

What is this document?

This is a collection of feedback of all the views gathered in our local area following the Care Quality Commission (CQC) and Ofsted Local Area Inspection of SEND that took place in July 2018 and the actions that will be taken. They are the views of children and young people and their families, and staff in nurseries, schools, academies and colleges, staff from health and social care from both the North East Lincolnshire Council (NELC) and North East Lincolnshire Clinical Commissioning Group (NELCCG).

Who is it for?

This collection of feedback and actions is for children, young people and their parents/carers to see what everyone has said about SEND in our local area and how their views are being listened to and acted upon. The actions are all in the formal SEND Written Statement of Action (WSOA), which was sent to Ofsted and the CQC on 12th December 2018 and approved on the 8th January 2019. The WSOA is published at <https://www.nelincs.gov.uk/children-and-families/send-and-local-offer/> or <http://www.northeastlincolnshireccg.nhs.uk/>

Why is it important?

It is important that everyone who has contributed by giving their views can see what has happened since and how their voice is being heard and acted upon. It is also important that everyone has chance to understand and respond to the proposed actions.

Who will see it?

Children, young people, parents/carers, Ofsted, CQC, Department for Education (DfE), National Health Service England (NHSE), schools/academies/colleges and the general public as well as local leaders, managers and staff from education, health and social care who work with children and young people and their families.

What can we do next?

Give your views on the feedback document:

Email: clare.linfitt@nelincs.gov.uk or talk to the SEND team on 01472 323236

Text: 07710761654 with the word SEND and then write your message.

Talk to SENDIASS: 01472 355365

www.barnardos.org.uk/nelsendiass

Talk to NELPPF: 07583474892

nelppf@gmail.com

Focused work streams

1. Education Health and Care Plan work stream
2. Voice, Influence and Change and work stream
3. Transitions, training and employment work stream
4. Health and Social Care work stream
5. Leadership and Governance work stream
6. Access Pathway work stream
7. Early Years work stream
8. 5-16 educational and wider outcomes work stream

In North East Lincolnshire, we try to think about the key areas that affect everyone in our area in everything we plan and do.



In January 2019 we will be asking around 3,500 children and young people with SEND and their families to complete a questionnaire to tell us more about their experiences of SEND in our local area.

We will publish the results and use the feedback to inform improvements. We will repeat this every 6 months to make sure we know what works well and what needs to change.

1. Education Health and Care Plan work stream

Ofsted said...	
<ul style="list-style-type: none"> <i>The quality of EHC plans is too variable. Too often, descriptions of children and young people's health needs provide little information about the impact of these needs on their daily lives. In addition, the provision in plans frequently lacks specificity and the health and care outcomes are too generic. Arrangements for reviewing EHC plans are ineffective.</i> <i>There are weaknesses in the local area's arrangements for reviewing EHC plans. Children and young people's health and care needs are not routinely reviewed which results in a lack of integration in updated EHC plans.</i> <i>The preparation for adulthood needs of children and young people who have SEN and/or disabilities are not identified in a timely or effective way.</i> 	
To us this means...	
<ul style="list-style-type: none"> Across the board, Education Health and Care Plans are not consistently good enough. Across the board, annual Review process is not consistently good enough. The health and care needs of children and young people are not detailed enough. Talking about getting ready for adulthood does not start early enough. 	
You said...	We will...
<p>Content and outcomes of EHC Plans: Education Psychologists are not spending enough time with children in schools so can't write good outcomes. The Education Psychology report was spot on and outcomes were well written. Banding does not match the outcomes.</p> <ul style="list-style-type: none"> EHCP end result depends too much on who has written it. Plans are not of a consistent quality. The EHC Plan says frequently – this is not specific enough. Where the plan says by whom it just says staff. This is not specific enough. 	<ul style="list-style-type: none"> Review the banding descriptions for EHC Plans. Review the process for requesting an assessment of SEND through to awarding a plan. Jointly with partners, deliver Outcomes Training for Education, Health and Social Care. Hold an outcomes workshop for parents with NELPPF and SENDIASS to explore what good outcomes look like. Provide training for EHCP co-ordinators to develop skills in extracting and explaining outcomes. Hold a specificity workshop for EHCP coordinators, parents/carers and professionals to coproduce good Section F EHC Plan examples. Hold EHCP Challenge Days three times a year to enable an objective review of EHC Plans to take place and inform future practice. Develop an annual review feedback form. Establish a working group to develop a new NE Lincs EHC Plan format. The local authority's Young People SEND Advisory Group has asked to develop a young person's EHC Plan format. These two groups will come together to develop one new EHC Plan format. Offer a continued series of SENCo training on My Plan, EHCPs for SENCOs and other educational setting staff. Provide 'Reasonable Adjustments' workshops for schools. Parent representation (NELPPF and SENDIASS) to be invited and present at the SENCo Forum. Work with schools and educational providers at pre and post 16 to explore the statutory duties to include preparation for adulthood. Primary sessions for SENCOs, secondary school/academy sessions for SENCOs and post 16 sessions for SENCOs. Establish a working group to review and revise the information advice and guidance (IAG) available with regard to EHC Plans for students aged 19-25 inclusive
<p>Format of EHC Plans:</p> <ul style="list-style-type: none"> We work with three different authority's plans and approaches all are totally different. It makes it very difficult for collages. Format is not child or young person friendly. Even adults can't understand the language used. They are hard to read. 	
<p>Educational settings:</p> <ul style="list-style-type: none"> The SENCo didn't know a plan could be requested for anything apart from cognition and learning. Parents are hearing from schools that there is no point putting a request in for a plan. SENCOs don't have time to fill in the paperwork and but parents off. The school said it's easier if parents make the request. SENCOs need clarification of roles and responsibilities so that schools and 	

SEND You said... We will ...

<p>settings know who to invite to what.</p>	<p>and ensure Local Offer information is updated.</p>
<p>Transition:</p> <ul style="list-style-type: none"> • Schools/academies and colleges are not always inviting YPSS to meetings. • All Year 9, Year 10 and leavers need to be supported by EHCP Coordinators in annual review meetings. • It can be difficult to get parents to engage and be active in looking at future plans. • Supported employment service would like to start transition much earlier with students with SEND in mainstream and special schools. • Post 19 students want their EHC Plan to continue to 25 but there's not a consistent view of what is education. 	<ul style="list-style-type: none"> • Continue to develop a post 14 parents/carers group develop to confidence in moving forward into adulthood. • We will develop with our partners 'Person Centred Planning' training for schools and settings and professionals and parents/carers. • Employ two additional EHCP Coordinators in the Special Educational Needs and Review Team and one additional Education Psychologist in the Education Psychology Service.
<p>The annual review process:</p> <ul style="list-style-type: none"> • November was our annual review and plan wasn't amended until July. This is too long. • Never anyone from social care and health at the annual reviews. • Reports not in in time from professionals. Parents leave meetings not having all the information and having to wait. • One hour is not long enough for an annual review meeting. 	

2. Voice, Influence and Change work stream

Ofsted said...	
<ul style="list-style-type: none"> Local area leaders do not have a comprehensive or incisive enough understanding of the needs of children and young people who have SEN and/or disabilities and their families. The local area's arrangements for jointly planning, commissioning and delivering services for children, and young people who have SEN and/or disabilities and their families are significantly under-developed. Local area leaders have a limited understanding of the views of children and young people who have SEN and/or disabilities and their families. This is because there are fundamental weaknesses in the local area's approach to co-production. The local area offers a range of short break services, including high-quality overnight short breaks for children and young people who have complex needs. However, too many families do not know how to access a short break and the local area's approach is not responsive enough to their needs. In part, this is because it has not been co-produced effectively. Some families told inspectors that their sons and daughters feel isolated because they are unable to take part in activities in the communities where they live. The local offer is neither known about or widely understood by children, young people and families in North East Lincolnshire. Although families are consulted about the services they receive more frequently, and many report strengthening relationships with local area leaders, there is an urgent need to move towards meaningful co-production. 	
To us this means...	
<ul style="list-style-type: none"> Local leaders do not understand the needs of children and young people with SEND and their families. The local area needs to improve their joint planning arrangements for delivering services. The local area leaders urgently need to develop their culture in understanding voice, influence and change. Families do not know how to access short breaks and the choices offered do not meet their needs. The Local Offer is not known about and not very good. 	
You said...	We will...
<p>The parental engagement and participation group:</p> <ul style="list-style-type: none"> The parental engagement and participation group does not work as it does not have a wide enough representation. Members don't consistently come to meetings so actions don't get completed. 	<ul style="list-style-type: none"> Develop a revised Voice, Influence and Communication (VIC) group with relevant and accessible terms of reference. Set up a local authority Young People's Advisory Group, which feeds into the SEND Executive Board. Coproduction Workshop for 20 key partners including local leaders was held on the 5th December 2018. We are holding listening events to hear what you have to say and feedback to you in a variety of ways. Hold discussions with Young Carers regarding the access criteria. Talk to partners in the local area about setting up sibling groups. Talk to Family Hubs to develop better access to information about support for parents and siblings. Talk to parents/carers and find out what 'good help' looks like to support their mental health. Then we will explore what services can be made available. Develop a 'communication action plan' to work out better get information out to families. Parents have asked for each school/academy to have a SEND parent group with a lead parent/carers who can communicate with LA, CCG, NELPPF, and
<p>The Voice of Children & Young People:</p> <ul style="list-style-type: none"> The voice of children with SEND in our local area is not captured and used to influence change. 	
<p>Commissioning of services:</p> <ul style="list-style-type: none"> The local area is not responsive to the needs of children and young people with SEND. Some services are clueless about working with families of children with SEND. Nobody asks what we need? We don't need money we need communication. 	
<p>Support for families:</p> <ul style="list-style-type: none"> My child's siblings need support too. It's hard being the brother or sister of a child with SEND. As parents our mental health is suffering and there is no support. Young carers will not provide support without a diagnosis. This is really frustrating. My family needs help. Parents supporting each other in each school works well. We understand each other; we just don't know where to get help from. My child wants to know who will help her and when and I can't tell her because nobody tells me. My child has lost confidence that anyone will ever be able to help her. 	

<ul style="list-style-type: none"> • I didn't get any support for 'me' at the worst time and I was desperate. It's a good job I have got a loud voice and kept on shouting until someone helped me. What do people do who are shy and quiet. • I need access to systems to support my emotional and mental health. If I feel better, I will be able to parent my child with SEND better. 	<p>SEDIASS. We will explore this suggestion with partners.</p> <ul style="list-style-type: none"> • Parents have suggested that there is a SEND booklet for parents with all the information needed for support given out at 2-year check, starting school and secondary. We will explore this suggestion with partners. • Review the Short Breaks criteria and how to request short breaks and publish it. • Employ a Local Offer Coordinator.
<p>Short breaks:</p> <ul style="list-style-type: none"> • I don't know what short breaks is. • I don't know how to get access to short breaks. • It's all too complicated so I don't bother. What is the criteria? 	
<p>Community:</p> <ul style="list-style-type: none"> • It is lonely and isolating to come from an ethnic community who do not accept SEND. This is made worse when SEND is not promoted and supported in my local area. • When your child has behaviour difficulties you don't mix with other parents because they don't like your child. • It's so hard, my partner and I are falling apart because we have nobody else to turn to so we turn on each other. • The independent parents group keep me sane I don't know what I would have done without that support. • The LA parents supporting parents group is my lifeline. 	
<p>Communicating with parents/carers:</p> <ul style="list-style-type: none"> • I have been looking for help for SEND issues for 4 years but I have not known where or who to turn to. • As the parent of my child I know best. I want professionals to listen to me. • I have never seen a SEND newsletter but my child is on the school's SEND register. • Now I have attended the listening events/Access Pathway working group I feel like people do care and do want to help. • Facebook is a good way to inform parents about what is available. • A text message service would be best. I don't have time to go to places and I just need some advice or a number to call. • I would like a SEND newsletter from my school with what is happening in our local area. • More listening events please. In my school would be good. • Regular listening events with not too many people and a chance to see what is going to happen next in picture form. • We would like emails about what is happening and recognition that my concerns have been received and acted upon. • I have never heard of the Local Offer. How can it help me if I don't know about it? 	

3. Transitions, training and employment work stream

Ofsted said... <ul style="list-style-type: none"> <i>The preparation for adulthood needs of children and young people who have SEN and/or disabilities are not identified in a timely or effective way. As a result, local leaders have a limited understanding of how to help this group of children and young people to be independent, healthy and visibly included in the communities where they live. Crucially, it also limits their ability to prepare children and young people who have SEN and/or disabilities for employment, further education and training.</i> <i>The arrangements for helping and supporting children and young people who have SEN and/or disabilities aged 0–25 at points of transition between schools, services and settings are weak.</i> <i>Commissioning arrangements for paediatric and adult services do not support effective transitions.</i> <i>Families told inspectors that they feel unprepared for these significant changes in their lives. Some young people move successfully on to further education, supported internships and employment, and some are well prepared to live safe, healthy and independent adult lives. However, the local area's approach to promoting these outcomes is significantly undeveloped and, as a result, young people's preparedness for adulthood varies too much.</i> 	
To us this means... <ul style="list-style-type: none"> Beginning to talk about adulthood starts too late. There is not enough of the right support to help young people move into employment, further education, training and adulthood. Nurseries, schools/academies, colleges and services are not working together to help children and young people pupils move between settings. Health services do not support the move to adulthood. 	
You said...	We will...
Educational settings: <ul style="list-style-type: none"> My school has a brilliant SENCo but the transition to secondary school is really worrying me. The secondary school just don't seem to understand my child's needs in the same way as his primary school does. Autumn term sees more Y7 with anxiety and mental health/behaviour difficulties than any other. There is a gap on passing on information from Primary to Secondary schools. 	<ul style="list-style-type: none"> Develop a 'Transitions good practice model' and encourage educational settings, health, social care and families of children and young people with SEND to agree to the principles and practice of Transitions Good Practice. Firstly, we will pilot this in a community in North East Lincolnshire, which has one secondary school and a number of primary schools and nurseries. Then, we will use the findings to continue to adapt and develop this 'Transitions good practice model' and promote it across North East Lincolnshire. Encourage a change of culture around inclusive practice for SEND. Firstly we will find out which schools/academies, colleges and services are already using 'restorative practice' and how well. Then, we will develop a plan to encourage the restorative practice approach as we coproduce an agreed way of working to support children with SEND and their families. Include the Assistant Director Skills in the transitions work stream. Ask young people with SEND to contribute to the development of the Local Offer too make it relevant to them.
Post 16: <ul style="list-style-type: none"> At 18/19 years what happens next? What is there available? There is not enough support available for young people to move into further education. Our college provides cooking lessons to support students to be independent. As a young person I need more life skills to prepare me for independent living. My child has retreated to his bedroom and wont interact because he is so stressed about moving on and not fitting in. 	
Mental Health and other health services: <ul style="list-style-type: none"> There is not enough support for mental health for this age group. There is a gap between child and adult services 	
Information: <ul style="list-style-type: none"> The Local Offer doesn't tell me as a young person any information about moving on. It's just for parents. 	

4. Health and Social Care work stream

Ofsted said...	
<ul style="list-style-type: none"> <i>The healthy child programme for children aged 0-5 is not delivered in an effective way. There are too few face-to-face antenatal contacts, new birth visits are not completed within statutory timescales and two to two-and-a-half year checks are not completed in a timely way. As a result, new or emerging developmental concerns may be missed.</i> <i>Important information about the health needs of children and young people who have SEN and/or disabilities which is held in general practitioners' records cannot be accessed by other health professionals for initial health or EHC assessments. In addition, information about the health needs of children and young people who are looked after is not transferred to new health records within the adoption process. This is a barrier to the timely and effective identification of children and young people's education, health and care needs.</i> <i>The arrangements for helping and supporting children and young people who have SEN and/or disabilities aged 0-25 at points of transition between schools, services and settings are weak. Commissioning arrangements for paediatric and adult services do not support effective transitions.</i> <i>Access to therapy services, such as occupational therapy and speech and language therapy, is limited by the capacity of these services to meet children and young people's needs. This is because these crucially important services are not planned or commissioned in a joined-up way. As a result, children and young people who need wheelchairs, orthotics, and a range of specialist equipment, aids and adaptations, experience unacceptably long waits. Access to occupational therapy in North East Lincolnshire is additionally limited by long-standing vacancies in this service. Inspectors are concerned that the local area's decision to withdraw speech and language therapy from the youth offending service has led to some children and young people, often with unidentified speech and language needs, being unable to access therapy support.</i> <i>The CDC's communication and interaction pathway is used as the main diagnostic assessment of autism for children under 5 years old. There is an unacceptable delay for children allocated to this pathway. It is not compliant with national institute for health and care excellence (NICE) guidance and the local area does not commission post-diagnostic support for children and families. Local area leaders know that the current arrangements are not fit for purpose. However to date, the local area does not have sufficiently robust plans for reducing these long waiting times.</i> <i>The governance and resourcing arrangements for key health functions, such as the designated clinical officer (DCO) and the designated nurse for children and young people who are looked after, do not align with national guidance.</i> 	
To us this means...	
<ul style="list-style-type: none"> The healthy child programme for children aged 0-5 is not delivered in an effective way. The youngest children's SEND needs are not always identified. Data between agencies are not compatible and information cannot be shared successfully. Paediatric and adult services are not consistently supporting transition Access to therapy services is limited Communication and interaction pathway is not NICE compliant. The roles of the designated clinical officer (DCO) and the designated nurse for children and young people who are looked after, do not align with national guidance. 	
You said...	We will...
<p>Transition:</p> <ul style="list-style-type: none"> There is a gap between being under and over 16 in health with paediatricians. At 16 they are discharged by their paediatricians and there is nowhere for them to go until they are 18. Melatonin cannot be prescribed by GP. Some parents are buying it from the internet. 	<ul style="list-style-type: none"> Review all transition arrangements from acute / community nursing paediatric services to adult acute / community nursing services. Set up a community nursing transition working group. Review transitional arrangements from specialist paediatric tertiary care to secondary care. Review transitional arrangements from paediatric acute services to adult acute services by speciality. Review the Healthy Child Programme. Offer training to all GP's on pathways and EHCPs. Carry out an audit for the management of records by GP practices. Review of contractual arrangements and pathways for: Occupational Therapy, Speech and language Therapy, Orthotics.
<p>Commissioned Services:</p> <ul style="list-style-type: none"> CAMHS (Young Minds Matter) won't accept a referral for my child, as they don't meet the criteria. They have left us with nowhere to go when we are desperate. There is no support for sensory integration in North East Lincolnshire. If I want to access services, I have to do it privately. I can't afford it. There is no understanding of selective mutism in NE Lincs. I have had to introduce professionals to this area of SEND and there is no specialist support or help available. Services and understanding of Dyspraxia are 	

SEND You said... We will ...

<p>really poor. It is impossible to get the help we need. My child was discharged and there is now nowhere to go.</p> <ul style="list-style-type: none"> The lack of specificity in diagnosis and very large numbers of mild-to-moderate learning delays are diagnosed locally at the expense of more specific impairments. 	<ul style="list-style-type: none"> Review the performance framework for the assisted living centre. Review the structure and contractual arrangements of the DCO and the designated nurse for children and young people who are looked after. Recruit to a full time Designated Clinical Officer (DCO). Ensure the Designated Nurse for Looked After Children (LAC) is independent and employed by and sat within the CCG.
<p>Health:</p> <ul style="list-style-type: none"> The paediatrician didn't listen to anything I said, they just wrote down what they wanted. I am not taken seriously as a parent and I can't get help. 	
<p>Social care support:</p> <ul style="list-style-type: none"> I have not seen my child's disability social worker since June and it is now November. The Children's Disability Service would not see my child and help us without a diagnosis. Direct payments are not tailored to parent's needs. It is over prescriptive. The rules are not flexible enough. Having to find your own direct payment worker is really difficult and working out their holiday pay and pension is nearly impossible. I can't manage it. 	
<p>Post 16:</p> <ul style="list-style-type: none"> Health services for young people aged 16 changes and there is nothing appropriate for them and no real transition at this point. 	

5. Leadership and Governance work stream

Ofsted said...	
<ul style="list-style-type: none"> Local area leaders do not have a comprehensive or incisive enough understanding of the needs of children and young people who have SEN and/or disabilities and their families. The local area's joint strategic needs assessment (JSNA) provides a poor starting point for planning and commissioning the services children, young people and families need. The JSNA lacks detail and precision and, as a result, provides limited insight into the things that are important for children and young people who have SEN and/or disabilities in the 0–25 age range. Local area leaders have a poor understanding of the outcomes children and young people who have SEN and/or disabilities are achieving. This aspect of their self-evaluation is weak. The local area does not have a clear or inclusive approach to measuring or evaluating these outcomes across education, health and social care services. In fact, this group of children are often invisible in the local area's information systems and performance reports. This fundamentally weakens the local area's ability to hold schools, settings, health services and provider to account for improving the outcomes children and young people who have SEN and/or disabilities achieve. The local area's arrangements for jointly planning, commissioning and delivering services for children, and young people who have SEN and/or disabilities and their families are significantly under-developed. In addition, the local area's sufficiency strategy is disconnected from wider plans for securing improvement. The local area's self-evaluation gives an overgenerous view of the effectiveness of arrangements for identifying the needs of children and young people who have SEN and/or disabilities. Local area leaders have a limited understanding of the views of children and young people who have SEN and/or disabilities and their families. This is because there are fundamental weaknesses in the local area's approach to co-production. 	
To us this means...	
<ul style="list-style-type: none"> Leaders do not understand the needs of families with children with SEND in our local area. The Joint Strategic Needs Assessment for SEND is not appropriate. Leaders do not have a clear picture of the outcomes for children and young people with SEND. Leaders have not effectively planned services for children and young people with SEND and their families. SEND is not visible in the local area future plans for development of the area. The local area self-evaluation if SEND is not accurate. Local area leaders do not co-produce plans and services. 	
You said...	We will...
<ul style="list-style-type: none"> The voice of children with SEND in our local area is not captured and used to influence change. Shops and other places should be autism friendly; they should understand about autism. I need more help to access everyday things. Kids need more entertainment and more youth clubs. It's isolating having a child with SEND. I need people to support me as well as support for my child. I liked the listening events and would like more. Nobody tells us what is going on. They pretend they are listening to tick a box but nothing happens. SEND is a low priority. Do leaders know about and use the Local Offer? 	<ul style="list-style-type: none"> Employ a SEND Strategic Lead across education, health and social care (NELC/NELCCG) to lead on the coordination of the continued implementation of the SEND reforms. Review and rewrite the Joint Strategic Needs Assessment (JSNA) Review and coproduce a new SEND Strategy and Local Offer Undertake health needs assessment (HNA) of vulnerability in children and young people including those with SEND. Develop a revised Health and Wellbeing Strategy. Review resources and governance of SEND. Develop a strategic project for a Joint Commissioning framework to be reviewed and implemented across Union and local area. Undertake a full programme of activity to analyse the effectiveness of current services for children, and young people who have SEND and their families. Ensure SEND is an item on the agenda for all CCG/NELC senior leadership meetings. Make co-production a priority and embed it in all the work we do.

6. Access Pathway work stream

Ofsted said...	
<ul style="list-style-type: none"> While there is a shared belief in the potential of the single access pathway to facilitate better and more timely assessment and improved access to services, the implementation of these new arrangements lacks coherence. Indeed, this fundamentally important element of the local area's arrangements for identifying, assessing and meeting the needs of children and young people who have SEN and/or disabilities is currently in disarray 	
To us this means...	
<ul style="list-style-type: none"> It is believed that a single route Access Pathway is a good idea. The Access Pathway is misunderstood by a wide audience. The Access Pathway needs improvement. 	
You said...	We will...
<ul style="list-style-type: none"> Not being informed if referrals have been received, what timescales are and what will happen next is really frustrating. Parents have to take responsibility for chasing up appointments and lost paperwork. It is all too much when you are living with a lot of stress already. I have done 3 single assessments for the Access Pathway. They have all been lost or the person leading the referral has left. I have given up trying to get help. I have filled in 5 Autism GARs forms over the years but nothing has ever happened. It is a battle to get anyone to listen to me. How many parenting courses do I have to do before somebody will listen to me? The complaints process was untimely and unprofessional, because complaints are directed to the statutory Children's Complaints procedure yet overrun its timescales at the different stages. Many parents are unhappy at the decision reached at panel. Schools don't understand the pathway even though they are usually the party initiating the Early Help Assessment. Schools are not sharing information on the pathway with parents or explaining where they could obtain it. Parents feel diagnosis should be an inherent and unquestionable part of the journey and it is not. Parents feel that getting schools to assess their child is not helpful, as <i>'staff had neither the necessary expertise or qualifications to do so'</i>. Parents are not present in the room when the panel meet to discuss their child's case. Parents believe that the panel was not looking at the history of the child as part of their decision-making. This led to the panel suggesting avenues that had already been used, or had already proved unsuitable. Children who can make eye contact and mask their behaviour at school were going under the radar. I feel that parents are confused with what the pathway is actually for. Nobody wants to take responsibility especial the GP who doesn't understand the process. <p>Are the 256256 adult social care single point of access aware of the Access Pathway?</p>	<ul style="list-style-type: none"> Hold a combined review of the Access Pathway including independent workshops for parents/carers. Offer a rolling training programme for all practitioners and parents/carers of children and young people who have SEND with additional needs around Communication & Interaction, Cognition and Learning and SEMH. Develop mechanisms for improving parent/carer experience of navigating services and receiving the right support. Employ one Care Navigator to support families through the Access Pathway process. Employ one Clinical Coordinator to Chair the Access Pathway.

7. Early Years work stream

Ofsted said...	
<ul style="list-style-type: none"> Local area leaders do not have a comprehensive or incisive enough understanding of the needs of children and young people who have SEN and/or disabilities and their families. Local area leaders have a poor understanding of the outcomes children and young people who have SEN and/or disabilities are achieving. This aspect of their self-evaluation is weak. The local area does not have a clear or inclusive approach to measuring or evaluating these outcomes across education, health and social care services. In fact, this group of children are often invisible in the local area's information systems and performance reports. This fundamentally weakens the local area's ability to hold schools, settings, health services and provider to account for improving the outcomes children and young people who have SEN and/or disabilities achieve. The arrangements for helping and supporting children and young people who have SEN and/or disabilities aged 0–25 at points of transition between schools, services and settings are weak. The local area's self-evaluation gives an overgenerous view of the effectiveness of arrangements for identifying the needs of children and young people who have SEN and/or disabilities. Access to therapy services, such as occupational therapy and speech and language therapy, is limited by the capacity of these services to meet children and young people's needs. The CDC's communication and interaction pathway is used as the main diagnostic assessment of autism for children under 5 years old. There is an unacceptable delay for children allocated to this pathway. It is not compliant with national institute for health and care excellence (NICE) guidance and the local area does not commission post-diagnostic support for children and families. Local area leaders know that the current arrangements are not fit for purpose. However to date, the local area does not have sufficiently robust plans for reducing these long waiting times. The outcomes achieved by children and young people who have SEN and/or disabilities, especially those in mainstream secondary schools and young people in the 16–25 age range, are not improving. This group of children and young people are more likely to be absent or excluded from school and fewer move successfully on to further education, employment or training. Local area leaders have a limited understanding of the views of children and young people who have SEN and/or disabilities and their families. This is because there are fundamental weaknesses in the local area's approach to co-production. The local offer is neither known about or widely understood by children, young people and families in North East Lincolnshire. Although families are consulted about the services they receive more frequently, and many report strengthening relationships with local area leaders, there is an urgent need to move towards meaningful co-production. 	
To us this means...	
<ul style="list-style-type: none"> NEL are not collecting the correct data. There is no full picture just parts. The healthy child programme for children aged 0-5 is not well delivered. Moving from one setting to another or between rooms/ classes is not well planned or thought about early enough. Early identification of SEND could be improved. Therapy services are too limited. The CDC arrangements need reviewing. Outcomes for children with SEND need to improve. The views of children and young people who have SEN and/or disabilities and their families are not asked about or listened to. The Local Offer does not have all the information families need and is not widely known about. 	
You said...	We will...
Data: <ul style="list-style-type: none"> We collect lots of data from different sources but it is not collated or analysed to inform services 	<ul style="list-style-type: none"> Continue to explore ways to use different sets of data to inform services and improve outcomes for young children Complete a comprehensive review of the Services delivered from the CDC. Commission a specialist post diagnostic support for children under 5 years of age with autism. Link SEND EY work stream with 0-2 years Public Health Programme Have a transition 'good practice' model. Refresh the Families First Information Service from being a service-based search for parents to be able to search, by issue. Ensure that FFIS has direct links to the local offer
Transition: <ul style="list-style-type: none"> Settings do not talk to each other about their children as they move from one to the other Settings try hard to send on information to school There are examples of good practice and examples of 'could do better' 	
Early identification: <ul style="list-style-type: none"> Is there a way of passing information on to schools or pre-schools about any services 	

SEND You said... We will ...

<p>children have accessed or any worries that have arisen from their 2 year check</p>	<ul style="list-style-type: none"> • Review the integrated health and education assessments for young children
<p>CDC arrangements:</p> <ul style="list-style-type: none"> • It took too long for the CDC to see my child. It was too late to get things in place in time for starting reception class • My child has recently been diagnosed with ASD after assessment at the CDC. His paediatrician said he needs substantial support. Without EYI, he wouldn't be able to access nursery so I am grateful that he receives this funding. 	<ul style="list-style-type: none"> • Ask Early Years providers and parents of young children to contribute to the development of the Local Offer.
<p>Views of children and their families:</p> <ul style="list-style-type: none"> • I know my best. Professionals should listen more to what I am saying • I am so stressed out because I don't know where to get the help I really need from • T is now more confident in the school setting and I believe that the funding for 1:1 support enabled this 	
<p>Local Offer:</p> <ul style="list-style-type: none"> • There is nothing on the local offer for young children 	

8. 5-16 educational and wider outcomes work stream

Ofsted said...	
<ul style="list-style-type: none"> The outcomes achieved by children and young people who have SEN and/or disabilities, especially those in mainstream secondary schools and young people in the 16–25 age range, are not improving. This group of children and young people are more likely to be absent or excluded from school and fewer move successfully on to further education, employment or training. 	
To us this means...	
<ul style="list-style-type: none"> Children and young people with SEND in mainstream schools are not achieving well. Outcomes are poor for young people with SEND in mainstream secondary schools. Pupils/students with SEND are more likely to be absent from school than their peers. Pupils/students with SEND are more likely to be excluded from school than their peers. Young people with SEND are less likely to go on to further education, employment or training. 	
You said...	We will...
<p>Voice of the child and family:</p> <ul style="list-style-type: none"> I am on the Student council in my school. I get to make sure my voice is heard. Everyone should have that chance. (Y8) I know my child best. Professionals/teachers should listen more to what I am saying. If school don't think your child has SEND needs all doors are shut to you. The school think I am lying because my son is well behaved at school but it's different at home. I don't feel like school staff listen to my concerns. There have been issues with my child wondering out of school in the morning. I have not been taken seriously when I have warned school that my child needs close monitoring before school starts. I don't feel that my child is safe. 	<ul style="list-style-type: none"> We will develop across North East Lincolnshire a co-produced 'SEND charter mark' to support a common vision of inclusion in our local area's services and educational settings. We will encourage settings and services to formally commit to the SEND Charter as part of a long-term plan for SEND and inclusion in North East Lincolnshire. The Charter Mark will also include co-produced guidance on exclusions and part-time timetables for pupils at SEN support and with EHCPs as well as pupils who's SEND needs may need to be formally identified. We will reward schools and settings achieving a bronze, silver and gold standard with free additional support from NEL SEND professional specialists. Through a comprehensive coproduction process, we will rewrite the SEND Strategy in line with the SEND Charter mark. We will develop a Communications action plan to better share with our community the successes and developments in SEND in our local area.
<p>The SEN register and SEN support:</p> <ul style="list-style-type: none"> My child's school will not put her on the SEN register. She has epilepsy and emotional difficulties. My child is supposed to get SEN support but I don't know what help he gets. I have never seen a 'My Plan' or anything. I got to regular meetings with my child's SENCo. She keeps me well informed. 	
<p>Exclusions and Part Time timetables:</p> <ul style="list-style-type: none"> I can't have a job. I get called from school to come and pick up my child all the time or they are sick. We have no money because only one of us can work. I can't see it getting any better. Everyone thought I was a naughty kid in my old school. They didn't know me or want me there. I love it here (SEND Specialist SEMH Educational provision) the teachers know what helps me learn and want the best for me. (Y7) It was only when I got excluded that my new school started to work with me on my reading. I find it hard but nobody helped me before. (Y8) My son has had repeated fixed and permanent exclusions, displayed violent and challenging behaviour but I cannot to get either professional or social care help. Pupils are being held accountable for events that could have been avoided by timely intervention. 	

Medical conditions:

- I really needed the support from my child's epilepsy nurse. She has helped our family and the school understand what my child needs.
- The school have questioned the medical interventions for my child's bowel related medical condition and have made me feel bad, as they have suggested it is a safeguarding issue. They are not medical professionals and should not make such comments.

Reasonable adjustments:

- I'm OK because I say when I need help but I know some kids that are quiet and don't. (Y10).
- My children's school expect everyone to be the same. They don't bend for anyone.
- Teachers do not have adequate training to deal with SEN effectively due to lack of understanding.
- Families feel forced to home school due to a lack of suitable support and/or settings that were willing and trained to educate their children safely and to an acceptable standard.
- Because she is quiet and well behaved, they don't appreciate the impact of her condition on her mental health or her learning.
- Homework is really difficult for my child with ASC. It causes lots of problems at home because he thinks home is for relaxing and school/college is for working. The battle over homework is ruining our relationship. We need homework clubs.

Communication between SENCos/teachers/services/parents/carers:

- Some of my teachers listen to me and understand my needs but some just expect me to do things I can't do without extra help. (Y9)
- I have to retell my child's story every year to a new teacher.
- The teachers don't know about my child's needs, only the pastoral team know.
- The school don't let me know what is happening until it is too late.
- School say things will happen but nothing does happen. School don't keep me informed or action my concerns.
- School don't remember to do the simple things they have promised my child that they would do like a tally chart of behaviour or spellings on an extra sheet for example and they don't understand how important these things are.
- It's not right that I have to speak about my child to teachers in front of my child when the contents of the conversation is negative. It totally deflates my child and affects his self-esteem.

Behaviour policies:

- I wish my school didn't have rules about things that you can't help. It just get worse and worse and you can't get off the behaviour report. (Y11).
- Nobody seems to do the same thing, different teachers have different rules.
- The 'High expectations – no excuses' behaviour policy of

<p>some secondary schools</p> <ul style="list-style-type: none"> • School tells me that my child is “choosing their behaviour”. He is not he has SEN. • My child’s teachers don’t have any empathy for him and just see him as a naughty boy. The teacher’s don’t understand SEND. Other teachers have been great. All teachers need to be ‘on the same page’ 	
<p>Myth Busting (inaccurate statements told to parents):</p> <ul style="list-style-type: none"> • I have been told that I can’t get support without a diagnosis. • There has to be 3 cycles of assess, plan, do review or my child won’t get a plan. • The school won’t do early help assessments. • Educational Physiologists can only help if child has an EHCP. 	
<p>EHCPs:</p> <ul style="list-style-type: none"> • My child’s school have been really supportive from applying for a plan to getting things in place. I feel confident that they are doing everything they can to support us. • I don’t know what an EHCP is. I go to my meetings with my mum and teachers but I don’t know what an EHC plan is. (Y8) • Nobody comes to my child’s review apart from the teachers. 	
<p>Part of an inclusive community:</p> <ul style="list-style-type: none"> • I would like my school to have assemblies about different disabilities so that nobody is singled out but everyone understands more about what some people have to deal with. (Y9) 	
<p>Information and Support:</p> <ul style="list-style-type: none"> • Having a person to go to in school is really important. Everyone should have a Mrs XX too talk to. It makes me feel safe. (Y7) • I am so stressed out because I don’t know where to get the help I really need from. • I didn’t realise there was all these things available for mental health for teenagers. If I had known, I could have asked. • My child’s school has a community team. They are amazing you can contact them at any time and they always help you out. 	