other partners in terms of the need to address the culture towards families that are asking for help.

The Independent Scrutineer explained that in order to get line of sight, it had been necessary to put in place a programme of multi-agency audits to pick up some of the aspects of how meetings were being held. Reviews about the conferences had been mixed and there were potentially still a lot of people who needed to change how they were behaving - that was a challenge for Herefordshire.

The plan was to change culture through training, development and the rollout of the restorative approach. The role of the IRO (Independent Review Officer) would be to

assert control over meetings. The culture was still, in part, problematic and it would take time to change.

The committee noted that the speed of change was hard to hear as they would like the change to occur swiftly.

The Independent Scrutineer explained that there was plenty of research on improvement that gave a one to three year window for moving from inadequate to the better areas, change always took time. The project with Leeds was a major advance forward. Leeds had helped other authorities and it was recognised that the big thing Leeds had done was to get the partnership right.

The committee asked if the Scrutineer felt that the right messaging was coming from the top.

The Independent Scrutineer stated that he believed the intentions were good, but that the partnership still struggled with going from intention to practice and there were clear priorities for the next year to shift the position from a critical one to a more positive position.

The committee noted that continuity of staff was vitally important and that there was a need for more family support workers. Poor practice would continue until a stable workforce was in place - with more family support workers to support social workers.

The Independent Scrutineer agreed that establishing a workforce with the right culture was probably the single most important building block of a secure and effective social care system, but pointed out that Herefordshire Council was not alone in struggling with the difficult recruitment market.

The committee asked if the 'think family' approach was being adopted across the partnership, as there hadn't been much from the partners on this matter.

The Independent Scrutineer felt that this would derive from the restorative programme, which engaged all partners and not just social workers. The think family approach needed to be at work with all partners in initial child protection conferences, in review conferences, in strategy discussions and assessments of the MASH on which pathways were appropriate for the family.

It was stated that the Safeguarding Children Partnership Annual Report would be available by the next meeting and that partners would be attending when the committee looked at the report.

The committee asked whether all the Herefordshire families within the service now had access to social workers on a face-to-face basis

The Independent Scrutineer suggested that that was a question for the Director, but felt the situation was moving in the right direction, although the biggest issue with social workers continued to be turnover and continuity.

The committee voted unanimously in favour of the following recommendation:

RESOLVED:

That: The committee noted the report.

160. WORK PROGRAMME

The committee discussed the work programme and noted that:

The SEND Action Plan item would be rescheduled for the November meeting.

The Statutory Scrutiny Officer was preparing work around CAMHS and was aiming to put in a briefing before the November meeting.

The Director for Education, Learning and Skills and the Statutory Scrutiny Officer were planning to hold a briefing on the education powers and duties of the local authority, to help the committee to better understand how it might shape scrutiny around education going forward - a tentative date of 19 October was proposed for this briefing.

The anticipated Safeguarding Children Partnership Annual Report, was not time sensitive and could be scrutinised by the committee early in the New Year, most likely in the January 2024 meeting.

161. DATE OF THE NEXT MEETING

Date of next meeting: 14 November 2023 2:00pm

The meeting ended at Time Not Specified

Chairperson



Title of report: Special Educational Needs and/or Disability (SEND) Action Plan

Decision maker: Cabinet Member for Children and Young People

Children and Young People Scrutiny Committee Meeting date: 14 November 2023

Report by: Corporate Director - Children & Young People

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

The purpose of this report is to update on the progress in implementing the SEND Strategy

Recommendation(s)

That:

- a) The update on the implementation of the SEND Strategy be considered, and
- b) The committee determine any recommendations it wishes to make to Executive and relevant bodies to secure further improvement with regard to SEND in Herefordshire.

Alternative options

1. Not to receive an update on the implementation of the strategy. Not recommended as this is a new strategy which sets out the direction for the new and improved SEND offer for children, young people and families with SEND requirements.

Key considerations

National Context

2. The Government SEND Review which was launched in 2019, concluded in March 2022, with the publication of the SEND 'Green Paper'. This paper acknowledged the current pressures around SEND nationally. The paper concluded that:
 - a) Outcomes for children and young people with SEND or in alternative provision are poor.
 - b) Navigating the SEND system and alternative provision is not a positive experience for children, young people and their families
 - c) The system is not delivering value for money for children, young people and families.
3. The paper then sets out a programme of measures, which will create a new SEND system. In summary, this includes:
 - a) Establish a national SEND and Alternative Provision system setting nationally consistent standards for every stage of a child's journey across education, health and care.
 - b) Establish new local SEND partnerships, bringing together education, health, and care partners with local government
 - c) Invest an additional £1bn in 2022/23 alone for children and young people with complex needs as part of a £7 billion increase in our total investment in schools' budgets by 2024/25, compared to 2021/22
 - d) Improve mainstream provision, building on the ambitious Schools White Paper, through teacher training and a 'what works' evidence programme
 - e) Set out a clear timeline that, by 2030, all children will benefit from being taught in a family of schools, with their school, including special and alternative provision, in a strong multi-academy trust (MAT), or with plans to join or form one.
 - f) Deliver clarity in roles and responsibilities with every partner having a clear role to play, and being equipped with the levers to fulfil their responsibilities.
 - g) Introduce a standardised and digitised Education Health and Care Plan process and template to minimise bureaucracy and deliver consistency.
 - h) Introduce a national framework of banding and price tariffs for funding, matched to levels of need and types of provision set out in the national standards
 - i) Establish a new National SEND Delivery Board to bring together relevant government departments with national delivery partners including parents, carers and representatives of local government, education, health and care to hold partners to account for the timely implementation of proposals
4. In July 2021, the Department for Education (DFE) published a set of documents around their 'High Needs Safety Valve' project. Local Authorities with the greatest deficits in their high needs funding took part in a project to reduce deficits and build sustainable local systems. They set out two goals of a sustainable system:

- a) Appropriately managing demand for Education, Health and Care Plans (EHCPs), including assessment processes that are fit for purpose
 - b) Use of appropriate and cost-effective provision. This includes ensuring mainstream schools are equipped and encouraged to meet needs where possible, whilst maintaining high standards for all pupils.
5. The F40 are a longstanding campaign group made up of the 40 lowest funded local authorities in England. Herefordshire has been a member for a lengthy period and has benefited from improved funding as a result, with better access to DfE officials and ministers. The F40 have calculated that an extra £4.6bn baseline funding is required in the High Needs Block each year to meet the current demand and expectation for SEND support. This figure is backed by the National Education Union, Association of School and College Leaders, National Association of Head Teachers, County Councils Network and others. On 16 October 2023, the F40 group wrote to Chancellor Jeremy Hunt urging him to invest heavily in Special Educational Needs in the Autumn Statement. The letter was signed by 31 MPs, including Robin Walker MP, chair of the Education Select Committee.

Local Context

6. The new SEND (Special Educational Needs and/or Disabilities) Strategy ([link](#)) has been published. A series of roadshow events in the autumn term have supported the launch of Herefordshire's revised strategic aims. Our launch programme this term has invited a community of interest approach trialled at our 'Child Readiness' information day, with a focus on best practice and impact. A short video has been created to support this "building on the best" approach.
7. The SEND Assurance Board is well established to oversee the delivery and governance of the strategy. The Board meets monthly and is independently chaired by the LGA (Local Government Association) SEND Improvement Adviser. The Board report and escalate risks and issues to Health and Wellbeing Board, One Herefordshire Partnership, Lead Members and other Strategic Partnership Boards as required. Via its membership, the Board also report into partner agency governance structures which include Improvement Board, Scrutiny/Cabinet and the ICB (Integrated Care Board). The Board is accountable for reporting to the Children's Improvement Board in relation to Priority 10. At Assurance Board there is good attendance from health, care and education senior leadership and support from our Parent Carer Voice Forum.
8. The key outcomes for children and young people outlined in the strategy and our action plan are:
- Outcome 1: Your needs are identified and assessed in a timely and effective way
 - Outcome 2: You and your family's voices are heard and this makes a difference
 - Outcome 3: You receive the right help at the right time
 - Outcome 4: You are well prepared for your next steps in life and achieve well
 - Outcome 5: For you to feel valued, visible and included
9. Eight workstreams are operational to take forward our strategy with joint activity programmes being informed by peer reviews on key themes. A balanced system review is underway in health, and a wide range of activity is now reporting for the joint work with Worcestershire for the all age autism strategy. All the priorities are centred on an early intervention model and one of joint accountability, ownership and co-production across the partnership. These priorities support the strengthening of our coproduction work with parents, children and young people whilst also

ensuring that core services are improved and that arrangements for funding and workforce development support high quality intervention at the earliest point.

10. The SEND Partnership group is an operational group delivering on the core priorities. It is made up of professionals including Herefordshire Council, Wye Valley Health Trust, and Youth Offending Services, Herefordshire and Worcestershire Integrated Care System, Education and the voluntary and community services. This group directly feed into the SEND Assurance Board.
11. We have developed a Self Evaluation Framework bulletin which presents a tri-annual summary of key headlines, developments and improvement intentions against our strategic priorities in a digestible format so that partners and leaders have an informed and clearer reference document for the work we are all doing. The bulletin reflects the range of activity, impact and new learning over the previous three months with links to more detailed information, so that the rate, reach and impact of improvement can be subject to critical enquiry. This summary and update document captures current headlines that we need to attend to against each outcome in our Strategy to support our planning for what needs to happen next, why and how, in an agile approach to improvement
12. The bulletin aims to be transparent as to how quantitative and qualitative data are informing our understanding of what needs to be done and how, and how we know we have made a difference so that our self-evaluation is sound in terms of its evidence base and as a tool for holding ourselves and others to account. It provides a rich source of information for the annual update of the full Self Evaluation Framework. The first quarterly update has been presented to Board in July 2023 and a copy is attached at Appendix 2. Our regular self-evaluation process is assisting the forward planning, for example a specific SEND Joint Strategic Needs Assessment is planned for 2024 to capitalise on the improved data and information now available to us and to inform strategic planning going forward.
13. It is crucial that the work to deliver the strategy is now progressed at pace as the demand for requests for Education, Health, and Care Plans (EHCPs) has increased significantly, affecting the timeliness of the delivery of new plans. This has also increased demand on special school places and high numbers of out of area placements, all of which impact greatly on the Dedicated Schools Capital Grant for High Needs Budgets. The rise in demand, alongside increasing financial pressures, has also placed challenges upon the wider workforce connected to those with special educational needs including those in the health, care, and school sectors.

Key Issues and Challenges

14. The SEF bulletin update shows a continuing increase in identification of children and young people with SEND which is stretching our services, schools and resources. To make sure we provide the right services at the right time we need to complement each other across education, health and care and, for example in commissioning services so that all pull together. The Oral Health programme is an example of this, where work is happening through health and in schools. We can also see for example that long waiting lists in health are making it difficult for families and children to get the support that they need, and we can see the need for more specialist school placements is leading to more of our children being at school out of area and away from their local communities, services and networks. Consequently, these are top priorities for our attention.
15. The demand for SEND services has grown rapidly, in part due to the impact of the Covid pandemic. The total number of EHCPs for which Herefordshire is responsible for is 1,284. The number has grown by 102 (8.6 %) in the last 12 months and by 514 (53%) since 2017. The number of pupils in Herefordshire schools with an EHCP has grown by 287 (just under 40%) between 2017 and 2023. 142 Herefordshire pupils with an EHCP were placed in schools outside of Herefordshire – the majority of these being placed into independent schools and only 55 in state-funded provision – this comes at significant cost to the council. Social Emotional Mental

Health and Autism Spectrum Disorder were the most common primary needs (41.5% and 21.8%, respectively) of out of county placements.

16. As a result of increasing demand locally, SEND team have excessively high caseloads. The proportion of EHCP caseworkers, educational psychologists, portage workers, etc is insufficient to meet increasing demand. There is a real risk that both educational psychology and health advice will increasingly be received late which will compromise the issue of new plans within the 20 week statutory timescales. There is insufficient funding available to expand these teams to meet rising demand.
17. In terms of positives, we can also see that better identification and joined up support in the early years has made a real difference (Child Readiness Project) for children with SEND entering school this September and that increasing the number of new specialist school placements through such good working with schools and a range of local authority teams, means we have made a very good start to growing our local sufficiency (42 new special places this autumn). We can see that support for mental health, and early help services for children are both even more important since Covid.
18. Our self-evaluation indicates that we have made a good start to better understand our local needs and priorities but we need to increase the pace of improvement. It is really important that we hear about the lived experience to help us plan better services, and that we get better at sharing data across organisations to help with our service planning. We want to work with our SENCOs and local employers to provide great opportunities to learn and work.
19. We are working very hard to learn how to do better by working with services outside Herefordshire through both peer reviews and regional working, and this is starting to shape where we want to focus in the next three to four months. One example of this is the All Age Autism Strategy being created with Worcestershire; we have held lots of open sessions inviting those who live with autism and provide help, to collaboratively shape what we want to do better. The strategy or high level action plan is due to be in place during 2024.

Community impact

20. The SEND Code of Practice, under part 3 of the Children and Families Act 2014 sets out the legal requirements and duties placed on local authorities, health bodies, school and colleges to provide for children and young people with special educational needs. The SEND Strategy sets out how we as a partnership will deliver this duty under an early intervention model and revised governance arrangements
21. The strategy will deliver a stronger range of provisions and interventions to ensure that children and young people with special needs and disabilities are happy and successful in their lives. It will also aim to ensure a much stronger landscape of training and employment activities.
22. An underpinning principle of the draft SEND Strategy is co-production both with our partners but importantly with children, young people and their families, ensuring lived experience and local intelligence influences the decisions we make. The strategy is supported by a cycle of co-production activity with children, young people, parents and carers.
23. A key principle is to ensure that children and young people are educated as close to home as possible, supporting not only their educational outcomes but also providing a sense of community and belonging in the area they live and go to school.

24. By moving the resource and decision making closer to schools and settings, alongside ensuring quality assurance of its impact, will support an early intervention approach, making sure special educational needs are identified and met in a timely fashion.
25. Alignment and reference to other key strategies is crucial in the delivery of the strategy, in particular Education and Skills 2030 and the All Age Learning disabilities and Autism Strategy.
26. The County Plan 2020–2024 includes the ambition to ‘strengthen communities to ensure everyone lives well and safely together’ and more specifically, the council aims to:
 - a) Ensure all children are healthy, safe, and inspired to achieve;
 - b) Ensure that children in care, and moving on from care, are well supported and make good life choices;

Environmental Impact

27. There are no direct Environmental impacts as a result of this report.

Equality duty

28. Under section 149 of the Equality Act 2010, the ‘general duty’ on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

 - a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
29. Children and young people with SEND are currently experiencing inequalities of access and outcomes across the country. This strategy sets out our local plan for addressing these inequalities and ensuring that they are able to receive access to high quality educational provision and outcomes.
30. Each of the key priorities aims to address the inequalities experienced by children, young people and families. The core work, in strengthening mainstream provision will enhance the principles of inclusion and providing nurturing environments for all, regardless of their needs.

Resource implications

31. There are no resourcing implications relating to this decision paper.

Legal implications

32. The Council has statutory duties under the Children & Families Act 2014 and the Care Act 2014 to provide for children and young people with special educational needs and disabilities. The Herefordshire SEND Strategy Action Plan sets out an approach which supports the achievement of positive outcomes for young people with SEND, within the framework of the legislative duty to ensure efficient use of public resources.

Risk management

33. Below are the risks associated with the SEND Strategy

Risk / opportunity	Mitigation
Key stakeholders such as schools do not engage productively with this strategy.	We will mitigate this by building relationships with schools and between partners, through consultation and working groups. We will work with a body of head teachers to ensure that the strategy is owned and delivered collaboratively. Also, we have established a cycle of meetings with parents, children and young people to ensure that their experiences are central to all activity. We are also mitigating this by working with DFE in order to ensure that national perspectives are presented to partners so that partners are able to understand the wider context.
If there is insufficient resource attached to the devolution of funding this will mean that needs will remain unmet.	We will mitigate this by working with other councils who already have devolved funding in order to compare models. We will also create a contingency fund from our planned spend in order to ensure that needs can be met. We are also mitigating this by delivering more funding to schools for earlier intervention and developing more local provision. This will enable us to intervene earlier and more locally to ensure that greater efficiencies are made within the high needs block
Actions within this strategy will not be delivered on time and this will exacerbate existing pressures.	We are working on an implementation with partners which will set out clear milestones and outcomes. The SEND Strategic Board and the DFE will monitor this plan to ensure accountability and timeliness of the implementation of the strategy

34. All relevant risks will be managed at a service level

Consultees

35. None.

Appendices

Appendix 1 – Copy of latest SEF Bulletin

Background papers

[SEND Peer Review Feedback](#)

[SEND Review - Right support, right place, right time - government consultation on the SEND and alternative provision system in England](#)

[High needs budgets - effective management in local authorities](#)

[SEND Code of Practice](#)

Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	Simon Cann	Date 06/11/2023
Finance	Judith Tramner	Date 06/11/2023
Legal	Pooja Nahar	Date 3/11/203
Communications	Luenne Featherstone	Date 30/10/2023
Equality Duty	Click or tap here to enter text.	Date Click or tap to enter a date.
Procurement	Carrie Deeley	Date 03/11/2023
Risk	Chris Tindell-Jones	Date 31/10/2023

Approved by	Darryl Freeman	Date 06/11/2023
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[Note: Please remember to overtype or delete the guidance highlighted in grey]

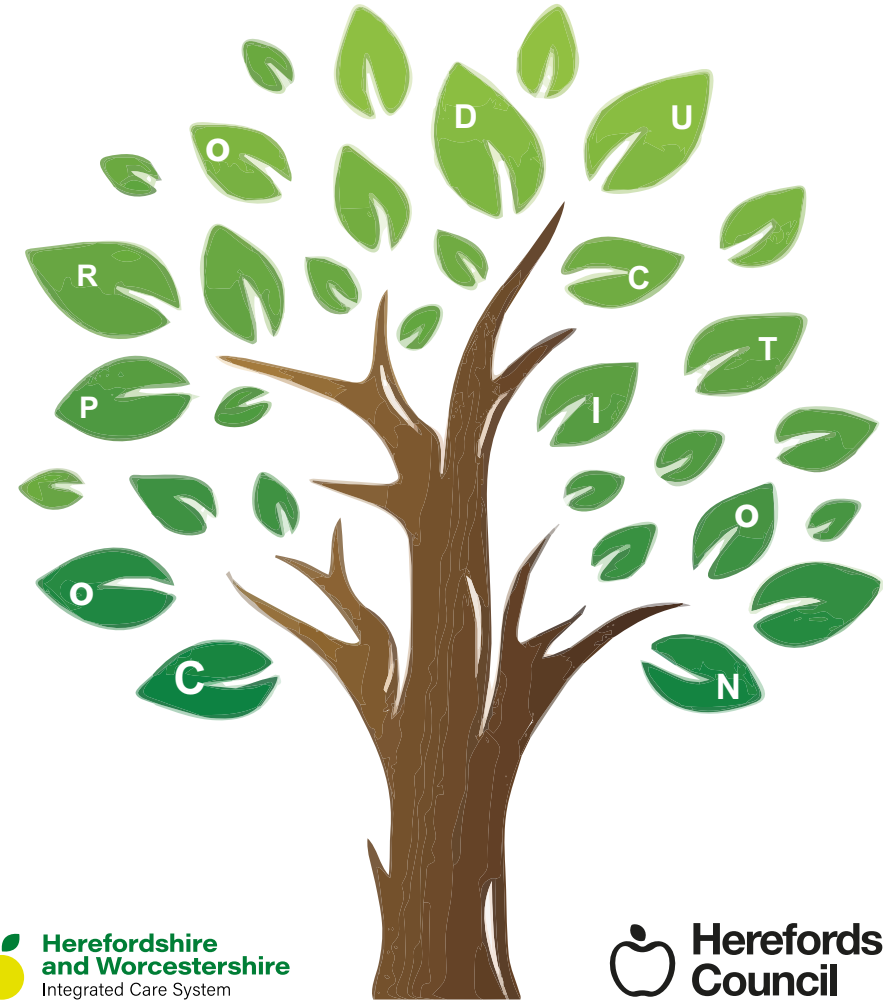
Glossary of terms, abbreviations and acronyms used in this report.

- Special Educational Needs and Disabilities (SEND)
- Education, Health and Care Plans (EHCPs)
- Attention Deficit Disorder (ADD)
- Social emotional and mental health (SEMH)
- Multi-academy trust (MAT),
- Department for Education (DFE)
- Office for Standards in Education (OFSTED)
- Medium Term Financial Plan (MTFP)
- Mental Health Support Teams (MHST)
- General Developmental Assessment (GDA)
- Further Education (FE)
- Not in Education, Employment or Training (NEET)
- Joint Strategic Needs Assessment (JSNA)
- Local Government Association (LGA)

Herefordshire Local Area SEND Self-Evaluation Framework

Update Bulletin 1 (Summer 2023)

37



Welcome to our Herefordshire Self Evaluation Framework Update.

This is our first SEF update bulletin.

We plan further updates in January, May and September each year.

The SEND Assurance Board approved the purpose and developing format for this update bulletin on the 26th July 2023.

The Board has representatives from our Parent Carer Voice Forum, schools, colleges, early years and early help, health and care services (children and adults).

The purpose of the SEF bulletin is to update our knowledge about local needs and ensuring that we are focused on the right priorities and checking that activities are improving experience and outcomes for children, young people and their families.

Although this update has a focus on informing decision makers and planning, there is a role to support our practitioners and service users who are interested in knowing more detail about what is happening and why and to be able to help us build better knowledge about SEND in Herefordshire.

This update aims to:

1. Provide a self-evaluation update against the principles and priorities identified in our SEND Strategy 2023- 2026
2. Capture our most current knowledge base about what is working well in Herefordshire and how we know, and what our data and reporting tells us about what we need to work

on harder and why. This is about all the people and services that help and specifically support children and young people with special educational needs and disability aged 0-25 years, so this involves health, education and care services, community and families.

3. Provide a flow from the important issues through to action and reporting so that all interested can see the impact our SEF is having on planning and outcomes.
4. Provide an overview with a level of detail along with links to supporting evidence for leaders, so that ongoing service planning and resource decisions are well made, and made jointly around agreed priorities.
5. Compliment communications about our SEND Strategy and action plan, by providing an update summary to anyone interested in SEND about the current position, priorities and progress on improvements.
6. Highlight for all parties the key areas being tackled in the next 4 months which will form part of the next update bulletin so that everyone can look out for opportunities to be part of the next stage of the improvement plan.

Data included in this bulletin is the latest available at the time of writing up to and including the statistical release for January 2023.

This artwork was produced by a young person as part of the exploration of names for our Behaviour Support Team (now SEMH Inclusion Service (SIS)- sadly the young person preferred acronym WISH was already taken by another organisation. This young person explained that the colours flying around the strawberry were the feelings and behaviours he experienced and they could get very much bigger and take over, which can mean that the services represented by the grey strawberry, could disappear. The feedback from the young person illustrated strongly that behaviour was communication and that seeing behaviour as the issue, was not helpful for young people and so that word needed to be removed from the service name with a shift of focus to inclusion and relationships.

Our vision is to ensure that, “All children and young people in Herefordshire feel safe, loved, and valued, and grow up with the confidence and skills to be the best they can be.”

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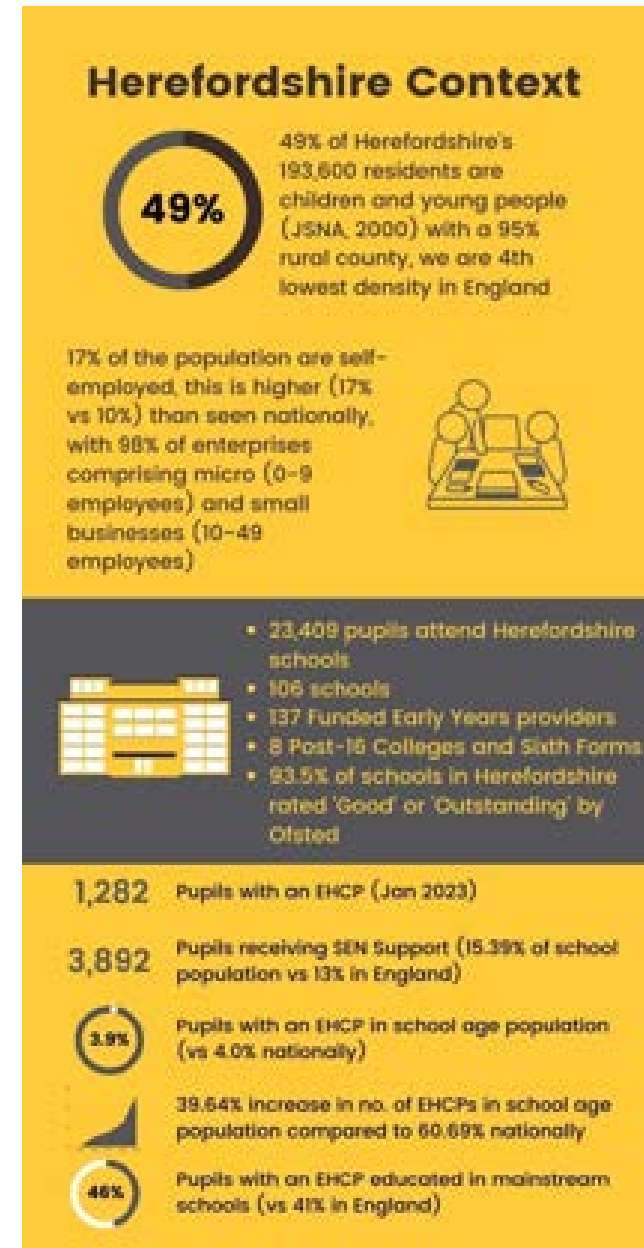


Our Area SEND Strategy

In Herefordshire, we have the highest ambitions for all our children and young people, including those with special educational needs and/or disabilities (SEND). We are committed to working in partnership to meet the requirements of the Children and Families Act in a way that is ambitious, inclusive and realistic in a challenging financial context. We recognise, and this self-evaluation confirms, that there are many examples of good practice but there is also significant work to be done to realise the aspirations of our Herefordshire children and young people with SEND, and to deliver the improvement ambitions described in our SEND Strategy. New leadership and shared effort has added pace, with an increased spotlight on getting it right, early and well; we know that a broader leadership focus is now crucial.

We are focused on making sure that all children and young people have access to good local provision in Herefordshire, supported by skilled and caring practitioners; right from the start. We know that by work together we will best ensure our children and young people with SEND have great opportunities to grow, learn and develop to be the best they can be, We are looking to see impact in the outcomes achieved in education, health and wellbeing, employment, independent living and participation in the community.

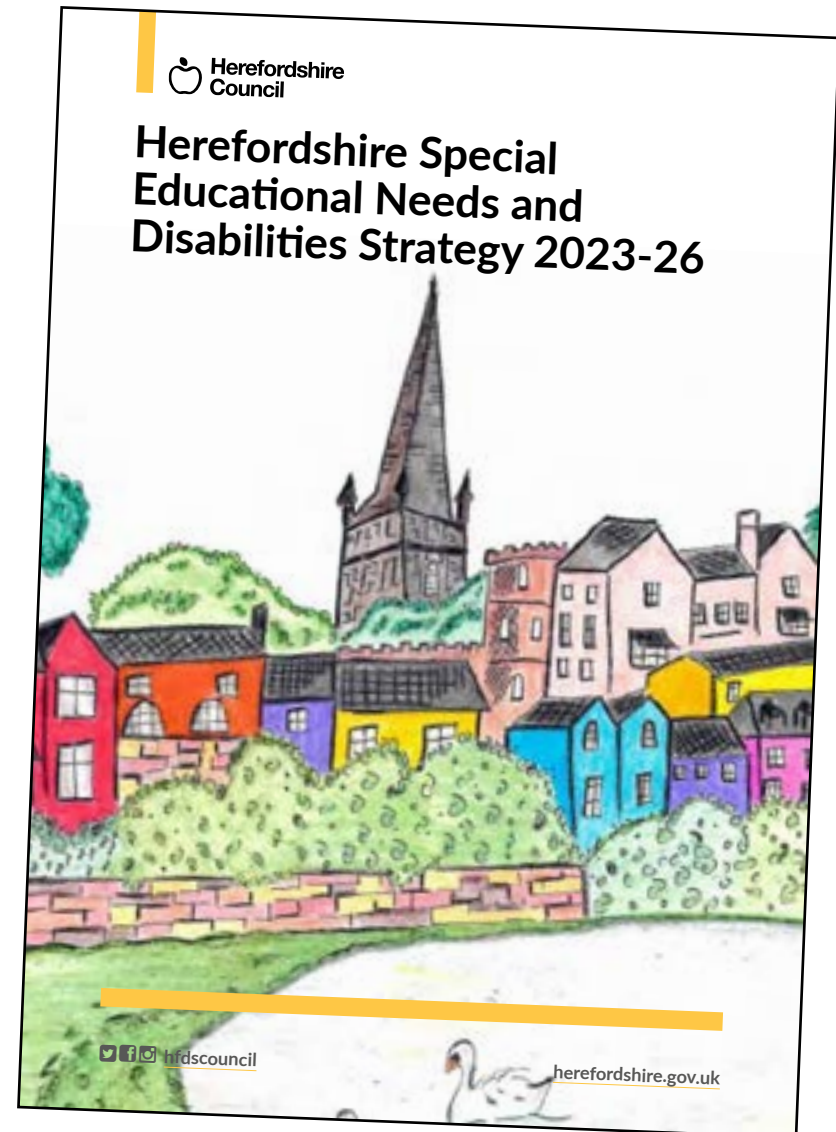
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Our strategy can be found **on our website**. This is written to our young people because they are the most important people involved, and written in straightforward English with the help of Parent Carer Voice to help us all hear the important messages. A list of key words used can be found on our website. Our young people continue to inspire us, such as Logan whose volunteer work in the community is leading him to think about a career in care work.

Our SEF SEND document (January 2023) provides an evaluation of how well the area Herefordshire partnership carries out its statutory duties in relation to children and young people with SEND. Key strengths and areas for development are described and themes are threaded across leadership, and delivery to the key areas for improvement are monitored and tracked through our SEND Strategic Assurance Board. We will be reviewing our SEF and presenting a summary bulletin on a termly basis to support a cycle of continuous self-improvement. Throughout the SEF Bulletin, we include examples of good practice and links to supporting evidence including on our local offer website where further information can be found on area services and provision.

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Governance and Leadership

Children and Young People's Partnership Board

- Membership: Local Authority Directors, Herefordshire County Council, Senior Leads and Commissioners, Police, Healthwatch, Integrated Care Board
- Purpose: to reduce health inequalities for children and young people. This done through responsibility for the Children and Young People's Plan and oversight of the Children's Improvement Plan. The Board is responsible for the design, delivery and review of work across the Local authority

Health and Wellbeing Board

- Membership: Local Authority Directors, Herefordshire Council, Senior Leads and commissioners including local authority programme director - mental health, learning disabilities and autism.
- Purpose: To advise and inform the commissioning and provision of emotional wellbeing and mental health services for children and young people; To inform new developments and investment in local services which are the outcome from local needs assessments and from the national requirement to transform children's emotional wellbeing and mental health provision; To ensure delivery of the Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan; To advise and inform the development and delivery (including commissioning if appropriate) of activities to prevent mental ill health of children and young people and to promote good emotional wellbeing and mental health; Share best practice and work in partnership to improve outcomes for children, young people and families.

SEND Strategic Assurance Board

- Membership: Senior Leaders from Health and Herefordshire Local Authority, Schools, Colleges and Early Years, Families and Young People, Community Support - Chaired by an advisor who does not work in Herefordshire and is independent
- Regular checks on what is working and what needs improvement for SEND across Herefordshire; Makes sure that there is enough challenge to make change quickly enough; Makes sure the senior people work together to make things better

SEND Partnership Group

- Membership: Local authority Directors and Heads of Service, Leaders, Managers, School representatives from across the local area.
- Purpose: To deliver on the intended outcomes of the SEND Strategy and associated action planning and keep the work of all partners in the local area under review.

Our SEND Assurance Board is now established and meeting monthly with good attendance from health, care and education senior leadership and support from our Parent Carer Voice Forum. Our SEND Strategy informed by our JSNA and a wide range of data streams and participation activities, has been published and a launch programme in the early Autumn will invite community wide championing trialled at our recent “Child Readiness” information day, with a focus on best practice and impact.

Work on our data dashboard is moving apace with more than 150 measures across education, health, care and a separate tab for feedback from service users and their parent carers. This is already supporting a monthly SEN performance report, commissioning specifications and needs profiling. A summary of work on improving our data systems including the use of LG viewer to link social care and education system information will be available. An example of commissioning informed by our needs assessment data can be found [on our website](#).

8 work-streams are now operational to take forward our strategy with joint activity programmes being informed by peer reviews on key themes. The Local Authority has benefited from peer reviews on a number of key topics including the quality of statutory plans, and leadership and management. The LA has confirmed a permanent appointment to the Director for Education, Learning and skills (chairs Partnership Group) and recruitment is underway for a permanent Head of Additional Needs (interim in post) following the retirement of the substantive post-holder. A balanced system review is underway in health, and a wide range of activity is now reporting for the joint work with Worcestershire for the all age autism strategy. “Doing Things Differently” neuro-diverse improvement plan for provision is available on our website.

The highest priority for leadership across education, health and care is the resourcing and response to the substantial growth in demand for services and specialist placements. We have a 40% increase in the total of EHC plans (2017-2023) which now number over 1200. This is a substantial increase although lower than nationally at 61%. The growth is particularly evident since Covid.

In next Bulletin:

- Joint Commissioning review supported by system risk review
- 2024-29 Specialist Place sufficiency plan
- SEN Regional Partnership and SEND Improvements development work

Outcome 1 – How effectively do we ensure children and young people’s needs are identified accurately/ assessed in a timely & effective way?

1. The general health and well-being needs of children and young people completed in 2022 showed that overall early years development is good and children do relatively well at school, but there are significant areas of concern:
 - The Covid-19 pandemic disrupted two years of children’s development: social contact, education, experiences. Lasting impacts aren’t yet known, but it has undoubtedly widened pre-existing, deep-rooted inequalities, including for disadvantaged children and those living in deprived areas. (a greater proportion of pupils with an EHCP (37%) live in one of the 25% most deprived areas of Herefordshire compared to the proportion of all children and young people that do (28%) JSNA SEND 2020). Risk of fuel poverty/cold homes, reduced readiness for school and increase in leaving school for a social mobility “cold spot”. [View the cost-of-living-web page here.](#)
 - Long standing local issues in young children for oral health (1/5 five year olds have dental decay) and excess weight-also key issues for children with additional needs
2. The number of children receiving early years inclusion funding has doubled from pre pandemic (106 2018-19 to 220 2022-3)- demonstrates long term trend and impact in increased demand with requisite requirements for additional resourcing- placement and staffing , jointly planned services and early identification to meet needs early and well.

3. The total number of EHCPs for which Herefordshire is responsible has increased by 40% over a 6 year period from January 2017, compared to 61% nationally. Over the same period the school pupil population increased in Herefordshire by 2.08% so it is clear that this is not a function of general child population growth. This is a major priority for our attention due to the resource implications across health, education and care services, and in particular for Educational Psychology and SEN Casework. This is an area of particular risk due to limited resources and the impact on all services who provide advice and statutory provision
4. The Autism in Education training two year programme has been picked up by half our schools with mixed reviews; below our 85% target- needs further attention within the education priority within the All Age Autism Strategy.
5. A significantly higher proportion of care-experienced children have SEN compared to all Herefordshire children. 23.1% have an Education Health and Care Plan and a further 22.8% receive SEN support in school. Nationally 3.6% of all children and 22.3% of CLA have an EHCP, while 12% of all children and 28.3% of CLA nationally are marked on the census as needing SEN support.

The oral health cross system initiative has now extended into our first special school. The initiative includes supervised tooth-brushing, parental engagement sessions, Oral Health Champions, on-line training, distribution of oral health packs to services/organisations through prevention, identifying, stopping and dealing quickly with problems.

The health and well-being analysis for children and young people has informed the redesign for the Healthy Child Programme.

Targeted developments

We have seen an increase in CYP with SEND attending Holiday Activity & Food programme (HAF) activities - Dec22: 60 / 548 CYP with SEND = 10.9% Apr23: 104 / 709 CYP with SEND = 14.6%

A three year Early Years and Early Years SEND wide ranging programme from training to transition and provision development programme has provided an effective response to increasing identification of young children with SEND (212 on the EY SEND caseload

Reducing emotionally based school avoidance (EBSA) in Herefordshire

Following the pandemic, there was a sudden increase in the number of children and young people who were unable to attend school full-time due to anxiety. Those experiencing emotionally based school avoidance (EBSA) can go unnoticed and are confused with disaffected pupils. The Educational Psychology team at Herefordshire Council undertook professional research on this issue and devised a 90 minute training package for school staff. Over 120 school staff and early help family support workers received the training. Of the 8 pupils who joined the initial project, 6 now attend school every week. Further work to disseminate good practice and expand this approach to a larger cohort is planned.

summer 2022 compared 140 in 2022, linked to children not attending settings in Covid). The Child Readiness paper informing the case study we have been invited to submit to the LGA [can be seen on our website](#).

The new simplified all age graduated approach is **now available** to support consistency and confidence across all education settings.

Specialist developments

You can view the new equipment lending library (146 items including 39 sensory aids) set up by our Parent Carer Forum (PCV) [online](#).

A place sufficiency review has projected a need for 147 new specialist school placements 2024-9, we have planned provision for 42 additional specialist places in 2023-4, and are working on the 5 year plan for both specialist and mainstream placement.

Personal Education Plan for Children who are looked after (PEP) completion rate has increased 2022-3 from 88% to 97.99% and the Virtual School are available to attend all annual reviews to ensure alignment with EHCPs.

In Next Bulletin

- Peer Review of SENCO network & support
- Annual review – a new approach and early impact data
- Alternative Provision strategy and commissioning framework
- All Age Autism Strategy
- CAMHS pathway update

Outcome 2. How effectively do children, young people and their families participate in decision making about their individual plans and support? How effectively are they heard?



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Our charter is about the way that we work

- Be open and honest
- Actively listen
- Value the lived experience
- Do what matters
- Be accountable and responsive
- Work together
- Be respectful

Co-Production

Our Co-Production Charter which with leadership from our Parent Carer Voice Forum, was created in partnership with Herefordshire Council, Herefordshire Integrated Care System (ICS), and adopted by Herefordshire and Worcestershire NHS Trust, Wye Valley NHS Trust and SENDIASS. [See the charter on our website](#). We are committed to working in co-production with children and young people and all other stakeholders from design to delivery with shared decision making throughout. We know that work directly with young people is not where we want it to be, so we have developed our Children and Young people's Engagement and Participation Framework 2023-6, and helped by the views from 200 parents and young people we have sorted our top priorities, found examples of improvement and described clearly what "good" looks like.

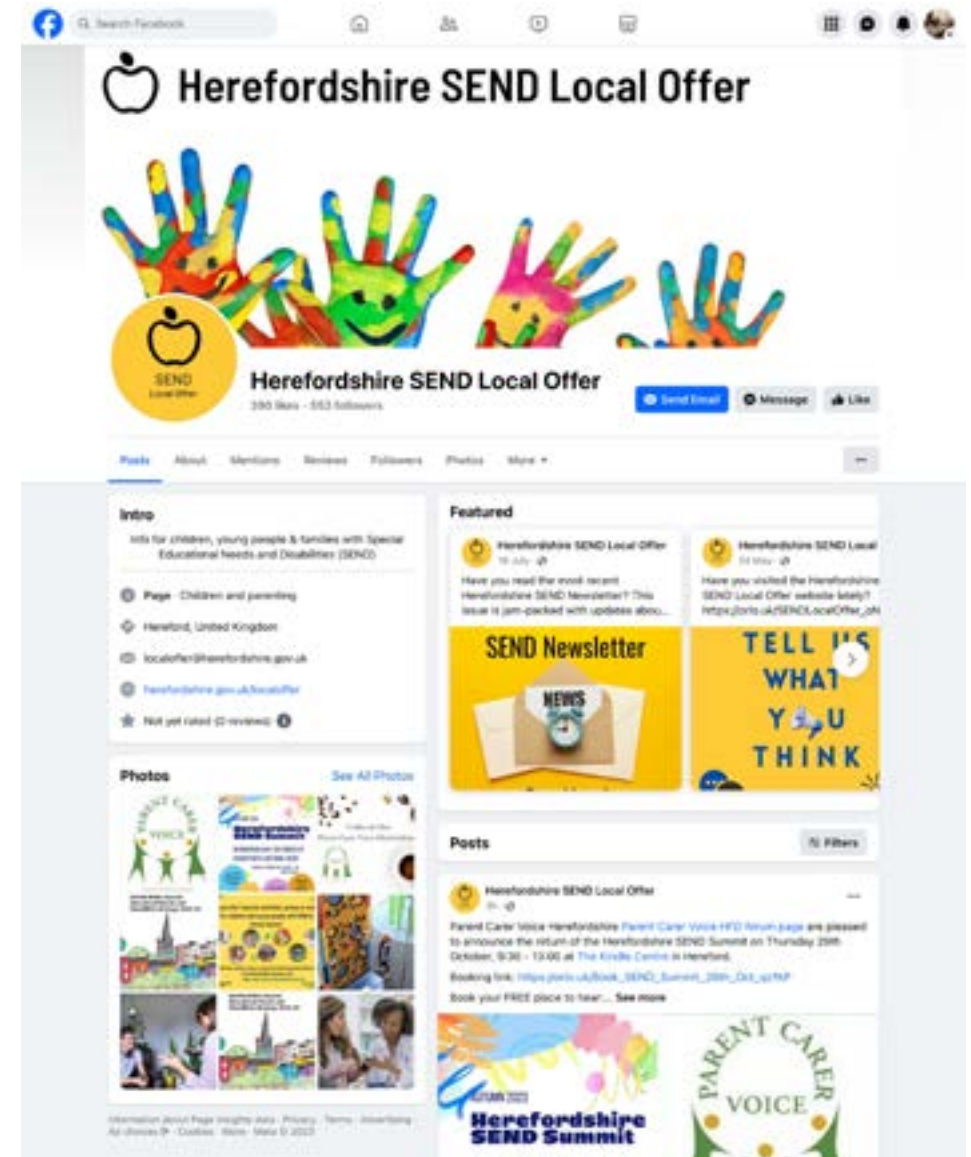
We are establishing a hub and spoke model for the Young People's SEND network and so far 12 groups from schools and community have engaged. We are working on the name/scope of our network this summer and planning a "Can you help" sheet to capture opportunities to inform and shape new initiatives, and a way for the groups to tell us what they want looked at which we know will include a request to improve identification badges to help children know who a new adult is. Our dashboard will start to capture feedback systematically through the annual parent carer survey, annual review feedback and the SEND quality of life survey for young people being adapted with support from our special schools. We are working with peer reviewers to increase the reach and quality of how we work together and to move apace to the top of the participation ladder.

We meet regularly with our Parent Carer forum (Parent Carer Voice) who have 14 new representatives being trained so that the forum have a larger number of parents who can attend the strategy work stream groups and the range of other development groups, and our PCV meeting feedback will help us track participation levels achieved across our improvement projects. Our latest co-produced newsletter can be found here [SEND Newsletter](#) which is now read by 4-500 each time. We can see the impact of the co-production work on our Local Offer website in the increased rating from 4.05 to 7.06/10 since summer 2022, 288% increase in page views (April 2022 to November 2022) when 874 views were recorded up to 3394 views for the period November 2022 to June 2023. 82% summer 2023 survey reported they found what they were looking for which is up from 66% in summer 2022. We achieved the 500 follower Facebook milestone in July 2023 since set up in October 2022. A survey of parents views for new EHCPs provided feedback on what was working well- 69% felt their views were included in the plan, 28% partly so, and 72% felt that the EHCP made things for their child better. The survey highlighted where we needed to do better for example-plans could better celebrate the strengths of each child / young person and better capture health and social care outcomes.

In the next Bulletin:

Peer review report and action plan- Children, young people and parents' voices

Parent Carer annual survey & progress with the feedback information on our SEND data dashboard



Outcome 3. How effectively does Herefordshire ensure children and young people get the right help at the right time?

- 93.5% of Herefordshire primary and secondary schools are Ofsted rated as good or outstanding so we know that local provision for children with SEND is in good hands.
- Social, emotional and mental health (SEMH) is the most prevalent primary need type locally (20.63% versus 15.0% in England). Our child health assessment points out that the abundance of natural resources offers a potential protective factor for mental health and well-being and we need to make sure we are fully utilising this resource. Our Pupil Referral Unit is full for older children so we need to dovetail our planning for alternative provision and mental health. Our new education SEMH Inclusion Service (SIS) is responding to 100% referrals within 2 weeks. 72.6% met outcomes sought after service support.
- Across England, the most prevalent primary need amongst those with EHCP is autistic spectrum disorder (35.1%) which is second highest need locally at 23.85% (January 2023). Severe Learning difficulty (SLD) is attributed to 36.67% of pupils which is much higher than seen across England (18.6%). SEMH (23.85%) is also more prevalent than across England (12.28%). Lower numbers with EHCP for SLCN may be partially linked to the pre-pandemic investment in workforce skills (3.85% compared England 10.10%).
- The local/national differences may reflect the impact of health waiting lists, and reconciling primary need accuracy through work with SENCo network and data cleansing work.
- The number of requests for EHC assessments has grown although slower than nationally (83.6% nationally by 32% locally 26% 2016-22) and there has been a small drop in the national percentage of EHC assessments refused (21.9%) which is similar to the local refusal rate (23.4%) which means more statutory assessments for both reasons. The graduated response needs fresh attention so that all, including parents understand the expectations across all education settings.
- Unacceptably long waiting lists in therapies and paediatrics (37-70+ weeks) are recorded and unchanging- urgent attention is being given to the recruitment and retention issues that are challenges. Nationally the EHCP 20 week timeliness standard (20 weeks) has dropped from 59.9% (2021-2) to 50.7% (2022-3). We improved on our performance from 70.5% in June 22 to 100% in April 2023 and 95% in May 2023, which means that far fewer local children experience delay once high needs are identified
- A designated clinical officer has been appointed so we have increased resource to attend to the quality and timeliness of health advice and join up between health/LA
The Emergency Room at our hospital has been changed to better support sensory and autism needs with sensory boxes, body mapping and communication folders and quiet cubicles.

Paediatric Therapies - Expansion funding agreed to provide additional therapies support an as of July 2023 Currently, no children are waiting over 52 weeks and the target is to reduce waits to under 30 weeks by the end of 2023.

Community Paediatrics - Additional clinics are being undertaken by the clinical team. Investment has been made to reduce waiting times in autism pathway, The service is regularly reviewing capacity, wait lists and DNA rates and oversight is offered through the productivity board.

Mental Health and Emotional Wellbeing - WEST (Wellbeing & Emotional Support Teams) in schools are available in all secondary schools and 20 primary schools. The next wave will include provision to colleges and recruitment is underway. Our CAMHS Crisis & Home Treatment Team established in March 2023 provides 72-hour crisis support to CYP aged up to 17.6 yrs who are experiencing mental health crisis and provide intensive Home Treatment support/interventions up to 6 weeks to those with an acute

Improving the patient experience at Hereford Emergency Department

Hereford County Hospital has a priority to improve patient experience and with the emergency department as a crucial first contact for many, work has been undertaken to improve the experience for patients with sensory and autism needs. A range of adaptations have been made including sensory boxes, communication folders, using anti-glare laminates, infinity icon on patient notes, quieter cubicles and access to other sensory equipment. 76% of families contacted after visiting the emergency department said that their experience this time was 'much better than previous visits.

mental illness as an alternative to Tier 4 admissions. Transition Workers and qualified Youth Workers are in post within CAMHS-positive feedback from those accessing the service

School Nursing - School Nurse Drop-in Clinics are achieving much improved use

2022/23	Q1	Q2	Q3
Total	506	320	712
Q2 -147 Home visits completed for high school children in the school holidays			

In Next Bulletin

Waiting lists and pathways- improvement update

Alternative Provision Sufficiency update Needs profile – update

Mapping the offer for SEMH across education, health , care and Early Help

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Outcome 4. How effectively does Herefordshire ensure that children and young people are well prepared for their next steps and achieve strong outcomes?

Overall children with SEN continue to exceed national expectations in their KS1 outcomes. The pandemic has seen a dip nationally in % achieving this standard but Herefordshire continues to perform better than national despite this dip. Phonics outcomes have shown a dip and may reflect the later last Covid wave locally.

SEN Support children have performed better at KS2 and at KS4 than EHCPs against national benchmarks, however even our larger KS4 cohort than usual (90) is small in sample terms and many of the cohort (53%) attend specialist provision and have gained passes in vocational or level 1 qualifications that are not counted in national progress calculations.

The proportion of adults with learning disabilities known to services in paid employment in Herefordshire has been improving over time 6.8% v 5.5% nationally (ASCOF), although this remains far below good enough, there is a higher percentage locally than nationally.

Herefordshire students aged 19 with an EHCP reaching level 2 have been consistently below the England averages. In 2021/22 it was 22.9% compared to England average of 28.9%. The percentage of young people with an EHCP achieving level 3 at 19 has increased to 10% in 2021/22 but is still below England average of 13.9%. The relatively small size of the local EHCP cohort, the smaller percentage of EHCP as a proportion of the overall cohort at 19yrs alongside the numbers of students

placed in independent provision (outside of scope of the measure) are all factors for consideration in the performance trend of this measure. This will form part of the Post 16 Sufficiency planning.

Local 19 to 25 year olds who are not in education, employment or training (NEET) or not known (NK) in December 2022 = 23.7% out of cohort of 321. This is a decrease from 53% (cohort 330) in September 2022. The percentage of care leavers who are NEET is also high. Drill down activity has clarified data cleansing required to be accurate.

There is a digital divide locally c.17,500 adults reporting that the internet is not used regularly and 31% of internet users reporting skill gap.

Covid Recovery Funding supported 60 vulnerable young people in SEMH special school and PRU (2022/3), 93% of the 2022 cohort have sustained their post 16 placement. A good practice model of transition into school is available to support primary-secondary transition discussion and review

All bar 2 secondary schools and colleges are part of the **Marches Careers Hub**. A community of practice for SEND has been established. Over 1400 year 10 students attended the 10th Annual Three Colleges Open Day event giving students the opportunity to experience college life, two subject areas and colleges of their choice through co-ordinated workshops. A total of 160 workshops were delivered along with a CPD Event for approximately 50 escorting staff.

Herefordshire Council's adult and community learning service for adults aged 19 plus was inspected by OfSTED in April this year and maintained 'Good' rating.

A SEND Employment forum for Herefordshire was launched on 20 June in national disability week 2023. Paul Walker, CEO of Herefordshire Council opened the meeting. Over 40 people attended from over 25 different organisations. The challenges and opportunities identified are shaping the work programme over the next 12 months with the national Internship Works programme to be 'system' ready to offer at least 5 young people a Support Internship in 2024. Ensuring that education and training providers and employers are confident and have the skills and knowledge to offer Supported Internships. We will also be working with young people through our engagement work to involve them in developing the programme. This year's Herefordshire Skills Show (first since 2019) will be aimed at year 10s for earlier impact, and will extend into the evening to open to the general public

Health investment in transition to adult services – Wye Valley Trust have been successful in obtaining funding via a Youth Worker pilot to embed Youth workers in Diabetes (and Epilepsy) teams to support young people through their transition journey.

In Next Bulletin

Peer review findings Preparing for Adulthood (PfA)

Gatsby Benchmarks report

Adult Family Learning programme and Youth Employment Hub developments

SEND Transport review and travel training report

Housing update

Outcome 5. How effectively does Herefordshire ensure children and young people are valued, visible and included in their communities

Elective home education has seen a significant rise in recent years from 218 2018-19 to 308 2022-23. Currently 6.8% are recorded as having EHCPs.

Permanent exclusions and suspensions have increased since the pandemic (14 PEx 2018-19, 31 in 2022-23 (1 with EHCP)). This has led to the Pupil Referral Unit being full and increased requirement for alternative provision. 9.5% of the 1126 suspensions recorded this academic year have been for CYP with EHC plans.

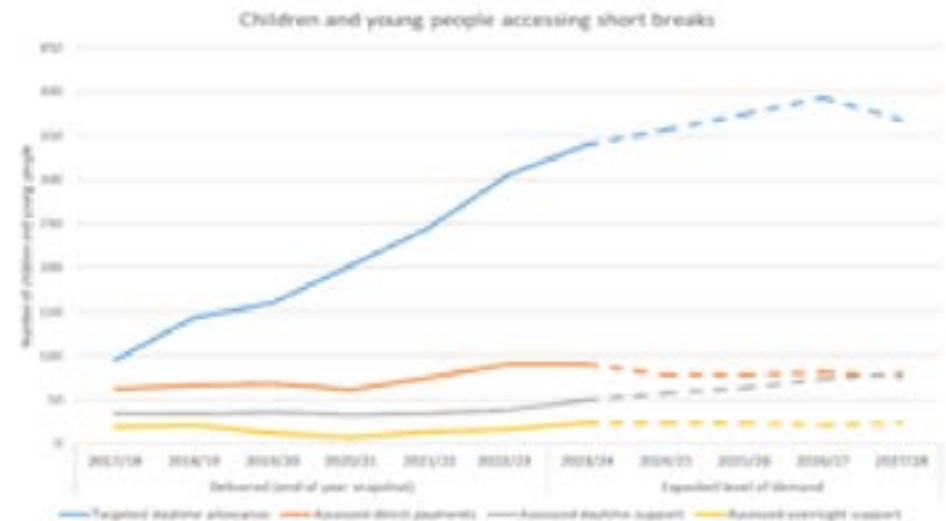
Part-time timetables are a key area of concern with 43-56% of those recorded being for children with SEN Support. The percentage that have EHCPs has dropped across the academic year from 24% to 17.9%

We have 4 CYP who are identified as blind which is high for our population number. The sensory service is reviewing capacity requirements in order to maintain local placements and is also plugging the mandatory qualification gap by starting a teacher in training for Multi-Sensory Impairment in Sept 23.

The percentage of pupils with EHCP recorded for Herefordshire as in mainstream schools has dropped from 46% in 2022 to 41% 2023 whilst England has remained stable at 40%. A greater percentage of children are being placed outside the state sector and the number of unknown placements needs factoring in (increase from 0% to 3.19%). Resources for data input and accuracy checks are impacting on our local profiling ability.

We can see an increasing need to place children with an EHCP in independent and non-maintained provision. Over the 2018 to 2022 the number of children placed in independent or non-maintained provision increased by 190.5%. Across England the increase was 68.9%. 142 Herefordshire pupils with EHCPs have been placed in schools, outside the county (59 with SEMH and 31 with ASD). This includes 75 pupils placed in independent & non-maintained schools. The majority of pupils placed out of county are of secondary school age or post-16 (109 of 142). This data is informing sufficiency planning/commissioning intentions 2024-29.

There has been a decrease in the children looked after educated out of county this year from 79.5% to 73.6%. This compares to 74% national average.



A commissioning review has demonstrated for example that demand for day time short break activities is expected to double over the next five years as the offer is improved. View the Cabinet paper on our [web page](#) detailing the commissioning plan and supporting analysis of feedback from families and providers.

In Next Bulletin

- Peer review findings and impact- Service user voice
- Short breaks commissioning progress/impact
- Health Passports - A review of existing health passport documentation with parents and carers is planned for September 2023 to ensure they are utilised to support the needs of our children and young people.
- Post 16 Education Placement Sufficiency report

Children and Young People Scrutiny Committee draft work programme

18 July 2023 report deadline 10 July 23

Topic and Objectives	Evidence required	Attendees*
Children’s Services Improvement Plan <ul style="list-style-type: none"> - Measure progress in delivering the priorities of the improvement plan. - Identify areas of the focus for the committee’s work programme, to include <ul style="list-style-type: none"> o Quality of assessment o Partnership working 	Service Improvement Plan “Measures that Matter” dataset	<ul style="list-style-type: none"> • Service Director, Improvement – Herefordshire Council
Safeguarding Children’s Partnership Annual Report <ul style="list-style-type: none"> - Scrutinise responses to questions to the independent scrutineer. 	Partnership Annual Report Answers to questions submitted the Independent Scrutineer	<ul style="list-style-type: none"> • Independent Scrutineer, Herefordshire Safeguarding Partnership

26 September 2023 report deadline 18 September 23

Topic and Objectives	Evidence required	Attendees*
Early help <ul style="list-style-type: none"> - Understand the nature of both targeted and universal early help services in Herefordshire. - Further understand the offer made by the council and other agencies. - Scrutinise how partners work together to identify and support children and families who need early help. 	“Right Help Right Time” framework for support Herefordshire Council Early Help Strategy	<ul style="list-style-type: none"> • Director of Public Health • Service Director Early Help, Quality Assurance and Prevention • West Mercia Police • Independent Care Board
Families’ Commission Report <ul style="list-style-type: none"> - Scrutinise progress in responding to the seven challenges contained in the report 	Families’ Commission Report	<ul style="list-style-type: none"> • Independent Scrutineer, Herefordshire Safeguarding Partnership

14 November 2023 report deadline 6 November 23

Topic and Objectives	Evidence required	Attendees*
SEND action plan <ul style="list-style-type: none"> - Scrutinise the action plan. - Identify gaps in action and progress in delivering the plan. 	SEND strategy and action plan Pre-meeting briefing session with service director	<ul style="list-style-type: none"> • Director of Education, Skills and Learning • Parent Carer Voice • Maria Hardy Health • Roz Pither – head of service SEND • Rachel Gillett - Safeguarding
Child and Adolescent Mental Health Services <ul style="list-style-type: none"> - Investigate access to and the availability of appropriate mental health services for children and young people. - Identify gaps in provision and explore opportunities for more effective commissioning of services. 	Directory of mental health support services in Herefordshire Service specification for CAMHS CAMHS performance information	<ul style="list-style-type: none"> • Herefordshire and Worcestershire NHS Trust • Director of safeguarding • Director of all-age commissioning

23 January 2024 **report deadline 15 January 2024**

Topic and Objectives	Evidence required	Attendees*
Workforce, fostering and adoption sufficiency <ul style="list-style-type: none"> - Understand the shortages faced by the council and its partners in workforce recruitment. - Identify challenges in recruitment of foster families. - Make recommendations to support improved rates of recruitment. 	Current staffing levels Fostering and adoption rates of recruitment Payment rates for fostering and adoption	<ul style="list-style-type: none"> • Head of Service, Fostering and Adoption
Schools Capital Strategy <ul style="list-style-type: none"> - Understanding how the local authority determines its investment in new and existing schools. - Review the impact of the 2016 capital investment strategy. - Seeking assurance that capital investment is aligned to implementation of the Local Plan. 	Capital Investment Strategy Schools investment programme	<ul style="list-style-type: none"> • Director of Education, Skills and Learning
Safeguarding Children's 2022-2023 Partnership Annual Report <ul style="list-style-type: none"> - Scrutinise responses to questions to the independent scrutineer. 	Partnership Annual Report Answers to questions submitted the Independent Scrutineer	<ul style="list-style-type: none"> • Independent Scrutineer, Herefordshire Safeguarding Partnership

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26 March 2024 **report deadline 18 March 23**

Topic and Objectives	Evidence required	Attendees*
Looked after children <ul style="list-style-type: none"> - Identify the factors resulting in the current rate of children being looked after. - Further identify areas of focus for the committee to pursue. 	Current and historical numbers of children looked after by the local authority Comparison with statistical neighbours and other local authorities in West Midlands region.	<ul style="list-style-type: none"> • Director, safeguarding
Corporate Parenting Board <ul style="list-style-type: none"> - Scrutinise the current constitution and activity of the corporate parenting board. 	Corporate Parenting Strategy Corporate Parenting Board agendas and minutes % care leavers who are: <ul style="list-style-type: none"> - In suitable accommodation - in education, training or employment 	<ul style="list-style-type: none"> • Chair, Corporate Parenting Board • Service Director Early Help, Quality Assurance and Prevention • Head of service, looked after children • Your Voice Matters representatives

*The Corporate Director, Children and Young People and Portfolio Holder, Children and Young People, both have a standing invitation to the meeting. It is assumed that the portfolio holder will attend each meeting.

Safeguarding children partnership annual report (January 2024)

