

# Children's Pathways Review – SEND Findings

Update to Children's Services Scrutiny

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# Agenda

- **Recap - Approach to the Newton assessment**
- SEND Findings
- Questions and Discussion

# Recap - Newton: Who Are We?

Founded 2001

Working across Public,  
Private and Defence

60% public sector – LG  
and Healthcare

## Approach

Bottom-up and top-down  
approach

Genuinely working with  
front-line teams

Supporting practice  
transformation

Data-driven and evidence  
based approach

Structured problem solving  
and improvement

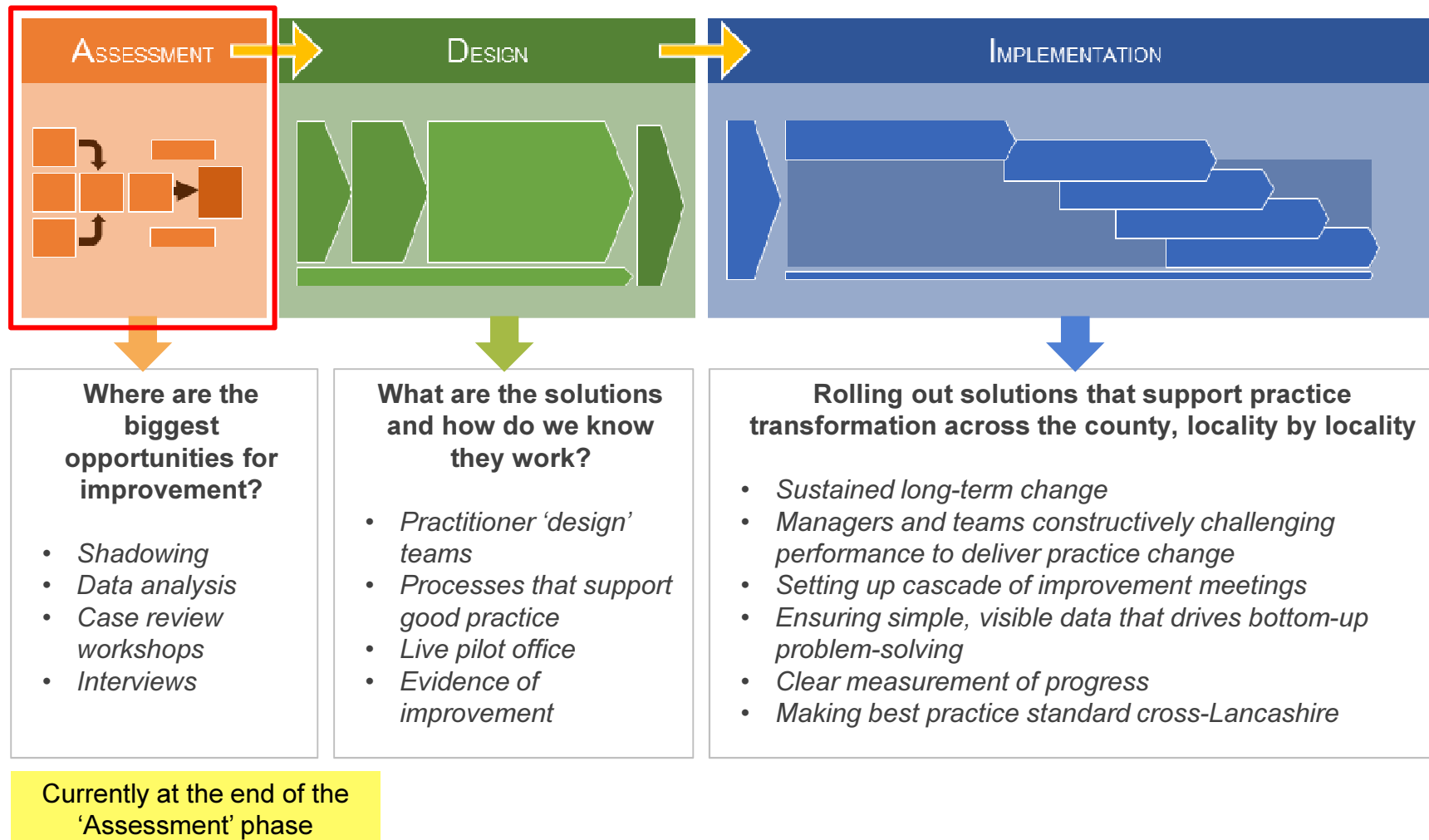
Challenging the status quo

Guaranteed results

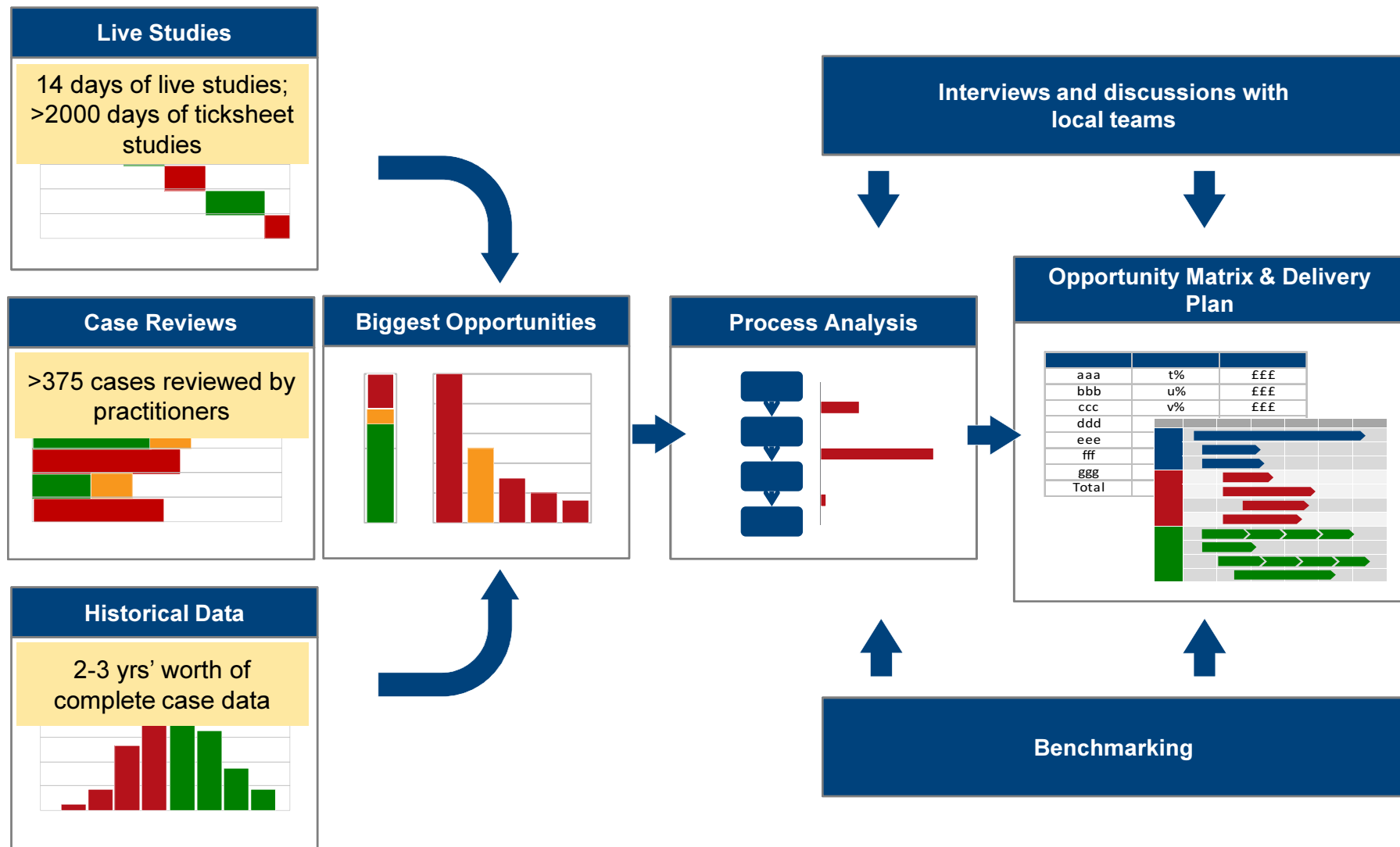
## Previous examples



## Recap – Approach to Change



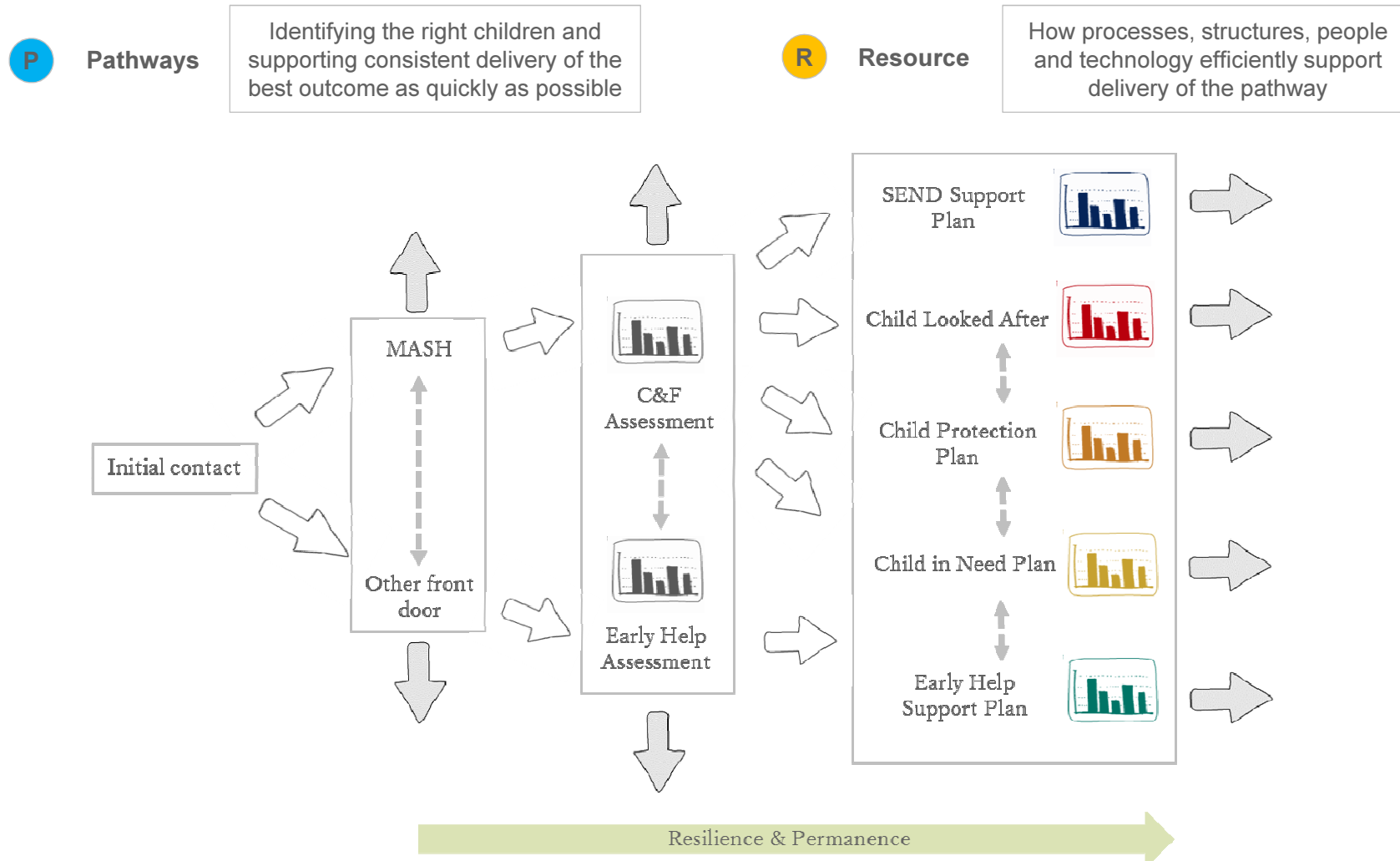
# Recap - Assessment Approach



There are >300 slides of detail – we will only go over highlights from SEND today

## Recap - Scope

The scope of the review was to assess the end-to-end Children's Pathway from Early Help to Children Looked After, including Children with Special Educational Needs and Disabilities. Areas of the pathway were given different priorities for focus relating to size, impact and Ofsted review.



# Agenda

- Recap - Approach to the Newton assessment
- **SEND Findings**
- Questions and Discussion

## Two Teams in SEND

- Integrated Assessment and Monitoring (IAM)
  - *Educational Needs, Education Health and Care plans for those with complex needs*
- Children with Disabilities (CwD)
  - *Support to families with children with disabilities at the 'Severe or Profound' threshold*
  - *Learning disabilities, Physical disabilities, Sensory impairments and/or complex disabling medical conditions.*





# Introduction - SEND Case Review Difficulties

The case review process proved difficult with both teams within SEND for two main reasons: lack of good quality case information; and difficulty getting into the mind-set of challenging the status quo.

## *Challenging Mind-set*

- The Integrated Assessment team struggled more with defining ideal
- The Children with Disabilities team were more reluctant to challenge

## *Availability of Case Information*

- Quantity and quality of the information available was often poor
- Accessing information on multiple systems eg LCS, LAS for transition cases

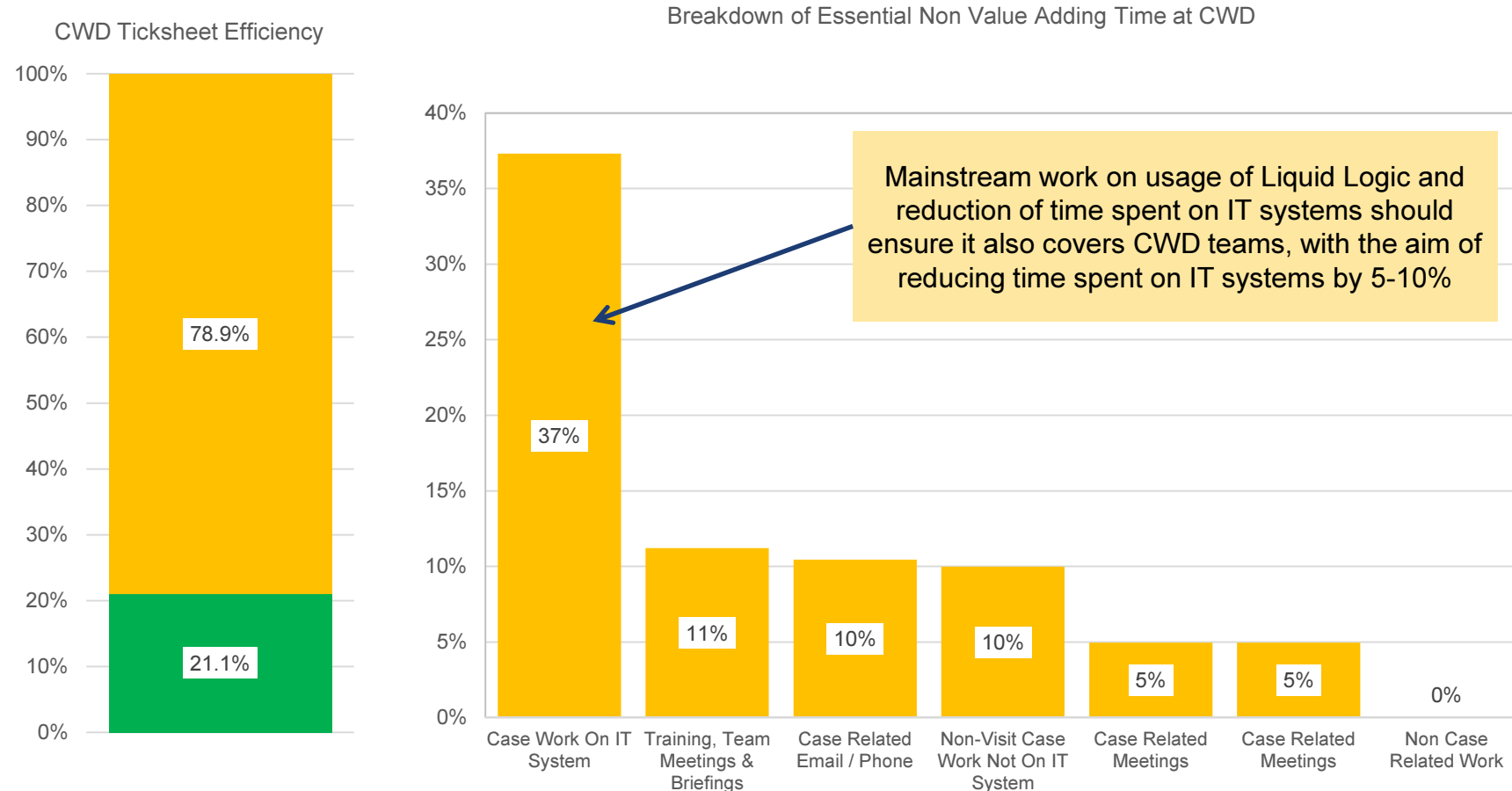
In all other areas of the pathway practitioners have been able to establish what 'ideal' might be and constructively challenge current process and practice. SEND teams struggled with this, meaning findings were often inconclusive. In order to fully understand the opportunities further work would need to be done, potentially through the Adults Design Phase (reaching back to work with SEND) or with an independent external 'challenger'.

# Children with Disabilities Team

## Findings

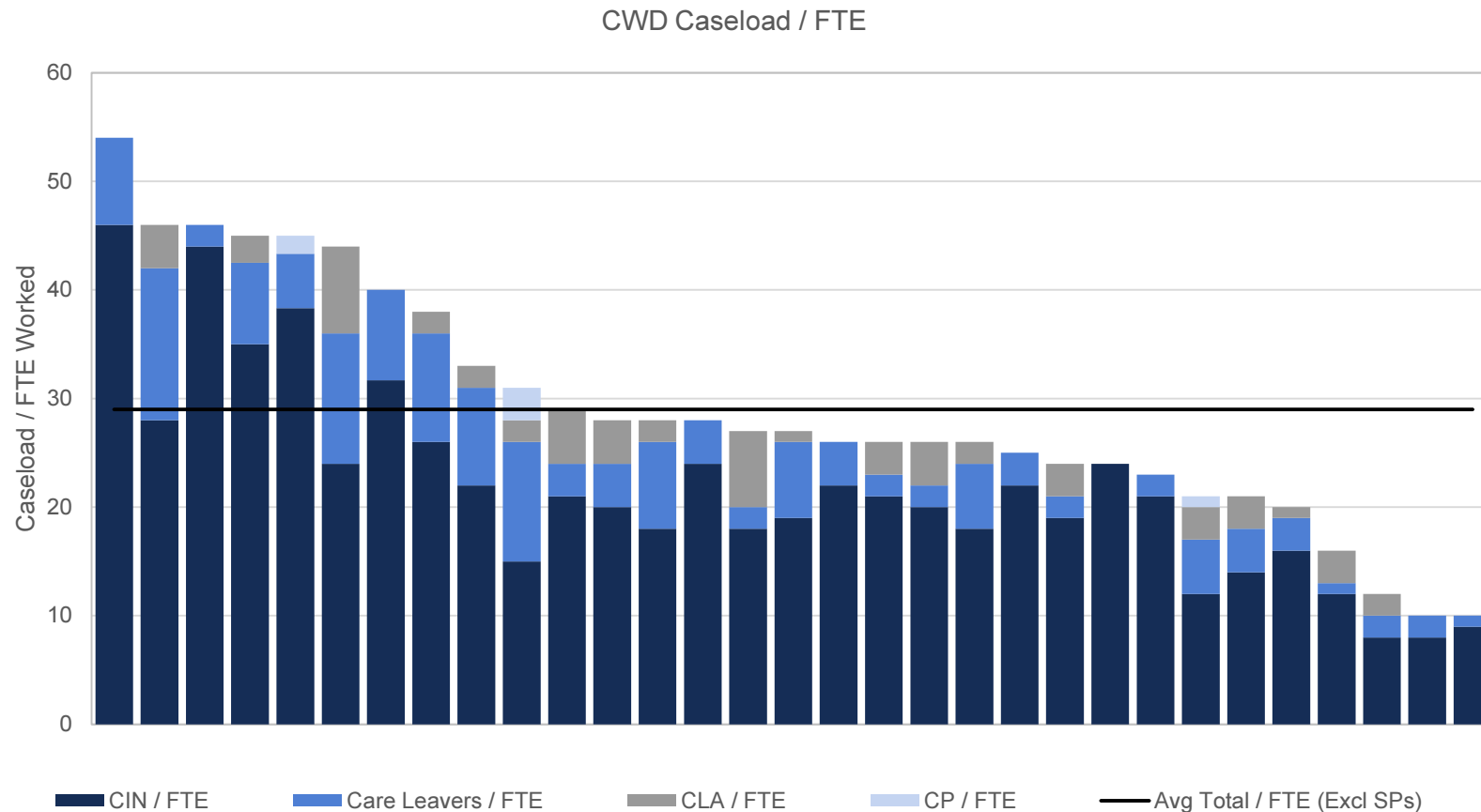
# CWD Team – Ticksheet Results

Ticksheets completed by the CWD team show 21% green time. Almost 40% of the team's time is spent on case/session related work at the computer. These results validate the themes seen in the CWD Social Worker RAG study, which showed 22% green time with the top delay cause being case-related contact (email **and** phone) at over 60%.



## CWD Team – Caseload Variation

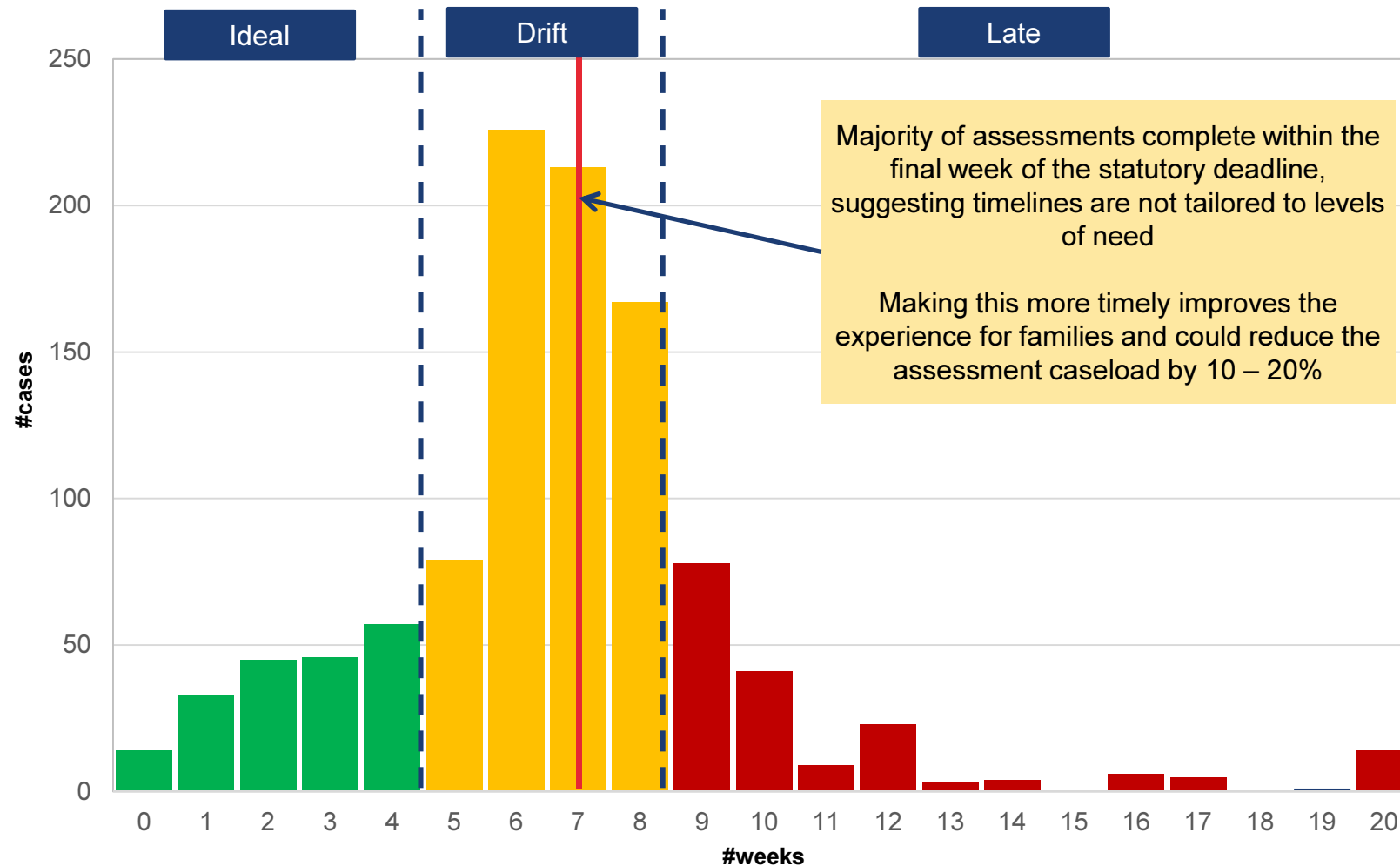
Large variation in total caseload suggests there may be opportunity in more evenly spreading the caseload across workers. However LCC need to analyse and understand what the maximum caseload is to deliver a quality service.



- It was difficult to find complete, accurate, reliable data on complete caseload for the CWD team
- Data on the systems available was often not kept up to date and therefore involved manual intervention to correct or fill gaps in missing data.

# CwD - Assessment Durations

CwD teams showed the same pattern of assessment durations as mainstream social work teams, with a peak in completion right before the statutory deadline of 45 days.



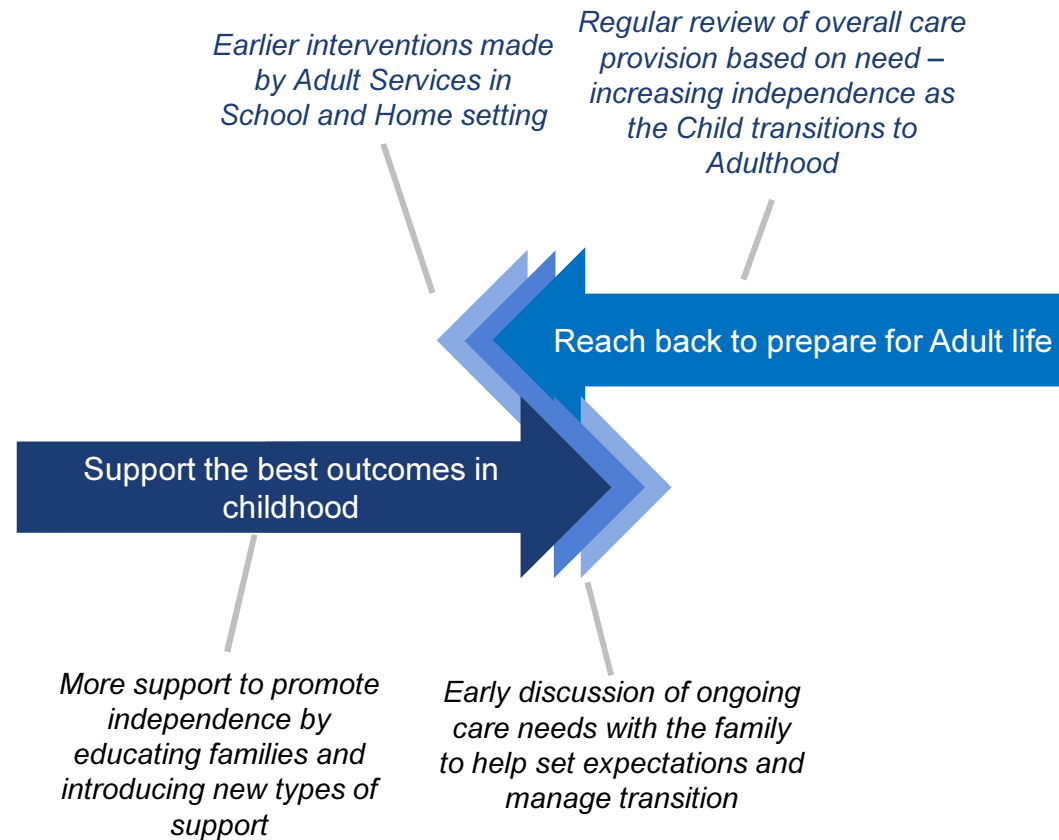
# Transition – Case Example

We carried out a focussed case review with the Transitions Manager and Senior Practitioner asking the question “What could we have done while they were children that could have improved their outcome either pre, during or post transition?”

## *Example Case 1*

- Home educated ASD and not known to SEND until 17 when family broke down and reported child to the police, now unable to look after him
- Mainstream children’s service arranged residential placement out of county as almost 50% cheaper than available in house offering
- Child no longer in education at new placement
- CWD and Transition teams find suitable long term supported living placement close to family and friends
- Mum fails to engage for Mental Capacity Assessment required for placement to go ahead
- Transitions team slow to escalate or seek legal advice
- Likely lose supported living placement. Only other available placement is residential: less independent and more expensive.
- **System failed to pick up this child. No support until 17. Support through childhood could have prevented family breakdown**
- **Quicker escalation of engagement issues could have reduced time in out of county residential placement and ensured supported living placement was successful. Could also have kept child in education.**

# CwD – The Right Outcomes at Each Stage



Ideally able to look back through cases systematically and understand where these factors are working well and what can be improved. Data limitations and understanding of what 'good' looked like limited success at this stage.

Proposal would be to incorporate this into Adults Transformation work as understanding of an ideal all-age LD pathway

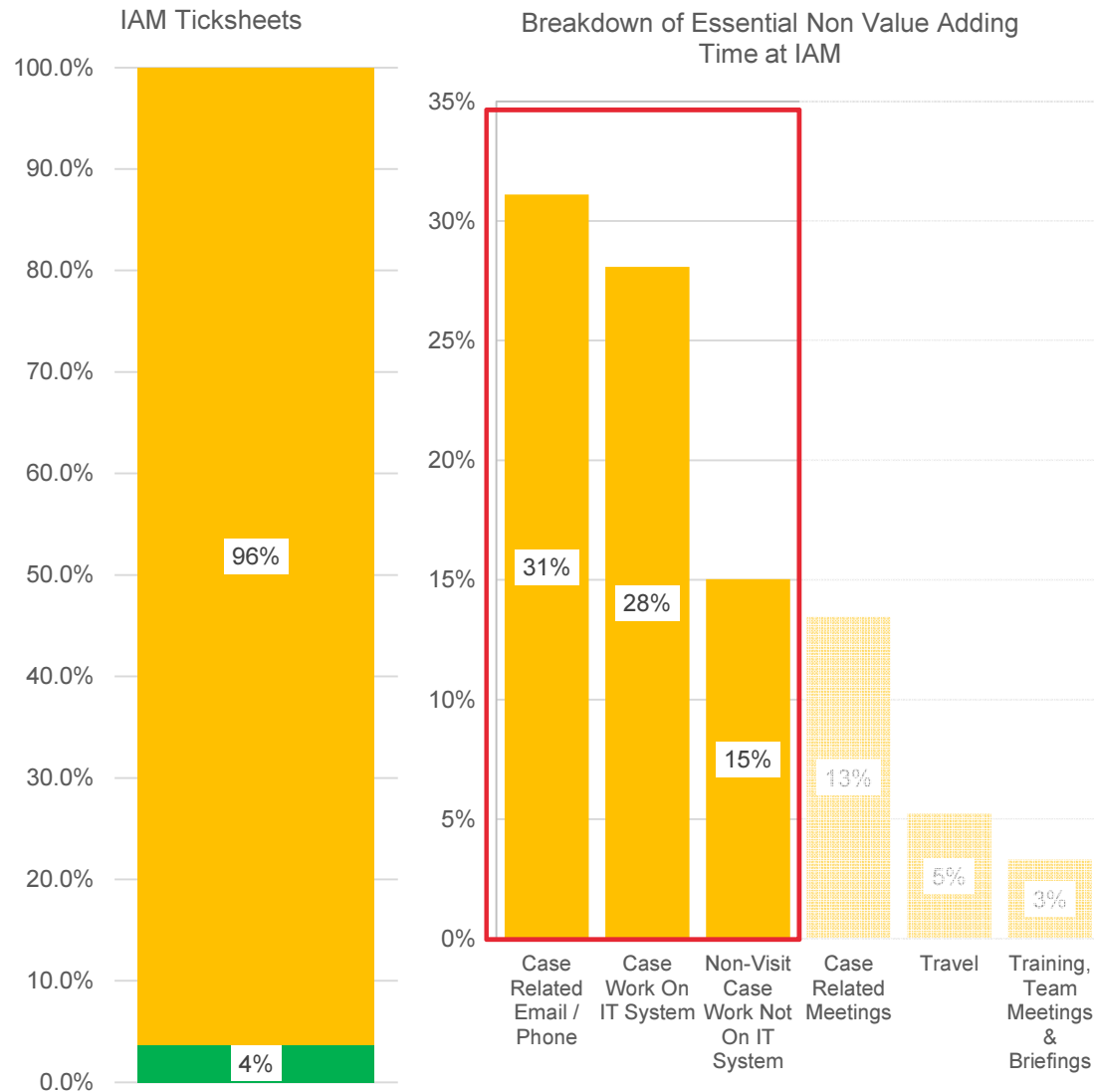
# Integrated Assessment and Monitoring

## Statements, Education Health and Care Plans and School Placements

### Findings



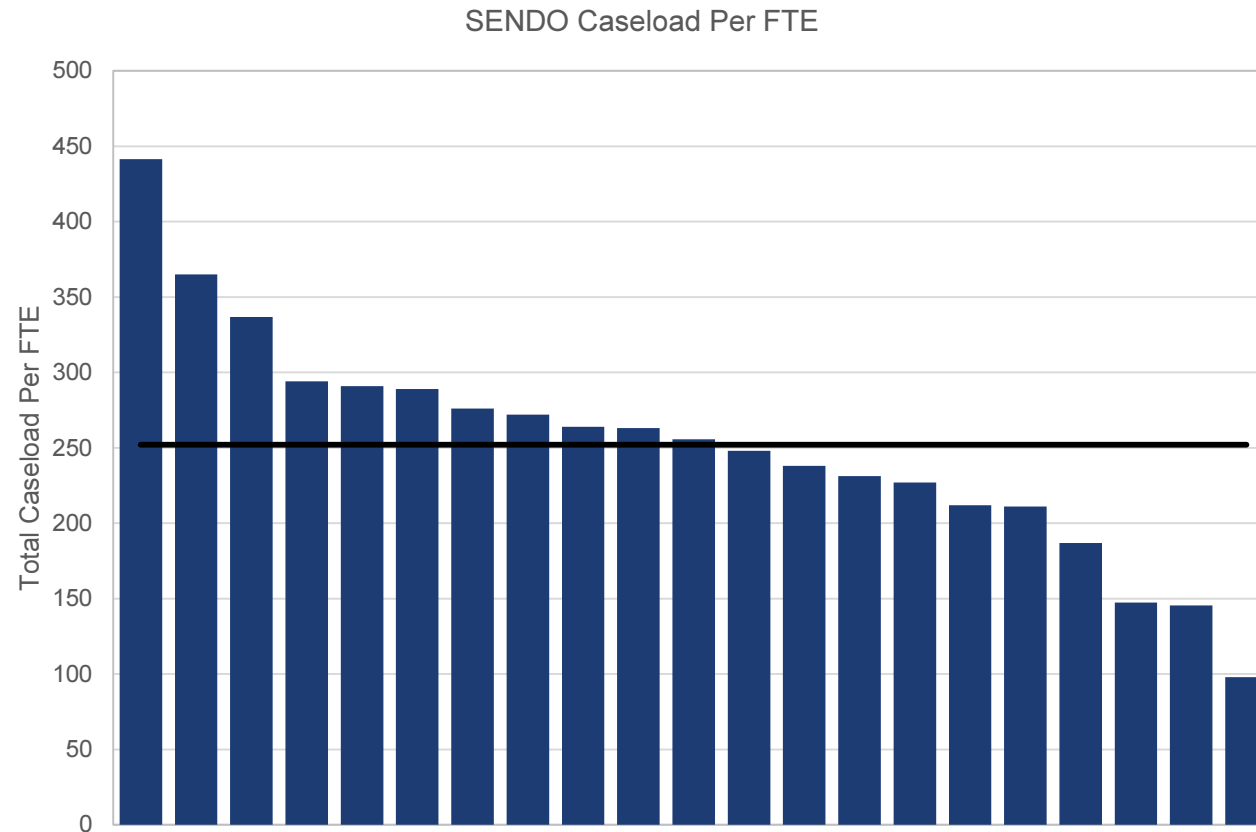
# Resourcing: IAM Team – Ticksheet Results



- Amber time could be saved through:
  - Clear understanding of “what good looks like” for EHC plans (eg level of detail and content required)
  - Universally accessible contact lists
  - Mechanism of viewing other cases at same school (to avoid multiple contacts)
  - Having a clear prioritised order of work
- Team manager estimated it could take half the time it does now

# IAM Team – Caseload Variation

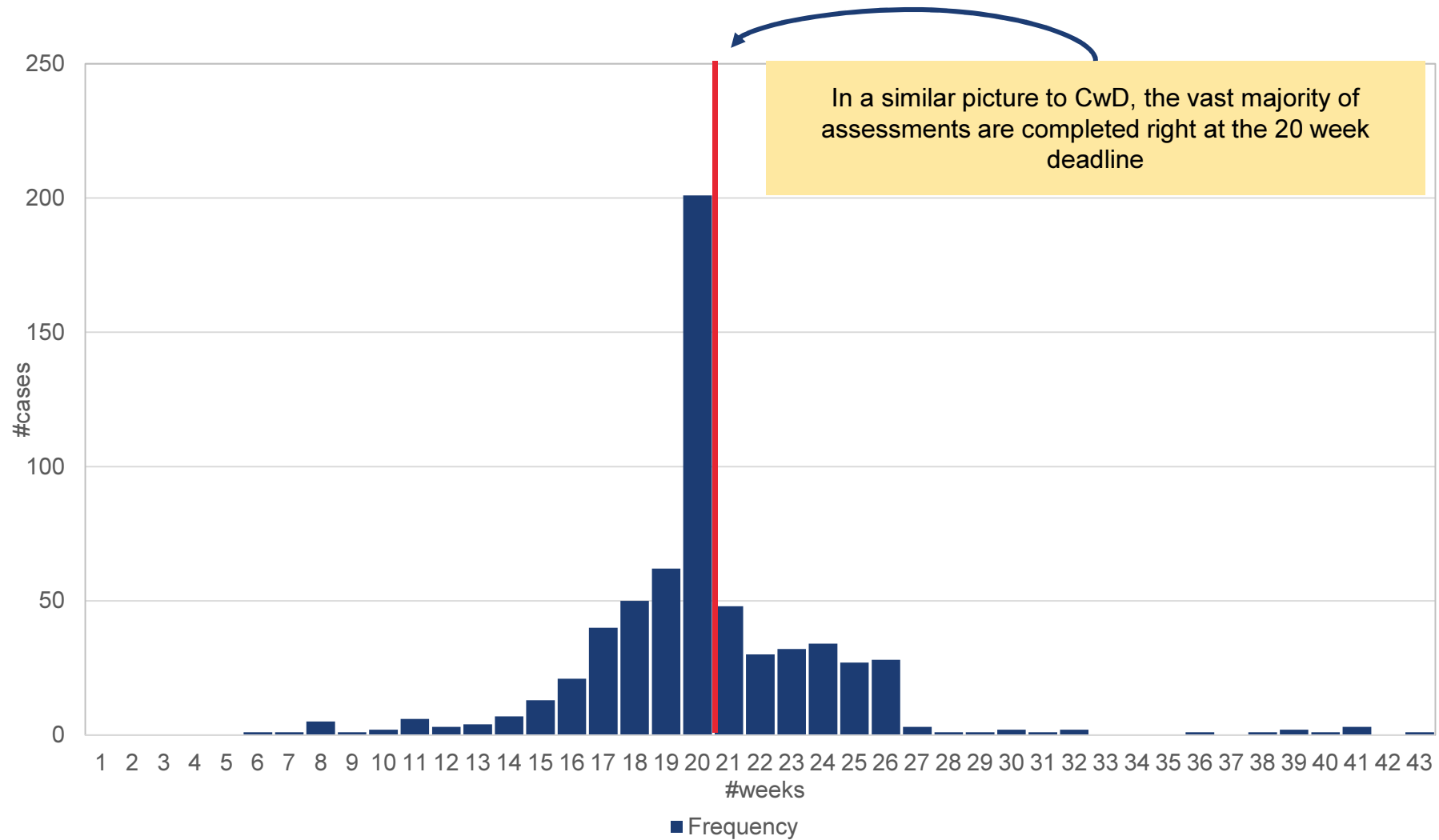
IAM caseloads are already very high and it may be preferable to invest in the IAM team to ensure occurrence and quality of support reviews.



- SENDO caseloads are very high
- It is expected that each case be reviewed annually
- **To achieve that with this caseload means averaging over 1 review every working day, on top of new assessments and transfers**

- It was again very difficult to find complete, accurate, reliable data on complete caseload for the IAM team
- Even after a lot of manual work there are still 212 cases in this data not allocated to a SENDO

# IAM Assessment Duration



# SEND Summary of Findings

	CWD	IAM
Pathway	<ul style="list-style-type: none"> <li>• Need to review cases across pathways (adults and children's) to understand best options for care through-life</li> <li>• All-age disability service may better promote right outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to detect outcomes opportunity from case reviews carried out; likely to be quality increase if resourcing issues are resolved</li> </ul>
Resource	<ul style="list-style-type: none"> <li>• Opportunity to smooth out caseload per FTE</li> <li>• Opportunity to reduce time spent on LCS in line with mainstream social care work in this area</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to improve use of time through improved ways of working, and clear understanding of EHC plan requirements</li> <li>• This would mean being able to carry out another quarter as many visits</li> <li>• Current IAM caseload is too high to be able to carry out the required annual reviews on top of new assessments</li> </ul>

## Discussion / Questions

