



Brighton & Hove
City Council

Overview & Scrutiny

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| Title: | Children & Young People's Overview & Scrutiny Committee |
| Date: | 14 September 2011 |
| Time: | 4.00pm |
| Venue | Committee Room 1, Brighton Town Hall |
| Contact: | Sharmini Williams Overview & Scrutiny Support Officer 29-0451 sharmini.williams@brighton-hove.gov.uk |

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CHILDREN & YOUNG PEOPLE'S OVERVIEW & SCRUTINY COMMITTEE

The following are requested to attend the meeting:

Councillors:

Powell (Chair), Lepper (Deputy Chair), Bennett, Brown, Buckley, A Kitcat, Pissaridou and Wealls

Statutory Co-optee with Voting Rights

| | |
|------------------|--------------------------------|
| Mike Wilson | Diocese of Chichester |
| David Sanders | Diocese of Arundel & Brighton |
| Amanda Mortensen | Parent Governor Representative |
| Vacancy | Parent Governor Representative |

Non-Statutory Co-optees without Voting Rights

| | |
|-----------------|---------------------------------------|
| Liam Dunne | |
| Rachel Travers | Community Voluntary Sector Forum |
| Mark Price | Youth Services |
| Rohan Lowe | Youth Council |
| Azdean Boulaich | Youth Council |
| Vacancy | Children's Social Care Representative |

AGENDA

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| <p>12. PUBLIC QUESTIONS None have been received</p> | |
| <p>13. QUESTIONS AND LETTERS FROM COUNCILLORS None have been received</p> | |
| <p>14. CHILD POVERTY UPDATE Report of the Strategic Director, People, on city plans to tackle child poverty (copy attached)</p> | 9 - 18 |
| <p>15. SERVICES FOR CHILDREN WITH AUTISTIC SPECTRUM CONDITIONS Report of the Strategic Director, People, on services for children with Autistic Spectrum conditions (copy attached) <i>Contact Officer: Alison Nuttall Tel: 29-3736</i> <i>Ward Affected: All Wards</i></p> | 19 - 34 |
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19. ITEMS TO GO FORWARD TO CABINET, THE CABINET MEMBER OR TO COUNCIL

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

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Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Sharmini Williams, (29-0451, email sharmini.williams@brighton-hove.gov.uk) or email scrutiny@brighton-hove.gov.uk

Date of Publication - Tuesday, 6 September 2011

Agenda Item 9

To consider the following Procedural Business:

A. Declaration of Substitutes

Where a Member of the Committee is unable to attend a meeting for whatever reason, a substitute Member (who is not a Cabinet Member) may attend and speak and vote in their place for that meeting. Substitutes are not allowed on Scrutiny Select Committees or Scrutiny Panels.

The substitute Member shall be a Member of the Council drawn from the same political group as the Member who is unable to attend the meeting, and must not already be a Member of the Committee. The substitute Member must declare themselves as a substitute, and be minuted as such, at the beginning of the meeting or as soon as they arrive.

B. Declarations of Interest

- (1) To seek declarations of any personal or personal & prejudicial interests under Part 2 of the Code of Conduct for Members in relation to matters on the Agenda. Members who do declare such interests are required to clearly describe the nature of the interest.
- (2) A Member of the Overview and Scrutiny Commission, an Overview and Scrutiny Committee or a Select Committee has a prejudicial interest in any business at a meeting of that Committee where –
 - (a) that business relates to a decision made (whether implemented or not) or action taken by the Executive or another of the Council's committees, sub-committees, joint committees or joint sub-committees; and
 - (b) at the time the decision was made or action was taken the Member was
 - (i) a Member of the Executive or that committee, sub-committee, joint committee or joint sub-committee and
 - (ii) was present when the decision was made or action taken.
- (3) If the interest is a prejudicial interest, the Code requires the Member concerned:
 - (a) to leave the room or chamber where the meeting takes place while the item in respect of which the declaration is made is under consideration. [There are three exceptions to this rule which are set out at paragraph (4) below].
 - (b) not to exercise executive functions in relation to that business and

(c) not to seek improperly to influence a decision about that business.

(4) The circumstances in which a Member who has declared a prejudicial interest is permitted to remain while the item in respect of which the interest has been declared is under consideration are:

- (a) for the purpose of making representations, answering questions or giving evidence relating to the item, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise, BUT the Member must leave immediately after he/she has made the representations, answered the questions, or given the evidence;
- (b) if the Member has obtained a dispensation from the Standards Committee; or
- (c) if the Member is the Leader or a Cabinet Member and has been required to attend before an Overview and Scrutiny Committee or Sub-Committee to answer questions.

C. Declaration of Party Whip

To seek declarations of the existence and nature of any party whip in relation to any matter on the Agenda as set out at paragraph 8 of the Overview and Scrutiny Ways of Working.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is confidential and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

Agenda item 10

BRIGHTON & HOVE CITY COUNCIL

CHILDREN & YOUNG PEOPLE'S OVERVIEW & SCRUTINY COMMITTEE

5.00PM 4 JULY 2011

COMMITTEE ROOM 1, HOVE TOWN HALL

MINUTES

Present: Councillors Powell (Chair); Lepper (Deputy Chair), Bennett, Buckley, Cobb, A Kitcat, Pissaridou and Wealls

Statutory Co-optees: with voting rights:: David Sanders (Diocese of Arundel & Brighton)

Non-Statutory Co-optees: Rachel Travers (Community Voluntary Sector Forum) (Non-Voting Co-Optee), Mark Price (Youth Services) (Non-Voting Co-Optee), Rohan Lowe (Youth Council) (Non-Voting Co-Optee) and Liam Dunne (Youth Council) (Non-Voting Co-Optee)

Apologies: Councillor Vanessa Brown, Mike Wilson and Amanda Mortensen

PART ONE

1. PROCEDURAL BUSINESS

1a. Declarations of Substitutions

1.1 Apologies were received from Councillor Vanessa Brown, Mike Wilson – representative for the Diocese of Chichester and Amanda Mortensen – Parent Governor Representative. Councillor Denise Cobb was substituting for Councillor Vanessa Brown.

1b. Declarations of Interest

1.2 The Chair declared a personal interest as she works at the Friends Centre which provides careers advice for all age groups.

1c. Declaration of Party Whip

1.3 There were none.

1d. Exclusion from the Press and Public

1.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

1.5 **RESOLVED** – The press and public be excluded from Agenda Item 7 – Public Question.

2. MINUTES OF THE PREVIOUS MEETING

2.1 The minutes from the 23 March 2011 were approved by the Committee.

3. CHAIRS COMMUNICATIONS

3.1 The Chair welcomed all Members of CYPOSC to their first meeting. Members were informed that the next meeting would be at Brighton Town Hall in Committee Room 1. The Committee agreed to start the meeting at 4pm.

3.2 The Chair congratulated the Scrutiny Team on their recent national award for Innovation at the Centre for Public Scrutiny.

3.3 The Committee noted that there had been a change to the agenda as the Chair had accepted a letter from a member of the public and this would be heard as Agenda Item 4.

4. PUBLIC QUESTIONS

4.1 The Chair informed Members that a letter from a member of the public had been received and that she had invited Ms. Donovan to introduce the letter to the Committee.

4.2 Ms. Donovan informed the Members of experiences with the Child and Adolescent Mental Health Services ((CAMHS), Sussex Partnership Trust (PCT)) in their failing to diagnose their son with Autistic Spectrum Condition (ASC) in the 2 to 3 years he was under CAMHS. The correct diagnosis had to be made privately.

4.3 There were a number of issues raised regarding CAMHS practices, which resulted in a formal complaint. The Trust informed Ms. Donovan that a restructure of Sussex PCT – CAMHS would address many of the issues raised.

4.4 The Committee were told that Ms. Donovan had heard that the same practices were still continuing. These concerns needed to be addressed to improve the future diagnosis of children with ASC and other conditions and also to improve practices with parents. Ms. Donovan was advised to bring this matter to CYPOSC so that they could investigate this further.

4.5 The Committee were informed that further references were available on this particular case plus other national publications.

4.6 A Member informed the Committee that the School Exclusions Scrutiny Panel completed in 2010 heard evidence from families who raised concerns about CAMHS practices. The Scrutiny Panel made recommendations to CAMHS and that these recommendations would be reviewed later on the year. The Committee were also advised that there were different sections to CAMHS e.g. Community and Clinical and that there was good practice within each of these.

4.7 **RESOLVED** - The Committee agreed to have a report at their next meeting regarding autism services provided to children and young people in the city.

5. QUESTIONS & LETTERS FROM COUNCILLORS

5.1 There were no Councillor questions and letters.

6. CYPOSC WORK PROGRAMME REPORT

7.1 Members were informed that ideas for the work programme had been collated and any further ideas could be forwarded on to the Scrutiny Officer.

7.2 Members had a discussion about the topics raised and agreed on the agenda for the next meeting.

7.3 The Committee also agreed to undertake work on Council provision for children who are homeless, children's homes and the cost of emergency hostel provision in the City.

7.4 RESOLVED –

(1) The Committee agreed to have the following reports at their next meeting :

- Child & Adolescent Mental Health Services (CAMHS) commissioning arrangements
- An update on the Child Poverty Strategy
- Special Educational Needs (SEN) Pilots

(2) Members agreed to undertake work on Homelessness, Children's homes and the cost of emergency hostel provision in the City.

7. INTRODUCTION TO CHILDREN SERVICES

6.1 The Strategic Director, People- Terry Parkin presented the "Overview of Services to Children" and is the accountable officer for safeguarding; partnership working across the city for education (public and private schools), children's health (Sussex Partnership Trust and Sussex Community Trust) and social care.

6.2 The Lead Commissioner for Schools, Skills & Learning – Gil Sweetenham gave an overview of schools within the city, annual cohorts and the priorities which included secondary school standards and capital funding, school places and admissions and the SEN Green Paper.

6.3 The Lead Commissioner for Children's, Youth and Families told Members how all children and families could access up to Level 3 services, progress through to other services, plus go back into support services. The planning of future services was focussed on early intervention. Priorities included partnership working with the GP consortiums/community services, the voluntary sector in the commissioning of disability services and Community CAMHS.

6.4 The Head of Service for Children and Families informed the Committee how this delivery unit provided Sure Start, Schools and Communities Support, Social Work,

Fostering and Adoption, Intergrated Child Development and Disabilities, NHS Nursing and governance and Youth.

- 6.5 In response to a question on the education provision for life skills, stress management, careers advice and drug and alcohol education for children and young people, Members were told that the curriculum for schools came under the responsibility of Headteachers and not the local authority. Schools operate themselves with different curriculums and the local authority intervenes when necessary.
- 6.6 In answer to a question on the high demand for primary school places in Hove, the Committee were informed that the Connaught would open in September 2011 and be fully subscribed with 3 forms for reception pupils. Benfield had become an all-through Primary School to help meet the pressure for primary places in Hove/Portslade.

Further to this Davigdor Infant School and Somerhill Junior School had been expanded to help with the demand for local places. Westdeane, Goldstone and Queens Park had also expanded for September 2011.

- 6.7 A Member reiterated that targeted services such as personal and health education were required. In response to a question on youth services which previously worked with young people not in education, employment and training and how was this area being covered in the future, the Committee were advised that the Employability Project targeted getting young people into work. The Council were still waiting for the government to confirm this service within schools. The Project were engaging with young people however the legitimate issue of large numbers of graduates applying for the same jobs showed that the city had a limited entry into employment. Currently there was a Website and telephone number to support young people into employment.
- 6.8 In answer to a question on getting young people into employment who are Looked After and in Care, Members were informed that this was a significant problem and City College and the 14-19 Partnership were services that worked with these young people.
- 6.9 In response to a question on the progress of the Child Poverty Strategy and when would CYPOSC be consulted on the draft Strategy, the Committee were informed that the draft was due to go to the Public Service Board. CYPOSC agreed for the draft Child Poverty Strategy to be heard at their next meeting.
- 6.10 **RESOLVED** – CYPOSC agreed to hear the draft Child Poverty Strategy at 15 September meeting.

PART TWO SUMMARY

8. OFSTED INSPECTION OF SAFEGUARDING AND LOOKED AFTER CHILDREN SERVICES

- 8.1 The Committee went into Part two to discuss the Ofsted report for safeguarding and looked after children as a draft Action Plan was provided to address the “Areas of Improvement” detailed within the inspection report.
- 8.2 **RESOLVED** - The Committee agreed to :

- (1) Receive information via e-mail on an explanation of Section 17 & 47
- (2) Have a report on the SEN pilots at the next Committee meeting.
- (3) Receive a further update on the action plan.

The meeting concluded at 7.30pm

Signed

Chair

Dated this

day of

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Agenda Item 14

Brighton & Hove City Council

Subject: Child Poverty Update
Date of Meeting: 14 September 2011
Report of: The Strategic Director, People
Contact Officer: Name: Sarah Colombo, Childcare Strategy Manager Tel: 29-4218
E-mail: Sarah.colombo@brighton-hove.gov.uk
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The Child Poverty Act 2010 places duties on the local authority and partners together to produce both a local needs assessment of families living in poverty and also a strategy that sets out the steps they will take to reduce, and mitigate the effects of, child poverty.

1.2 This report provides an update in respect of the work undertaken to take forward these requirements since the last child poverty presentation to CYPOSC in March 2011.

2. RECOMMENDATIONS:

2.1 That members:

(1) consider, comment on and endorse the progress made on the child poverty actions.

3. BACKGROUND INFORMATION

3.1 After a hiatus during the local elections and associated purdah the following work has been undertaken to finalise of the Child Poverty Needs Assessment and develop the process to produce a Child Poverty Strategy.

3.2 **June:** The Advice Partnership agreed a definition of financial inclusion. This definition will be incorporated within the overarching child poverty outcome relating to the 'Day to day pressures'.

The Advice Partnership also set up a short life working group to ensure that financial inclusion is woven into the development of the Child Poverty Strategy and other relevant strategic plans.

The Public Service Board agreed the Child Poverty Needs Assessment and the process to produce a Child Poverty Strategy.

3.3 **July:** Draft strategic recommendations for reducing child poverty produced.

Presentation to Informal Cabinet of the Child Poverty Needs Assessment and proposed process to produce the Child Poverty Strategy. Request from Informal Cabinet for an interim portfolio of evidence of effective local practice and report back in October.

Presentation of the key findings of the Child Poverty Needs Assessment to the Council's Corporate Management Team.

3.4 **August:** Work initiated on an a 'live' version of the needs assessment to be published on Brighton and Hove Local Intelligence System (BHLIS) in early September including performance measures to track the impact on actions to reduce child poverty.

Call for evidence of current effective practice to Corporate Management Team, the Advice Partnership and the Community and Voluntary Sector Forum (CVSF).

Next Steps

3.5 **September:** Public consultation on the draft the strategic recommendations for reducing child poverty to include:

- proposals and questionnaire on the Council's Consultation Portal;
- a consultation workshop with community and voluntary sector organisations;
- a series of small, face-to-face consultations with individual organisations and user groups (in order to reach families through trusted frontline services).

3.6 **October:** Return to Informal Cabinet with an interim portfolio of evidence of effective practice and interventions.

3.7 **November:** Final Reducing Child Poverty Strategy published subject to reporting timetables (schedule to be confirmed) including a baseline

report and performance framework to enable the Council and partners to measure progress against reducing child poverty targets.

4. CONSULTATION

- 4.1 Consultation on the results of the needs assessment and the recommendations for reducing child poverty ongoing through August and September with statutory and non statutory partners.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 This paper deals with the proposed strategy to identify monitor and reduce the level of child poverty in Brighton & Hove. Although the paper does not make reference to any specific financial implications resulting from this strategy; appropriate funding will need to be secured before committing to any additional cost to the council.

Finance Officer Consulted: David Ellis *Date:*

Legal Implications:

- 5.2 The Child Poverty Act 2010 commits the Government to eradicate child poverty by 2020. The requirement in the Act to meet the child poverty targets is not subject to any qualification, but child poverty strategies must take into account 'economic and fiscal circumstances'. The Act places statutory duties on local areas to help deliver the national target. The new duties for local authorities in England under Part 2 of the Act came into force on 25 May 2010. This places duties on local authorities and named partners to 'cooperate with a view to reducing and mitigating the effects of child poverty in their areas'. They are also required to prepare and publish local child poverty needs assessments and to develop joint child poverty strategies. In line with the decentralization and localism agenda, the Coalition Government has decided not to issue formal statutory guidance on Part 2, giving local partners flexibility to meet the duties in a way that best fits their organisations and meets the needs of their local community.

Lawyer Consulted: Natasha Watson *Date:*

Equalities Implications:

- 5.3 Life chances for children and young people who are raised in low income families are considerably reduced. The risk of low income for particular groups of families, and so too of child poverty is described in the attached needs assessment. Detail within the needs assessment will provide the basis for an Equalities Impact

Assessment to accompany any formal proposals for reducing child poverty that follow once the local child poverty strategy is produced.

Sustainability Implications:

- 5.4 The relationship between a range of factors within the city such as employment opportunities, living and housing costs, and wider quality of life issues as the basis for sustainable and prosperous communities, and the impact that these may have on families, is described within the needs assessment.

Crime & Disorder Implications:

- 5.5 The correlation between crime and disorder and child poverty is described within the child poverty needs assessment. It includes such issues as the involvement in anti-social behaviour of children and young people, both as perpetrators and victims of crime, and also the impact on families of issues such as domestic violence or drug abuse.

Risk and Opportunity Management Implications:

- 5.6 The needs assessment recommends that child poverty should be included and monitored within the City Performance and Risk Management Framework, as part of a future strategy to coordinate efforts by services to reduce child poverty and improve life chances for children and young people. There is a risk to the local authority and partners of the costs associated with multi-agency interventions. The needs assessment therefore provides value for money evidence which will be considered within the development of the Child Poverty Strategy.

Corporate / Citywide Implications:

- 5.7 The needs assessment has implications for the public, community and voluntary and private sectors within the city as well as residents and communities. The needs assessment will provide the evidence base for a local Child Poverty Strategy which will be developed and adopted by the Brighton & Hove Strategic Partnership.

SUPPORTING DOCUMENTATION

Appendices:

1. Draft strategic recommendations for reducing child poverty
2. Summary Brighton & Hove child poverty needs assessment 2010-11

Documents in Members' Rooms:

None

Background Documents:

None

Appendix 1:

Draft strategic outcomes for the Reducing Child Poverty Strategy

The following draft recommendations reflect the findings of the needs assessment. Consultation on these and the child poverty needs assessment will take place with all stakeholders during September; after which a final set of strategic recommendations will be developed.

The key barriers, outcomes and actions are listed against three 'tiers' reflecting:

- Day to day pressures on families
- Medium Term Challenges
- Long term prevention of child poverty

Day to day pressures

Barriers

- High debt and unmanaged debt
- Benefit take up
- Cost of living

Outcome

- More families financially included

Via

- *High quality advice services that are accessible and targeted to families*

Medium term challenges

Barriers

- Unemployment
- Low paid work
- Childcare
- Skills and training
- Health conditions

Outcome

- More parents and carers earning a living wage

Via

- *Targeted provision of skills and training*
- *Targeted provision of affordable and flexible childcare*
- *Targeted support to enable take up of better paid jobs*
- *Targeted support for parents with health conditions*

Long term prevention

Barriers

- Poor family health and wellbeing, poor educational achievement, complex family needs, disabilities, substance abuse, intergenerational poverty

Outcome

- Children and young people growing to adulthood and achieving their potential in safe and nurturing families and communities

Via

- *Targeted support for complex families*
- *Timely and effective support for parents and carers with health conditions, alcohol and/or drug abuse issues.*
- *Timely and effective support for families with disability*
- *Targeted families accessing high quality early years education*
- *A greater focus on narrowing the gap in educational achievement*

Appendix 2:

Brighton and Hove Child Poverty Needs Assessment 2010-11

Executive Summary

What is child poverty?

Approximately 2.8 million children and young people in England live in poverty. A family is considered to live in poverty if their income is below 60% of the national average family income. For a family of 2 adults with 2 children this means a weekly income of £344 or less before housing costs and for a lone parent with 2 children £263 or less.

Outcomes for children raised in poverty are significantly worse than for those who are not. Educational achievement and health and wellbeing are likely to suffer. Lifetime earnings for children raised in poverty are significantly lower, as are their prospects for employment. Therefore children brought up in poverty are more likely to raise their own children in poverty.

Why is it important to Brighton & Hove?

Almost a quarter of all children and young people in Brighton & Hove live in poverty. The majority of these live in families where one or more parents are out of work. A high proportion live in lone parent families, most of which are headed by women. The rate of child poverty varies significantly between different neighbourhoods across the city, meaning that life chances for children raised in more deprived areas are significantly worse.

The local duties

The Child Poverty Act, 2010 commits Government to eradicate child poverty in the UK by 2020. In order to help bring this about, the Act places duties on local authorities to work with partners to produce both a local Child Poverty Needs Assessment and from this a local strategy which proposes how they collectively will work to reduce, and mitigate the effects of child poverty.

Prior to the introduction of Child Poverty Act there was already a commitment to reduce child poverty in Brighton & Hove. One of the strategic priorities of the Children & Young People's Plan 2009-2012 is to reduce both child poverty and health inequality, recognising the link between family income and life chances.

Intelligent Commissioning

The Public Service Board with the Brighton & Hove Strategic Partnership have been reviewing partnership working arrangements in the city to ensure a collective focus on delivering improved outcomes for residents, according to the priority themes of the refreshed Sustainable Community Strategy.

The evidence reviewed and presented in the Child Poverty Needs Assessment demonstrates that, in order to reduce child poverty, partners should work together to improve not only children's outcomes but outcomes for the family as a whole.

What is a Needs Assessment?

A needs assessment is a review of data and evidence for a given subject, in this case child poverty. It judges the level of existing need within the city in relation to the desired outcome. It measures the relationship between need and service provision and, based on approaches that are proven to work, offers recommendations. These are then used to develop a strategy for commissioning appropriate and effective services.

The structure and headings of the needs assessment are taken from a draft template for needs assessments that will be used across the city in future. The Child Poverty Needs Assessment has been undertaken as a trial of this template and learning from the process was reported to the Public Service Board.

How was the assessment conducted?

The Government's Child Poverty Unit developed a three tiered model to express the relationship between family circumstances and services in order to reduce child poverty. This was adapted and used locally to gather evidence and also to present the findings of the needs assessment. It is anticipated that this will be used as an approach to develop the local Child Poverty Strategy also.

The three tiers are summarised as follows:

- Short-term support that provides immediate solutions to day to day issues around financial matters in relation to earnings and costs of living.
- Medium-term support that meets the needs of parents and carers around skills and training, job availability and childcare.
- Long-term support that gives children and young people the best chance to prosper as adults, such as education, health, targeted family support and support to communities.

Child poverty is a story of people and place. In order to reduce child poverty it is necessary to understand the complex relationship between individual family needs, the risks they face and the services that are offered to support them. This must also be considered within the context of the immediate community, and the wider economy and dynamics of the city.

What is new?

There is no known work which brings together the range of family circumstances and services that illuminate the picture of child poverty in the city. The development of the local Child Poverty Strategy from the evidence

within this needs assessment presents an opportunity to use the principles of Intelligent Commissioning to the full, with the potential to help bring commissioning activity together across service or organisational boundaries.

What are the findings?

Key findings in relation to child poverty and associated outcomes for families are:

- Severe financial pressures for families attempting to secure adequate family housing, relevant benefits and balance low incomes against the high cost of living in the city.
- A significant minority of parents have low skills and qualifications. These are compounded by unemployment and low wage employment in comparison to high childcare costs in the city.
- Overall educational attainment is below average, with particularly low attainment for specific pupils, most notably from disadvantaged communities.
- Higher than average numbers of young people not in education employment or training (NEET), and lower than average numbers of young people from disadvantaged communities going on to higher education.
- Higher than average numbers of looked after children, with associated increased risks to life chances and costs to services.
- Higher than average numbers of families with a range of risk factors for child poverty, including disabilities, mental health problems, alcohol and drug misuse, and domestic violence.
- Particularly disadvantaged communities where families are living in intergenerational poverty with associated low aspirations.

The recommendations

The recommendations of the needs assessment suggest three strategic areas with which to frame effective work to reduce child poverty in the city, focused on partnerships, coordination of services, and shared monitoring arrangements.

Partnership commitment and capacity

The needs assessment finds that child poverty can only be reduced once families are doing better as a whole. Child poverty is a single, critical outcome by which success against all of the priority themes of the Sustainable Community Strategy could be monitored.

It is recommended, therefore, that the local Child Poverty Strategy is developed and adopted by partners of the Brighton & Hove Strategic Partnership in order to embed the commitment to commission services which are proven to improve family circumstances and so too reduce child poverty.

Coordination of Services

The network of advice services should be effectively coordinated across the city and sectors, building on foundations recently put in place by the Advice Partnership. The Child Poverty Strategy should have a communication

element to enable frontline staff across agencies to refer parents and carers to relevant advice and support services.

The creation of jobs within the city should focus on helping local residents into sustained employment. This should be linked to efforts to train parents, and young school leavers, with the relevant skills to enter into secure and appropriately paid work. To this end education and skills partnerships in the city should ensure a coordinated focus on preparing residents for work from childhood through to adulthood.

Education, along with a safe and secure family environment, should frame the personal as well as academic development of children and young people in the city. A focus on aspirations is important too to ensure that all children and young people are encouraged to make the most of the city's social and cultural offer. Efforts should be maintained to deliver more decent family housing through the Housing Strategy and the Strategic Housing Partnership. Intervention should also be coordinated across services and agencies to support families with the most complex needs.

Monitoring Improvement

It is recommended that coordinated and accurate monitoring underpins service delivery to improve family circumstances. Key service indicators should be monitored and shared through common systems such as the Brighton & Hove Local Information Service (BHLIS) so that they can be used widely to deliver outcomes beyond service level.

Adult services, and in particular advice services should monitor where clients are parents. This will provide a more accurate picture of the associated risk to children and young people in families where adults require help, alongside the benefits to the whole family of high quality, timely advice.

Children and Young People Overview & Scrutiny Committee

Agenda Item 15

Brighton & Hove City Council

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|--------------------------|--|--|--------------------|
| Subject: | Services for children with Autistic Spectrum Conditions | | |
| Date of Meeting: | 14th September 2011 | | |
| Report of: | Terry Parkin Strategic Director People | | |
| Contact Officer: | Name: | Alison Nuttall | Tel: 293736 |
| | Email: | Alison.nuttall@brighton-hove.gov.uk | |
| Ward(s) affected: | All | | |

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report is produced in response to a letter from the member of the public to the Chair of the Overview and Scrutiny Committee raising concerns about the assessment and management of children and young people with Autistic Spectrum Conditions (ASC) in Brighton and Hove. The parent cited detail of their own experience and case specific information. This report will not respond in detail to the individual case as this has been dealt with via complaints procedures within another organisation. This report will provide the committee with information about the structures and systems in place to assess children presenting with concerns about possible autistic spectrum condition and their ongoing management and support.
- 1.2 The report provides assurance to the Committee that local services for the assessment and support of children with autistic spectrum disorders are appropriate, follow national guidance and are fit for purpose. Where issues are identified the Committee is advised that these have been recognised and developmental work has been undertaken
- 1.3 The letter to CYPOSC raised three headlines concerns: appropriate assessment, timely and supportive intervention and access to services for children in private education. This report seeks to address and provide assurance about each of these issues

2 RECOMMENDATIONS:

- 2.1 That CYPOSC note the content of the report
- 2.2 That CYPOSC seek further clarification or guidance as required

3 RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Definition:

Autistic spectrum condition (ASC) is a complex condition with no single diagnostic testing procedure. Diagnosis is based on assessment and observation of a child/young person across what is called the Triad of Impairments (see Appendix 1). In summary these are:

- Qualitative impairment in social interaction
- Qualitative impairments in communication
- Restricted repetitive and stereotyped patterns of behaviour, interests and activities

There are a range of tools used for assessment of each area of the triad whilst other aspects of behaviour are assessed via observation and structured interviewing of those who know the child well. By nature of the condition and its overlap with others and the propensity for ASC to be present alongside other conditions e.g. learning disability, diagnosis can be difficult and sometimes needs to take place over a period of time and in a range of settings.

3.2 Prevalence:

National data cites the prevalence rate of 38.9 in 10,000 for childhood autism, and 77.2 in 10,000 for other autism spectrum disorders, giving an overall figure of 116 in 10,000 for all autism spectrum disorders (Baird et al, 2006).¹

The authors note that the prevalence estimate found should be regarded as a minimum figure (Baird et al. 2006).

The indication from recent studies is that the figures cannot be precisely fixed, but it appears that a prevalence rate of around 1 in 100 is a best estimate of the prevalence in children. No prevalence studies have ever been carried out on adults.²

In Brighton and Hove, the Compass (register of disabled children maintained by Amaze, registration is voluntary and needs/diagnosis self reported) has 388 children³ who are described as having a diagnosis of ASC. This is from a total child population in Brighton and Hove of approx 55,000 and thus reflects 0.7%.

3.3 Commissioning and service delivery arrangements:

Child and Adolescent Mental Health services (CAMHS) in Brighton and Hove are commissioned and delivered through an integrated care pathway with a single

¹ Baird, G. et al (2006). Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP). *The Lancet*, 368 (9531), pp. 210-215.

² National autistic society website- Statistics- how many people have autistic spectrum disorders?

³ Amaze Annual statistics 10/11

point of referral. There are a number of organisations involved in service delivery across the tiers of provision:

- ❖ tier 2 community services are delivered by a partnership arrangement between the council's children's services primary mental health workers and family support workers employed by two voluntary and community sector organisations
- ❖ the tier 3 clinical CAMHS service provided by the Sussex Partnership Foundation Trust includes input into a number of multi-agency teams e.g. substance misuse, youth offending, specialist child protection as well as clinic based provision
- ❖ tier 4 inpatient and urgent help service and a transitions service for 14–25 year olds are provided by the SPFT.

Commissioning of CAMHS is undertaken by a Strategic Commissioner within the Joint Commissioning Unit based within BHCC and there are regular performance meetings and discussions with managers in SPFT and an agreed performance framework. There is ongoing work to develop detailed service specifications for CAMHS work, including delivery of the ASC pathway, and these will include a set of standards for timeliness of intervention, experience and qualifications of staff involved, reporting and sharing of information and support to families.

There is a multi agency CAMHS Partnership Board in Brighton and Hove with representation from the statutory and community and voluntary sector and parent carers. This allows for sharing of information and identification of needs and areas for development to influence strategic decision making

In 2010 there was a Review of Services for Children and Young People with disabilities and or complex health needs. One of the exercises undertaken was the production of a Joint Strategic Needs Assessment and this included the needs of children with ASC. <http://www.bhlis.org/resource/view?resourceId=858>

3.4 Performance

SPFT CAMHS in Brighton and Hove in July 2011 reported 100% compliance with the target to see all referrals within 4 weeks. They also achieved 100% compliance with the need to see all children for treatment within 18 weeks.

All urgent cases were assessed in a timely way (100% of urgent referrals responded to in 4 hours) and re-referrals seen within 7 days (100%)

62.9% of CAMHS cases have a completed Strengths and Difficulties Questionnaire (SDQ) allowing for the establishment of effective and appropriate outcomes and their measurement⁴.

Within CAMHS, since 2009, there have been 3 complaints made about the assessment and/or diagnosis of ASC with one remaining ongoing.

As the waiting list for assessment is significant at Seaside View, some parents ring to express their anxiety about the length of time they have to wait but there have not been formal complaints made about the assessment process within Seaside View.

⁴ SPFT Commissioners report July 11

The views of service users are collected by the provider organisations in a variety of ways including surveys, anonymous postcard reporting and user groups. Amaze provides feedback on parent experience at a strategic level and will also support families in making their concerns heard to service providers and commissioners. This feedback informs both those who provide and commission services and inform service developments.

Ofsted (May 2011) noted that 'Every child and young person has a generic Assessment within 4 weeks and there is a 100% compliance with this timescale, with treatment promptly provided. The CAMHS learning disabilities team provide good direct support to services through pathway plans, providing good advice to schools and carers. They also form an integral part of the multi disciplinary team for looked after children and young people with disabilities and mental health problems'

and that..

...'children and young people with learning difficulties and/or disabilities are provided with outstanding 'wrap around' care from the disabled children's team. This is supported by an effective and very well received key worker system that provides families, including foster families, with advice and support and co-ordinates the care package for individual children and young people. The AMAZE project is an exemplar of good practice for families with children with special needs. Parents who spoke with inspectors at the project reported that there is good take-up of services early, including respite care, by parents who are experiencing isolation, stress and anxiety to prevent family breakdown and the need for children with special needs to enter the care system'

3.5 Assessment and Diagnosis

There are currently two main pathways to diagnosis of an autistic spectrum condition. It should be noted that the age range for the two described pathways has altered since June 2010- prior to that date the pathway at Seaside View applied only to children up to the age of 9 years.

For primary aged children the pathway is as described at 3.6. For older children and young people there is a pathway as defined at 3.7. The rationale for two pathways, dependant on the age of the child is, following national guidance, that Community Paediatricians are integral to the assessment of younger children to allow for the differential diagnosis of autism vs other developmental conditions. With older children, the more likely differential diagnosis is between a mental health condition and ASC and thus it is considered more appropriate to have a Psychiatrist as part of the assessing team. Both pathways are dependant on professionals working with a child to identify ASC as a possible concern and seek further specialist assessment. Staff in both the child development team, CAMHS and other local services e.g. schools are provided with training in the identification of possible autistic spectrum condition characteristics that would trigger the need for further assessment.

Access to assessment, if needed, is available to all children in Brighton and Hove and is not dependant on their educational setting.

3.6 Autistic Spectrum Condition care pathway primary school aged children:

⁵The current pathway for the assessment and diagnosis of Autistic Spectrum Disorders (ASC) was agreed in 2003 by a steering group led by a consultant community paediatrician and consisting of representatives from PRESENS (Pre School Special Educational Needs Service), ASCSS (Autistic Spectrum Condition Support Services), Educational Psychology, Speech and Language Therapy, Specialist Health Visiting and Senior Management. Its aim was to provide a common and agreed pathway for the identification, assessment and diagnosis for children in Brighton and Hove in whom Autistic Spectrum Disorders are suspected. This process follows the recommendations of *NIASA (National Initiative: Autism Screening and Assessment)* and the current NAPC guidelines.

The pathway has been implemented since 2004 when the first assessments took place at the Children's Development Centre, previously the Mac Keith Centre, and now the Seaside View Child Development Centre situated on the Brighton General Hospital site. The pathway now assesses children up to the end of academic school year 6.

The ASC pathway is monitored by a multi-professional steering group chaired by a Consultant paediatrician. Concerns arising from the group would be taken to the Manager of the Integrated Child Development and Disability service.

See Appendix 2 for details:

3.7 Data:

The detail of children accessing stage 2 appointments at Seaside View is set out in Appendix 3

3.8 Autistic spectrum condition care pathway– CAMHS SPFT – secondary age children

(i) Identification of the need for further assessment

In order for children to be appropriately recognised as needing specialist assessment, Brighton & Hove CAMHS staff have been trained to do a full developmental history/assessment and have also been trained to do a full mental health assessment as part of care planning processes (eCPA).

All Brighton & Hove CAMHS staff have also been given guidance, (in a Service Meeting) as well as written guidance, on how to do a Stage 1 Autistic Spectrum Disorder (ASD) assessment/work up and what to look for as possible signs of a neurodevelopmental disorder.

With the inclusion over the last two years of a wider range of staff/skill mix (e.g. Clinical Psychologists, Nurses and OT's), there are more staff available with training in identification of inherent disorders.

⁵ Dr Sian Bennett *Pathway for the assessment and diagnosis of Autistic Spectrum Disorders: Guidelines for Professionals*

The availability of the Map of Medicine, which is a Nationally developed web site that outlines the identification, assessment and treatment of the whole range of mental health disorders and other disorders, to primary care staff and Tier 2 CAMHS staff, has also aided identification.

(ii) Assessment

The development of Sussex-wide care pathways for ASD (and other disorders) as a Trust initiative, following the Map of Medicine National format outlines the pathway from primary care through to secondary care, and from pre-school through to adulthood. Child and adult ASD services are currently working together on transition issues. The Map of Medicine outlines the evidence base but allows for local variations to also be recorded and available to the public.

The CAMHS assessment incorporates a mental health differential diagnosis, which is necessary when a young person has reached this age without a diagnosis.

The assessment includes a generic Stage 1 assessment/work up and a multi-disciplinary Stage 2 diagnostic assessment following NICE guidelines (June 2011). In CAMHS, there are at least two psychiatrists and two psychologists who have been trained in the formal/standardised ASD assessment in the form of the Autism Diagnostic Interview (ADI) and the Autism Diagnostic Observation Schedule (ADOS) with the other psychiatrists and psychologists currently awaiting training

3.9 Ongoing support for children with ASC

The Stage 2 assessment incorporates a care plan, ensuring follow up from CAMHS (if necessary), Paediatricians, school and the ASC support service, as well as any other services necessary that have been identified (e.g. occupational therapy, speech and language therapy etc). CAMHS would expect to work closely with school and these other services if they are involved in follow up.

A post diagnosis parents' psycho educational group is in the process of being developed by Tier 2 and Tier 3 CAMHS working together in Brighton & Hove, which will be offered to all parents following a diagnosis, either immediately afterwards or when the parents are ready/need it.

Ongoing intervention is provided via a range of services depending on the needs of the child. For children in Brighton and Hove maintained schools there is an ASC support service, operating a service to support schools in the management of children with ASC and advising on curriculum and behaviour issues. CAMHS generic team and /or CAMHS learning disability service, Child Development and Disability Service, Education Special needs services CVS organisations, parent advice and support are all available for families and children with ASC. There is acknowledgement that some families feel they would benefit from more support, particularly related to the child's behaviour at home and there are discussions about how best to take this forward.

Some children may require support in school via an individual education plan or Statement of Special Educational Needs Assessment. Where children require it there are special facilities within the city- units in mainstream and special schools to support children with varying degrees of need and ability to be integrated into mainstream classrooms.

For children attending non-maintained schools, the local authority Autism Support Service is not provided as this is a central support service to LA schools funded by the Direct Schools Grant i.e. a retained amount from the schools budget. Private and Free Schools/Academies can choose how to seek support for children with additional needs. Access to assessment at either Seaside View or CAMHS is not dependant on an educational setting.

CAMHS and other health professionals will produce information and advice to support all schools in managing children and will see children within clinic settings but do not work directly within independent schools. This is acknowledged as an issue and it is currently reliant on the independent setting to secure additional support as required.

4 COMMUNITY ENGAGEMENT AND CONSULTATION

- 4.1 Service users, parent carers and all stakeholders e.g. CVS organisations are involved in the Partnership Board for CAMHS and service review and redesign is based on both a needs assessment and feedback from consultation.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 There are no direct financial implications arising from the recommendations in this report

Finance Officer Consulted: Andy Moore

Date: 02/09/11

Legal Implications:

- 5.2 This report is for noting only and therefore no specific legal implications arise from it. The report does however demonstrate how the Council meets its statutory obligations to children with Autism Spectrum Conditions, as children in need under S17 of The Children Act 1989 and in compliance with The Autism Act 2010 and The Human Rights Act 1998.

*Lawyer Consulted: Hilary Priestley
/2011*

NameDate: 01/09

Equalities Implications:

- 5.3.1 Equalities Impact Assessments are undertaken as part of any review or redesign of services described within this report

Sustainability Implications:

5.4

Crime & Disorder Implications:

5.4 Effective diagnosis of mental health and/or developmental conditions leads to increased likelihood of appropriate intervention and support being offered and reducing the risk of antisocial behaviour developing

Risk and Opportunity Management Implications:

5.6 This report provides information about the current services. Where services are redesigned or reviewed full risk assessment and management plans would be put into place

Public Health Implications:

5.7 The committee is assured that there has been a focus on raising awareness of autistic spectrum conditions to improve diagnosis and interventions

Corporate / Citywide Implications:

5.8 The services described in this report support the service level outcomes from the CYPP of promoting health and wellbeing, inclusion and achievement and reducing health inequality

SUPPORTING DOCUMENTATION

Appendices:

1. Diagnostic and statistical manual version IV (DSMIV) description of autism
2. Autistic spectrum condition pathway – primary school age children
3. Data re assessment of primary school aged children

Documents in Members' Rooms

None

Background Documents

None

Appendix 1

The (DSM IV classification)of autism :

A total of six (or more) items from (A), (B), and (C), with at least two from (A), and one each from (B) and (C)

(A) qualitative impairment in social interaction, as manifested by at least two of the following:

1. marked impairments in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
2. failure to develop peer relationships appropriate to developmental level
3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
4. lack of social or emotional reciprocity (note: in the description, it gives the following as examples: not actively participating in simple social play or games, preferring solitary activities, or involving others in activities only as tools or "mechanical" aids)

(B) qualitative impairments in communication as manifested by at least one of the following:

1. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
2. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
3. stereotyped and repetitive use of language or idiosyncratic language
4. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

(C) restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least two of the following:

1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus

2. apparently inflexible adherence to specific, nonfunctional routines or rituals
 3. stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements)
 4. persistent preoccupation with parts of objects
- (II) Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:
- (A) social interaction
 - (B) language as used in social communication
 - (C) symbolic or imaginative play
- (III) The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder

In addition there is diagnostic criteria for diagnosis of Aspergers syndrome sometimes described as 'high functioning autism'

There are a range of tools used for assessment of each area of the triad whilst other aspects of behaviour are assessed via observation and structured interviewing of those who know the child well. By nature of the condition and its overlap with others and the propensity for ASC to be present alongside other conditions e.g. learning disability, diagnosis can be difficult and sometimes needs to take place over a period of time and in a range of settings.

Appendix 2:

Staged assessment process

It was agreed that there would be a staged assessment as described below. Currently the pathway based at Seaside View CDC is available for children up to year 6 (prior to 01.06.10 this applied to children up to the age of 9) and a similar process has been and, continues to be, developed for older children in liaison with the CAMHS service.

Referral

Referrals from health and educational professionals are made to the Seaside View Child Development Centre for consideration for a developmental assessment by a community paediatrician, sometimes jointly with other members of the team.

Developmental assessment (known as Stage 1 in retrospect)

This is a general developmental assessment. It may take various forms, and involve various professionals, depending on the age of the child, and the details given by the referrer. It will include a community paediatric assessment as a minimum. It may involve requesting information from other professionals and will always involve requesting information from school/nursery if a referral to stage 2 is made.

ASC specific assessment (Stage 2)

This is requested by the community paediatrician at stage 1, if there is still concern about possible ASC. Stage 2 is a multidisciplinary assessment involving an autism specific history from the parents, and the collation of information from

other professionals, including educational professionals. The speech and language therapist and the clinical psychologist will usually undertake some formal and informal assessments to gain information about the child's language and cognitive profile, alongside some specific observations and assessments of the child's social communication and social interaction skills. There may be some overlap between the assessment at stage 1 and 2. Although the aim is to keep duplication to a minimum, there are a number of reasons why a child may present with certain behaviours, and sometimes detailed discussion with parents, and detailed observations, are necessary to optimise understanding of the child.

The aims of Stage 2 include the identification of a profile of strengths and difficulties for the child, a diagnosis if appropriate, and an initial assessment of unmet need for the family. Details of the assessment process are sent to the family in advance.

Multidisciplinary Planning Meeting (MDPM)

If a diagnosis of ASC is made, and sometimes in other circumstances, the aim is to arrange a Multidisciplinary Planning Meeting for all pre-school children, and school age children if appropriate. It will involve the family, at least one member of the stage 2 team, at least one educational professional, and other professionals as appropriate. The aim is to continue discussion with the family and to formulate a care/intervention plan for the child and family.

Stage 2 Review

In some cases, for a variety of reasons, it is not possible /appropriate to reach a diagnosis at stage 2. (the aim is to keep these cases to a minimum). These children may need a period of observation in school and /or therapy, and a review appointment after a specified time period.

It may or may not be considered necessary to have a planning meeting after this.

Tertiary assessment

For a small number of children it may still not be possible to reach a decision about whether or not to make a diagnosis of ASC, or there may be other complex factors, which require further investigation. In these cases, families will be offered a referral to a tertiary centre which has national expertise in the assessment of ASC. These assessments usually take place at the Newcomen Centre, Guy's Hospital.

Multi-setting assessment

The NAPC recommend assessment of social interaction, which must include focused observations taken across more than one setting, and for primary school children this should include the educational setting.

School/Pre-school

Information from educational professionals in schools and pre-school settings is sought at every stage. Focused observations are requested prior to stage 2 and these are completed either by PRESENS teachers or educational professionals who are most familiar with the child in both the class and playground setting. Referrals to Stage 2 are not accepted until these observations are available.

Sometimes, further observations are undertaken by a member of the diagnostic team in the school or pre-school setting.

Children in special schools and Jeanne Saunders are often assessed in that setting and these assessments involve the speech and language therapist attached to the school or centre who will usually know the child

Home

Information about the child's play and behaviour at home is gathered from parents at all stages.

Sometimes, a home visit may be undertaken particularly if the child is pre-school, or not currently at school. Most often, this is done by an educational professional, specialist health visitor, or nursery nurse.

Clinic

Observations in a clinical setting are provided at all stages. During stage 2 the child is observed engaging in a variety of activities usually by more than one professional.

Other clinic-based observations may be available for example from the local Speech and Language Therapist who has been working with the child in a community clinic or children's centre.

Multidisciplinary assessment and diagnosis

The NAPC advises that *'all the components of a Multi-Agency Assessment should be applied to all children in whom ASC is suspected'*

At Seaside View CDC the stage 2 assessment is coordinated by a multidisciplinary team comprising professionals with expertise in the assessment and management of ASC.

Since some developmental and emotional conditions can resemble ASC, or can co-exist with ASC, a range of professionals is required in order to fully understand a child's profile of strengths and difficulties, and clarify specific diagnoses.

The components of the assessment vary according to the individual child, but the Stage 2 team will consist of at least two of the following professionals:-

- Community Paediatrician (younger children) or Child and Adolescent Psychiatrist (older children/ adolescents). The paediatrician may or may not be the same paediatrician seen at Stage 1.
- Clinical Psychologist
- Specialist Speech and Language Therapist

All the professionals have undertaken additional training and have wide experience in seeing children where there is a concern about their social communication.

Team members are committed to continuing professional development and have regular peer review meetings to consider issues raised by complex presentations and share learning. These meetings are recorded, actions identified and monitored to ensure consistency and address any problems identified in the diagnostic process. The service is registered with the Care Quality Commission (CQC) and licensed to provide multidisciplinary services and is subject to the regulatory requirements laid down by the Commission.

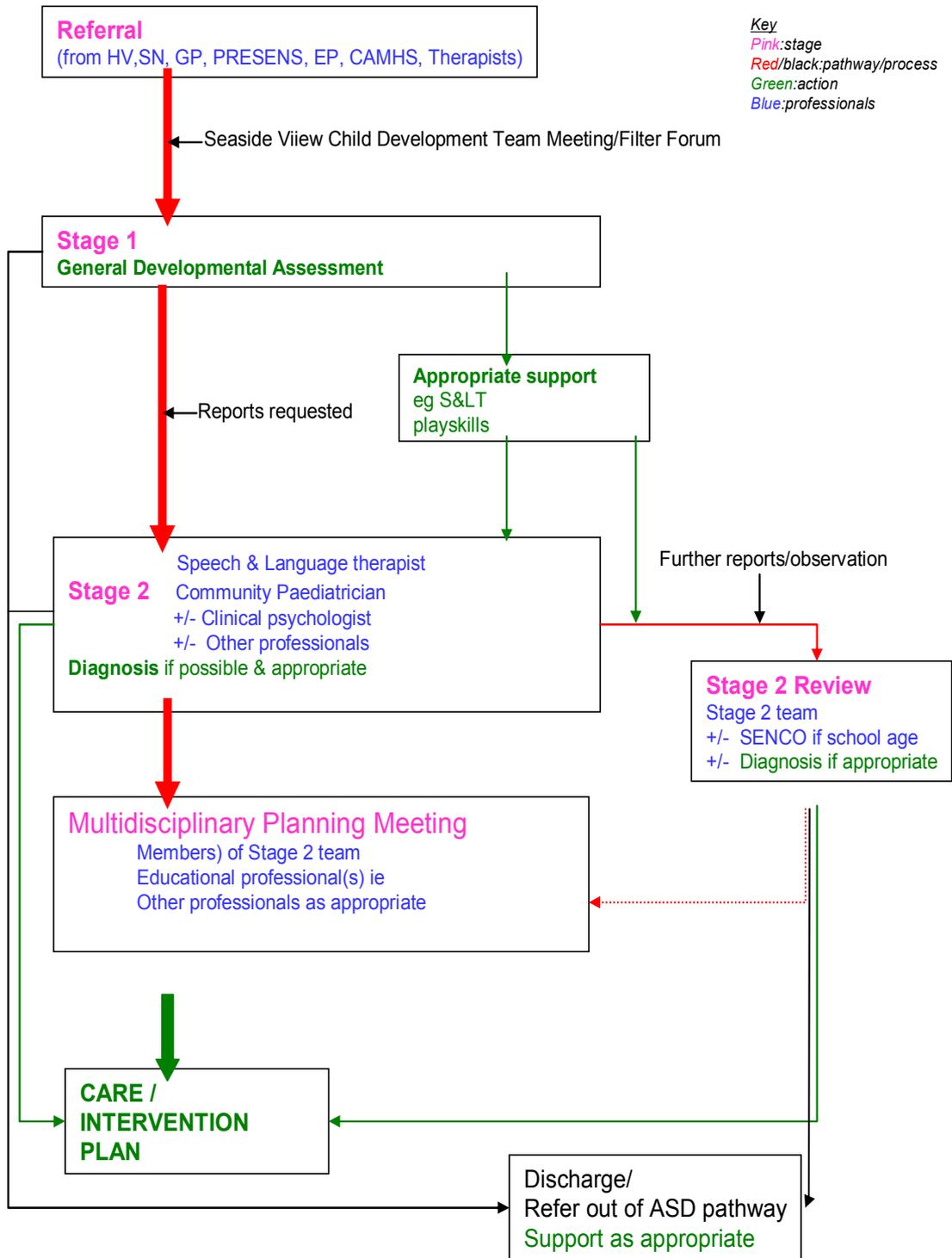
Information and follow-up

The aim is to keep parents informed at all stages. Parents and referrers will receive full written reports after stage 1 and 2 assessments, and after the planning meeting. Permission is obtained prior to requesting information from, and sharing information with, other professionals. If we make a diagnosis of ASC parents are offered a written information pack (in addition to face to face discussion). The nature of this condition and implications for the child and family are discussed with the family. A physical examination will be undertaken at stage 1 or 2 and sometimes medical investigation including genetic testing is discussed.

Appropriate follow-up arrangements are made as necessary, whatever the outcome of the assessment. If a diagnosis of ASC is made, the Special Educational Needs Coordinator at the child's school and the ASCSS (Autistic Spectrum Condition Support Service) are informed; the child's school can make a referral for advice from the Service, but the child and family may need additional referrals. The ASCSS and PRESENS (Pre-school Special Needs Service) will be informed of diagnoses of children in preschool settings so that advice can be offered to the setting. The exceptions to copying in to ASCSS are primary or secondary school age children who attend special schools or independent schools, although parents of children in special schools can still access parent support groups run by the ASCSS.

In addition to the planning meeting, parents are often offered a follow-up visit or phone call from a specialist health visitor, or another key professional, for emotional support, and are encouraged to telephone the team with any concerns or queries.

ASD Assessment Pathway Children up to Year 6



Appendix 3

Audit ASC of appointments from January to December 2010

| | Jan to March | April to June | July to Sept | Sept to Dec | Total |
|--|-----------------|------------------|-----------------|----------------|-------|
| Number of Stage 2 appointments offered | 17 | 15 | 23 | 20 | 75 |
| Number Stage 2 appts DNA or CANC | - | 1 | 5 | 1 | 7 |
| Number of Stage 2 review appointments | 1 | 2 | - | 1 | 7 |
| Number of Multi disciplinary planning meetings | 5 | 4 | - | 2 | 11 |
| Number diagnosed with ASC | 9 | 6 | 6 | 7 | 28 |
| Number NOT diagnosed with ASC | 6 | 5 | 9 | 6 | 26 |
| Inconclusive diagnosis & booked for review | 8 | 3 | 3 | 6 | 20 |

Referrals received for consideration of Stage 2 assessment

| Age at time of referral | Brighton address | Hove address |
|-------------------------|------------------|--------------|
| 2 | - | - |
| 3 | 7 | 2 |
| 4 | 3 | 2 |
| 5 | 1 | 3 |
| 6 | 8 | 2 |
| 7 | 2 | 1 |
| 8 | 6 | 1 |
| 9 | 5 | 5 |
| 10 | 4 | - |
| Total | 36 | 16 |

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

Agenda Item 16

Brighton & Hove City Council

Subject: Parents' views on the future of Special Educational Needs (SEN) in Brighton & Hove

Date of Meeting: 14 September 2011

Report of: Strategic Director, Resources

Contact Officer: Name: Tom Hook- Head of Scrutiny Tel: 29-1110
E-mail: tom.hook@brighton-hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE/ EXEMPTIONS

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Parent Carers' Council (PaCC) is a city-wide group supported by Amaze, for all parent carers who are responsible for children and young people with special needs including ongoing health conditions, physical disabilities and learning disabilities. More information on the PaCC is available on their website at http://www.amazebrighton.org.uk/parent_carers_council
- 1.2 Appended to this report is a paper from PaCC on Special Education Needs (SEN). CYPOSC agreed to debate this report with a view to understanding the experiences, views and concerns of partners and as a way of beginning a debate on the issues within the report.
- 1.3 Members will note that agenda item 17 also addresses SEN and will want to consider the issues raised in this report alongside that item.

2. RECOMMENDATIONS:

- 2.1 That Members debate and comment upon the issues raised in the report and consider what, if any, further action to take.

3. BACKGROUND INFORMATION

- 3.1 In 2010 members of the PaCC identified education as the main area of concern to parents. The Appendix to this report highlights good practice within schools for children with SEN. The report also outlines

recommendations made by parents. CYPOSC have previously heard reports from the PaCC.

3.2 In receiving the report from PaCC CYPOSC Members have an opportunity to explore:

- the issues raised in the report;
- how the information has been used to date;
- what action if any has resulted from the report;
- what priorities the PaCC would like to see taken forward;
- opportunities going forward.

3.3 Members are invited to also consider whether they wish to take forward the issues raised.

4. CONSULTATION

4.1 The consultation undertaken by the PaCC is outlined within appendix 1.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are no financial implications arising directly from this report.

Legal Implications:

5.2 There are no legal implications arising directly from this report.

Equalities Implications:

5.3 Equality is a theme within the attached report and central to many of the issues raised.

Sustainability Implications:

5.4 There are no sustainable implications arising directly from this report.

Crime & Disorder Implications:

5.5 There are none.

Risk and Opportunity Management Implications:

5.6 There are none.

Corporate / Citywide Implications:

5.7 There are none.

SUPPORTING DOCUMENTATION

Appendices:

1. Parents' views on the future of SEN in Brighton & Hove.



Parents' views on the future of Special Educational Needs (SEN) in Brighton & Hove

Executive summary

July 2010

Introduction

In the current political climate there has never been such a turbulent time for special educational needs with far reaching changes predicted, both nationally and locally. Nationally, the government commissioned Lamb Report has suggested innovative changes to practice whilst locally the Complex Needs Project is changing the educational climate both in mainstream and special schools. The forthcoming Green Paper will outline further changes to special educational needs (SEN) shortly.

Education is an incredibly emotive and important issue for parents who have a child with SEN. The Parent Carers' Council (PaCC) was set up in 2008 to promote parent participation in how services are delivered to their children across the city of Brighton and Hove. In May 2010 the PaCC ran a postal survey and held an open event to elicit the views of over 100 parent carers about their experiences of SEN provision in their children's school. These children had a range of disabilities and attended both the primary and secondary sectors of mainstream and special schools.

At the open event, parents were given the opportunity to voice their experiences in person to invited members of the Local Authority (LA). Parents talked about positive experiences and also negative incidents that made their children's lives at school difficult.

Parents are often effective at working in partnership with schools to overcome challenges. With this in mind the Parent Carers' Council asked parents to suggest changes to current practice that might help improve educational outcomes for their children.

Summary of findings

Parents have provided evidence of good support for children with SEN across the city in many schools and some parents have noticed the time and effort that many members of the staff have dedicated to help their children reach their potential. Brighton and Hove has a number of outstanding schools for children with special needs (acknowledged by Ofsted) and there are many examples of exemplary provision. The city also has excellent support for parents through Amaze and, it should be noted, has nationally been at the fore front of ensuring independent support for its resident parent carers.

When schools communicate with families and keep them up to date with their child's progress there is a greater level of satisfaction and confidence displayed by parents. Parents also believe that this leads to higher standards of provision and greater achievement for their children. Strategies have been implemented in some schools to help prepare children for changes and staff have been trained by experts from both outside agencies and other school's outreach teams to be more understanding of individual children's needs.

However, there are still ongoing concerns about the perceived lack of transparency of information and clarity with regard to the complex needs project and its impact on education, particularly the special school sector. For example:

- Some parents of children at The Cedar Centre, Downs Park and Patcham House have expressed concern that their children have been left in classes for prolonged periods of time without trained teacher cover.
- Lack of information about the level of funding that has been, and will be, diverted from these schools to help fund outreach to mainstream schools leaves parents feeling uncertain about the future for their children.
- There is also confusion about which mainstream schools are able to access the outreach service and which children fit the criteria for this additional support.

Communication is absolutely key to parental confidence and successful partnerships with schools. Parents feel that they have not always been informed about changes to school curriculums or staffing and feel aggrieved when they are the last to find out about significant developments that affect their children's education. Changes to staffing can be particularly disruptive to pupils when ongoing relationships are broken. The introduction of provision mapping (replacing Individual Educational Plans) in some schools leaves them feeling unclear about expectations and outcomes for their children that are not specific and tailored to individual needs.

Despite the excellent level of training that some schools have there is not always consistency across the city and many teachers are inadequately trained to meet the needs of children with complex difficulties. This is evident in the lack of understanding that a few teachers have demonstrated when disciplining children with SEN in an inappropriate and insensitive way.

The statementing process was another area that raised concerns. In some cases statements are not specific or detailed enough to provide the necessary support in school. Many parents fail to secure a statement for their child, unless their child has severe disabilities. There is confusion about who qualifies for a statement and who doesn't and what the statement actually means for the child's overall education provision. We recognise the statement is a tool for graduating and clearly defining support to children who need it most but there remain questions over eligibility criteria at the lower end of need. There is also confusion over the power of a statement to secure funding.

Throughout the report we have outlined recommendations made by parents, at both the event and in the questionnaire. The following are key themes which summarise priorities as identified by parents.

Key Recommendations

- **The Complex Needs Project** needs major clarification for both parents and teaching staff. There needs to be open, accessible and transparent communication with all parents of children with SEN about the project. This needs to set out the implications for children with SEN, in both the mainstream and special sectors, across the city.
- **Training** is a key area of concern. There needs to be an independent review of SEN practice in all schools which looks specifically at the nature and effectiveness of training that teachers receive and makes recommendations to change the disparity in different schools across the city.
- **Communication** is fundamental, across all age groups, to strengthen parental confidence about their child's education. Schools need to revise the way they communicate with parents about their child's progress by providing a home/school book for all children with SEN which is updated every day and includes a record of visits from outside agencies. This book should also contain a list of contact numbers of other professional involved in their child's care.
- **On a more strategic level it would be helpful if there was a review of the statutory process** and eligibility for statements needs to be made clear to parents in an open and transparent way. Statements need to be more specific in setting out the requirements for each child's provision, especially for children with more complex needs in mainstream schools. The amount of outreach required by these children should also be made explicit in their statement.
- **Independent monitoring** is essential to ensure that schools are accountable to the LA, parents and children. There needs to be an independent system in place ensuring that children are receiving the level of support set out in the statement and that the school is providing a supportive and nurturing environment for children with SEN.
- **A resourced systematic involvement of parent carers in the strategic delivery of SEN** across the city by being included in the strategy groups alongside SENCOs, educational psychologists and staff from the LA.

Parents views on the future of Special Educational Needs (SEN) in Brighton & Hove

July 2010

Full Report

Forward

Education for our children is a hugely important subject for all parents, and one that becomes even more important if you are the parent carer of a child with special educational needs (SEN). Optimising the very best opportunities for our children and getting the appropriate provision can be very fraught and demanding. It can be one of the most challenging parts of the journey we set upon as parents of a child with special needs.

2010 is a critical era for special educational provision. Nationally, there is a government spotlight on SEN with the Lamb Review and an increased focus by Ofsted on SEN provision. Initiatives such as 'Progression Guidance and Achievement for All' put the focus on the progress our children are making and how this is communicated to parents. Schools are under pressure to show that they are optimising *every* child's potential.

Meanwhile, locally Brighton and Hove is undergoing an SEN review which will see a greater focus on the inclusion of children with more complex needs in mainstream schools and a reduction in special school places. This awaits a steer from the newly formed government. A new complex needs outreach project aims to support mainstream schools in the successful inclusion of children with SEN. Many parents are unsure of the implications this may have for their child and what choices they now have regarding their child's education.

One key finding to come out of government research is the importance of communication with parents (a key finding of the Lamb Review) and of parental involvement in achieving quality education for SEN pupils. Parents do have a vital voice which needs to be recognised at all levels across the broader education spectrum.

Ultimately every one of our children is so unique and so complex how do we begin to ensure that 'every child matters' when it comes to education? Whether a child is in mainstream school, a unit attached to a mainstream school, special school, independent school or is home educated, we have tried to garner as many different experiences as possible by asking parents directly what they think works well and what doesn't work so well when it comes to their child's education. We have also asked parents for possible solutions to problems and they have suggested changes to current practice.

Introduction

The Parent Carers' Council (PaCC) was formed in 2008 to give parents of children with special needs across all disabilities, opportunities to help change the way services for our children were delivered. The council now has 140 members and in 2010 identified education as the main area of concern to parents.

In order to reach as many parents as possible the PaCC distributed a questionnaire that was sent to 758 parents, who had a child of school age and were registered on the Amaze Compass database. Amaze, a charity that supports parents and families who have children with special needs, is the umbrella organisation of the PaCC. The questionnaire was also printed in the Amaze newsletter that is circulated to over a thousand families. 70 parents responded to this survey and this is entirely within expected rates from families who have children registered on the Amaze database.

Parents were asked to comment on three specific areas in the questionnaire. These included:

- **Communication-** Was the information that they received about their child accessible, clear and useful? Did they receive information on a regular basis or did they have to ask to be updated and did the schools use IEPs (Individual Education Plans) or provision mapping to monitor the child's progress?
- **Training-** Did parents feel that the staff looking after their child were adequately trained and understood their child's needs?
- **Accountability-** Local authority staff have the responsibility to assess children who are statemented and then to oversee the provision. Who is responsible for monitoring this and who does the Local authority and schools have to be accountable to? What are the strategies in place to build up trust? The parents on the PaCC steering group suggested that one solution to this would be to appoint an independent monitor who was not employed by the LA to monitor SEN provision in schools. Parents were asked if they thought this would be a good idea and to comment on this proposal.

In each case parents were asked to give their overall level of satisfaction and then give examples where there was evidence of good and bad practice. For each area of concern parents suggested possible solutions to the problems they encountered.

In addition to the postal questionnaire the PaCC invited all the registered members to an open event along with six members of the local education authority who were invited specifically to listen to the parent's comments. The event was facilitated by ten members of the PaCC steering group who were supported by five staff from Amaze. 42 parents attended this event to share their experiences, both good and bad, with the invited guests.

At the event parent carers were divided into five groups. The main themes from the questionnaire were revisited with the addition of two new ones. The groups were as follows:

1. **Statutory assessment processes and panels** - how was the assessment process and did your child get a statement at the end or were they turned down?
2. **Communication with the school** - experiences with IEPs, record keeping, home school communication and meetings with SENCO (Special Educational Needs Co-

ordinator) and other members of the school's SMT (senior management team).
How are parents informed of how their child is progressing at school?

3. **Information** - is this easily available and is it open, honest and easy to read? Do you know who to contact at the LA (Local Authority) if you have a query? How was your query dealt with? What is your understanding of how are the budget cuts going to affect schools?
4. **Staff training** - Do you believe that the staff, looking after your child, are adequately trained to do so and do they understand your child's needs?
5. **Accountability** - To whom does the school have to report that they are meeting their SEN requirements? Is there someone you can go to if you are concerned about the level of education your child is receiving and are your concerns acted upon?

During the first session parents were asked to give examples of good and bad practice and in order to feedback their findings to the whole group they were asked to identify three main good points and three main bad points. This session was held before the invited guests had arrived so that parents were given the opportunity to be honest without feeling inhibited by the listeners, who may have been personally involved in their child's education.

After a break the groups reconvened with the addition of the invited guest (one per group). In order for parents to feel that they could say what they wanted the guests had been given instructions not to contribute to the discussion but were just to listen to what the parents were saying. We were keen for feedback to be proactive and positive and during this session the parents were asked to suggest some solutions to the problems identified in the previous group work. Again, they had to identify three solutions that the whole group agreed with.

All the comments made by parents have been collated and common themes identified. For purposes of confidentiality schools and services have been named in the report but individual teaching staff have not been identified.

Part One

Key findings from the open event

1. Statutory processes and gaining a statement of special educational needs

A. Parent carers' findings

Parents in the group felt that it is possible to get a good statement for children who have special educational needs but that often the process relied on parents who were confident and persistent to get a statement with clearly defined targets. Parents were appreciative of the support offered by Amaze's IPS (Independent Parent Support) service during the assessment process. Parents felt that, overall, statements lacked detail resulting in vague recommendations for provision. It was felt that professionals from outside agencies had their 'hands tied' having to make party line recommendations even if they did not feel that

they were the most appropriate for the child. Parents were invited to put their views forward during the process but felt their contribution was seen as 'tokenistic' in many cases.

Some parents felt they had no 'true' choice when naming the school they wanted for their child on the statement. One particular parent had wanted her child to go to a mainstream school but on the statement a special school had been identified. In order to get provision changed the parent had to appeal to the LA which took a lot of time and energy. In another incident a parent had wanted her child to go to special school but was refused because the statement had stated that he should go to a mainstream school. Changing the school on the statement might be difficult and could be met with reluctance by the LA. When the school identified was a special school parents also felt they did not have a choice over which special school their child would attend. There was a distinct east/west divide in the city and children were sent to the school nearest to their home regardless of parent choice.

For children who were more severely disabled, and had a clear diagnosis, the process tended to be more straightforward. However, for children who did not have a clear diagnosis and had less severe disabilities the process was more fraught and they often 'fell through the gap' of provision required. Children without statements often got little support at school. Some only attended school part time and were informally excluded or sent home at lunchtime because the school could not cope with their behaviour.

The statutory process was bound by strict time schedules and these were adhered to with paperwork being produced at the required time. However, the system did break down when key members of staff were off sick and in one particular case this occurred for one child when the SENCO in one school was off sick and was not replaced resulting in a halting of the statutory process.

In some cases there was a lack of transparency about the statutory process and there was evidence that schools had started the process without informing the parents. Parents felt that their correspondence was often ignored and that when they did speak to their case work officer they were unsupportive and lacked understanding of their frustrations.

For parents who wanted to appeal against decisions made in the statement there was an appeals process to follow facilitated by Special Educational Needs and Disability Tribunal (SEND). However, most parents were not aware of the appeals process and the help that was available to them. Parents were unaware of the whole statutory process procedures and guidelines that needed to be followed.

B. Parent Carers' Recommendations

- The correlation between how confident and persistent a parent is and how good their child's statement and education is needs to end. All parents should be assured of the best provision for their children. Currently parents need to be extremely committed to get their child's needs met if those needs are slightly out of the ordinary and this should not be the case.
- Parents' opinions need to be valued, not as an afterthought. Parents should not ever feel that they are an irritation when they call for help or try to make changes.

- Statements need to be very specific with clearly defined targets, particularly for children in mainstream schools, to enable inclusion to be more successful. Outreach should be included in the statement.
- Children with complex needs in mainstream schools should be given more options about dual placements during the statutory process in recognition that some children will benefit from the facilities and expertise available in special schools.
- Schools need a 'parental information' person to act as an additional contact who is able to offer advice (SENCOs are overburdened and often only work part time).
- Calls and e-mails should be responded to within a definite time limit, as a courtesy, even if there is no definite answer.
- The role and the responsibilities of the case work officer within the statutory process should be explained carefully to parents.
- Parents must have ongoing access to impartial advice and information provided by Amaze via the IPS service, website, newsletters and helpline.

2. Communication with schools

A. Parent carers' findings

There were some really positive examples of effective communication between schools and parents. When written properly and well targeted IEPs (Independent Education Plans) worked well. Home/school books worked as a really effective means of two way communication between school and parents, who could also write comments in the book.

It was noted that some individual teachers and TAs (teaching assistants) were very good at communicating with parents both verbally and in writing. In some cases the TAs were employed to work with specific children.

Also face to face meetings often gave feedback that was positive and balanced. Parents found that an open approach worked well. If a child's needs were shared with the class and staff there was more understanding and transparency eradicating a feeling of secrecy.

Where communication was not so good, schools failed to provide feedback to parents about problems and did not present evidence to back up reputed incidents. When problems did arise some schools made no effort to meet parents at times other than parents' evenings to discuss the issues. Some parents found it difficult to contact the school, arrange regular meetings with the SENCO and when the meetings did happen no objectives were put in place.

There were also problems with communication about target setting and progress. IEPs, used to monitor the children's progress, were changed without consulting parents and, in some cases, were not being effectively monitored. Some schools use provision mapping instead of IEPs to monitor progress but this is not thought to be specific enough for children who have unique difficulties. A provision map is an 'at a glance' way of showing the range of provision a school makes for children with special and other additional needs through additional staffing or peer support.

Communication was not only perceived to be poor between the parents and school but there was evidence that communication between teachers in the same school and outside agencies could be patchy. For example, some schools often relied on parents to give them their children's medical results, rather than the relevant professional involved in their care.

B. Parent Carers' Recommendations

- All teaching staff, including cover teachers and TAs, dealing with a child should have detailed information about their needs and medical conditions to ensure continuity of provision. This should include improved communication with medical staff involved in the child's care.
- IEPs need to be reviewed and updated each term in full consultation with the parents and child. The targets need to be specific, measurable, achievable, relevant and timed (SMART) and there needs to be written outcomes with agreed timetables for implementation.
- Where possible each child needs a dedicated TA who is involved in planning meetings with the parents and is the main home-school liaison person.
- Schools need to be more proactive about providing information, anticipating crises before they occur rather than informing parents when problems have reached crisis point. Parents report that there is a tendency to 'fire fight' especially around behaviour issues. There should be support for both parents and the school from outside agencies.
- It should be acknowledged that parents know their children the best and feedback from parents should be encouraged rather than discouraged.
- Schools should have an independent key worker who they can approach when problems occur.
- Children with special needs should have a home/school book that is updated daily and contains a list of professionals, involved in the child's care, with their contact details. Any visits they make to the school should be included in the home/school book along with any actions taken.
- Parents of children with SEN should be given a curriculum map so that they know what their children are studying This could be suitable for all children and not just those with SEN.

3. Information

A. Parent carers' findings

Schools that were good at sharing information were supportive and approachable. This supportive and approachable culture was more apparent in special schools and primary schools than secondary schools. Some schools were very well prepared for the arrival of a child with SEN. In one case the SENCO had arranged for the whole school staff team to be trained by the parent and an educational psychologist.

Some schools used e-mail to communicate with parents and share information and this worked well. Generally, e-mail resulted in measurable responses and actions taken as a result. The home school book was also used as a good information source for parents.

Outside agencies, such as Amaze, were a good and reliable source of information for parents. The Autistic Spectrum Condition Support Service (ASCSS) was seen as effective, providing specific information about the autistic spectrum. They also ran training for schools on inset days on autism. However, some parents voiced concerns that they did not provide as much support as they used to. (This may be due to the level of support that children are requiring in the mainstream sector as this population becomes more complex.) There were good online support services with lots of information about different services and it was felt that Brighton and Hove, in partnership with Amaze, did provide a lot of information compared to other areas in the country.

However, SEN provision in schools was found to be inconsistent with varying approaches across the mainstream sector and between junior and secondary schools. Policies were woolly and non-specific and there was no clear definition of inclusion and what it meant. There was no consistency between schools about sharing information about specific children and their individual needs. Schools relied too heavily on parents for information about their child's needs which worked if the parent was proactive and well supported but there was concern that children who had parents that were not as engaged would be more at risk of information not being passed on.

Parents reported considerable confusion and a marked lack of clarity about the complex needs project. They had heard rumours about closure of schools and changes to schools budgets. The parent perception was that there was a lack of transparency about the project and no information available to dispel parents' fears about changing provision especially for children in Downs Park, The Cedar Centre and Patcham House.

Information was often poor about individual support for children. Parents were not told when individual TAs were hired to look after their children until after they had been appointed and then were not told when that TA was moved. Parents felt that there was too great a reliance on good relationships and an individual's commitment and this had a direct effect on how well your child did at school.

The PRESENS service was thought to be good but was not suitable for every child. For those children who did not have a diagnosis, did not fit the autistic spectrum or were adopted it was harder to get an initial assessment by the service.

Some parents reported that there were poor links between parents with children with SEN and poor information and support once the child had started school.

B. Parent Carers' Recommendations

- Information should be consistent and there should be a clear set of policies and guidelines for schools, teachers and parents which include a set of minimum standards about provision available that parents are clear about.
- There should be an open, honest and transparent explanation to parents about funding and how support works for children with statements or those on school action plus.

- Parents should be involved in the SEN strategy group and help to plan strategic services for children with SEN across the city.
- The Amaze helpline should be expanded. It is an excellent support for parents to help them navigate the complexities of the education system and can often help escalation of difficulties arising. However, due to the current allocation of hours it is often difficult for parents to get through to speak to someone.
- Parents should routinely be given information about sources of support for them and who they can approach if they have concerns about the school.
- Best practice should be shared among schools including training and networking SENCO teachers across the city. This should eventually be expanded to local and national SENCO forums. Closer working with parents could raise this good practice.
- There needs to be a clear explanation about the Complex Needs Project. There is confusion among teachers and parents about what it entails and what is happening in specific schools to outreach services and budgets.
- There also needs to be a clear explanation about the impact of schools gaining academy status on children with SEN and how it affects their support.
- All parents should have an e-mail contact point and a home/school book.
- Parents should always be consulted about IEPs and behaviour programmes implemented in the class as part of a proactive plan for their child.
- Information about a child should be shared with all the professionals working with that child. This could be supported by the child's key worker, if there is one.
- Good practice and relationships established during the early years need to continue once the child has started school.
- All parents, as a matter of course, should be copied into all correspondence about their child.

4. Training

A. Parent carers' findings

Many children with SEN benefited from having effective one to one support from a teaching assistant who worked with them on a continuous basis. Training worked well when teaching staff worked closely with professionals visiting children in school and specific skills were passed on to TAs.

There were some exemplary examples of good practice. The local sensory needs outreach service was a good example of excellent practice with great parental partnership. They helped to pass on information to the whole staff team and other children in the class. Carden School Speech and Language Unit was a good example of a 'whole' school approach sharing information and knowledge with staff and pupils. Also, support from outside agencies helped some schools to meet the children's needs in a more effective way.

It was felt that some teachers had gained good practical experience, having worked for many years with children who have SEN. There were SENCOs who worked effectively, ensuring that they passed on information and good practice.

Parents were, however, not aware of what training was available to teachers, how it was delivered and how training needs were monitored. Parents reported some schools seemed reluctant to ask for outside help. Some SENCOs seemed resistant to parents' suggestions and did not acknowledge them as experts of their child's needs. Levels of support that the SENCO could offer depended on their practical experience of children with SEN. It was felt that there was a general imbalance of power between professional and parents and that there needed to be more partnership working and a greater respect for parents' role and expertise.

Also, it was felt that there were problems with isolated training. If training was only targeted at a specific child and not the whole school there was a danger that skills learnt would not be transferred to other staff.

It was felt that some schools were struggling to access outreach services provided and were confused about who was eligible to access them. With more special school teachers doing outreach among mainstream school there were lots of reported incidents where classes in special schools were being led by teaching assistants and no teacher in charge for long periods of time. For some parents of children in mainstream schools, the offer of outreach felt like an incentive not to go to tribunal to argue for a dual placement. It was felt that outreach would only work if it was ongoing and proven to be effective.

B. Parent Carers' Recommendations

- There needs to be a training programme for SENCOs, teachers, TAs and governing bodies in how to work effectively in partnership with parents, including a set of good practice guidelines.
- There needs to be a code of practice to check that schools are working within these guidelines (recommended by the Lamb Report)
- A more comprehensive training in SEN needs to be developed across all basic teacher training courses, which includes disability awareness training. Staff should then be sent on regular refresher courses to update them with changes in practice.
- Experience and training that teachers have received should be included in the school prospectus, website and annual report so that training records are more transparent to parents.
- General training packages for teachers should include curriculum differentiation, manual handling, person centred planning and managing challenging behaviour. More specific packages should include training on administering medication, and specific behaviour traits experienced by children who have certain conditions.
- There should be peer mentoring for all TAs and training for staff that cover break times and lunchtimes when children are left unsupervised by trained staff.
- TAs working with children with special needs should have training in special schools.
- Specialist teachers need to be based in schools and to impart their knowledge across staff teams.
- There needs to be a top down approach to training from the head teachers. This should include an understanding of inclusion and what it means for the school.

- There should be a full time SENCOs in each school who would be a co-ordinator of special needs and there should be more of a multi agency approach to supporting the child.
- Schools need to anticipate the needs of children prior to the child starting and give staff appropriate training before the child arrives

5. Accountability

A. Parent carers' findings

When professionals from the schools, parents and staff from Amaze's IPS scheme work together, the provision achieved for individual children with SEN in schools was fantastic.

Specialist units attached to mainstream schools were also felt to work well. The teachers expertly communicated with the parents to keep them up to date. One parent stated that when professionals worked together the provision in a local speech and language unit within a mainstream school was excellent. Another parent was impressed with regular half term meetings with a therapist who knew her child well. She felt that these helped to co-ordinate the provision.

However, there was a concern over the lack of monitoring and clarity of SEN provision in schools. Parents were unsure who funded the SEN budgets. It was felt that in many cases the parents had to chase the school in order to get the provision their child required. One parent was told that their child could not come to a school unless he had thirty hours of support written into his statement. There was confusion over some individual school's admission criteria and no explanation was given to parents as to why their child was not accepted.

There was concern that many teachers were not adequately trained to teach children with SEN and confusion over to whom the school needed to be accountable to maintain an adequate level of training amongst it's staff team. Schools needed to be places of safety where parents could be assured that their children were being taught in a culture and ethos that acknowledged their needs. It was felt that some schools were not concerned about providing well for children with SEN.

Another concern was that some schools frequently used informal exclusions to deal with unacceptable behaviour instead of behaviour management techniques. The schools were not able to adequately explain the reason for the exclusion to the parents. As a result some pupils were being educated on a part time basis that was not meeting their needs. There was no clear structure for parents to complain about this (or indeed any other complaint that they may have with the school).

B. Parent Carers' Recommendations

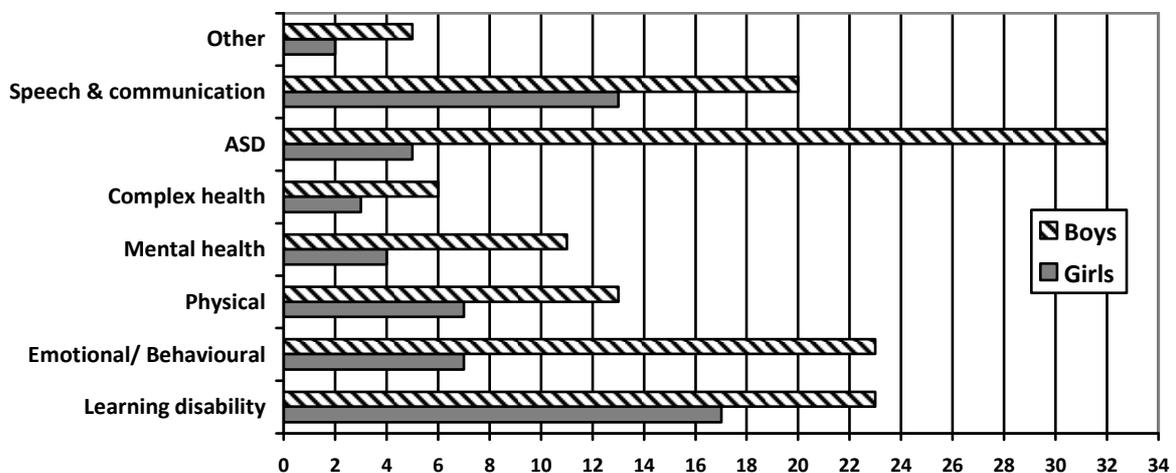
- There needs to be better accountability for exclusions. Schools need to have a good reason for excluding a child and mechanisms in place to manage behaviour in a more constructive way.

- There needs to be a more transparent admissions policy and schools need to give parent’s explanations for not accepting a child with specific needs.
- Parents need to have a clear structure for communication with the school before complaints occur. A complaints policy that is clear and easy to follow will help to change the culture with in schools.
- There needs to be more transparency and accountability about the provision of SEN children are getting. Schools need to be more open about what criteria is used to assess their children with SEN.
- There should be an inclusion officer who could work with schools to help deliver SEN for children with complex needs in mainstream schools.

Part Two

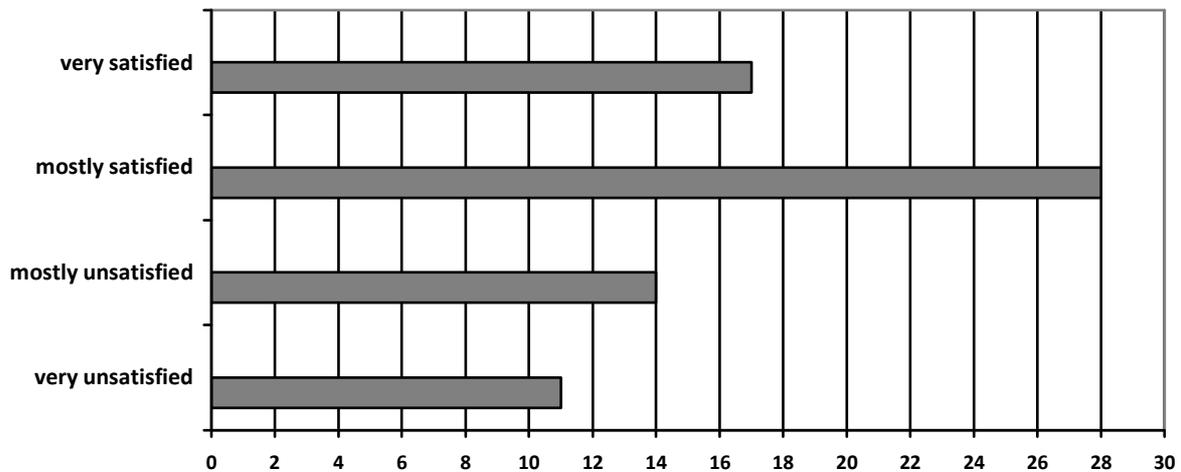
Key findings from the questionnaires

The questionnaire as completed by 68 parents representing 76 children, 55 of who were boys and 21 of whom were girls. The following graph shows the main problems the children had as identified by their parents. These may have been more than one problem which accounts for the high number of cases identified in each category. The children who had other conditions not listed had either chromosome abnormalities or sensory impairments i.e. deafness and blindness.



12 of the girls went to primary schools and 9 went to secondary schools. 29 of the boys went to primary schools and 26 went to secondary schools demonstrating an almost even split between the key stages.

Communication



The graph above shows the levels of satisfaction that parents felt when communicating with schools

We can see from the graph that on the whole most parents were satisfied with the way that schools communicated with them. However, where parents were dissatisfied it had a higher impact on the child and family.

Positive aspects of communication

- One parent was given regular updates from her child's speech and language therapist (SALT) and encouraged to attend therapy sessions with her child so that she could replicate the exercises at home.
- Home/school diaries were well written and consistent. They recorded both good and bad episodes and were filled in daily so that parents could see the child's progress and how the child had responded in certain situations. Visits from outside agencies were also recorded in some of the home schools books.
- One school had implemented a behaviour chart for a child with an autistic spectrum condition (ASC), which was sent home to parents at the end of the day so that they could see how he had behaved in each lesson and identify potential triggers for disruptive behaviour.
- Many schools held weekly scheduled meetings with parents to keep them up to date. Other schools had an open door policy so that parents could pop in for an informal chat when they needed to.
- Some schools used face to face meetings to communicate with parents whilst others used telephone calls, e-mails, letters and text messages.
- Parents appreciated detailed explanations about IEP targets and how they would help their child to progress. Targets needed to be achievable.
- Annual reviews were comprehensive in some schools and feedback given at them was well received.
- Parents did appreciate being told about problems before they occurred. One parent said that the school would ring her and update her if there were any problems. They also appreciated calls to help prepare their children for any changes in the classroom.

- Very specific examples included one parent who was given practical advice about how to support her child to read.

Negative aspects of communication

- There were lapses in communication between parents and the school SENCO, teachers and other professionals. One parent reported that she was not told that her non verbal daughter was not getting any speech and language therapy. And another parent did not discover that her son was mute at school despite being able to talk at home. Communication was poor between different specialities in the same profession. A SALT who specialised in swallowing and feeding was not communicating sufficiently with a communication SALT leading to a breakdown in the child's progress.
- Some staff were not giving information to parents about the sensory aspect of their child's learning.
- Some teachers were not using IEPs to set targets for the children with SEN. Continuity between consecutive IEPs was lost because the targets were not checked in detail to see if they had been achieved. If a child was not progressing and meeting the targets parents were not informed. Some IEPs lacked detail and were not updated. Some schools had chosen to use provision mapping instead of IEPs which were not popular with parents due to a lack of specific targets.
- There were several parents who felt that the school did not listen to advice they gave about their children and did not recognise their expertise. Also, parents wanted to be able to choose how they received information about their children.
- There was poor communication between teachers in the school. This was particularly apparent when children changed classes and information was not passed on from teacher to teacher.
- In one particular case the school did not prepare a child sufficiently when her one to one TA was off school for a long period of time. The child worked well with this member of staff and did not cope well with the change. Other parents were not informed when individual one to one sessions were cancelled or extra ones added into the timetable. This demonstrated a failure on the school's part to recognise that children needed to follow routine and their difficulty coping with change.
- In one school the head teacher decided to change educational practice which directly affected the child of one parent, without consulting with the parents first.
- In larger schools it was more apparent that many of the teachers did not have enough knowledge about individual children's needs. In one particular case one pupil lost the tip of her finger in a fire door because the teacher did not hold the door open for her and told her to walk properly. She would have found this hard to do as she suffered with 'club feet'.
- Exams were a time when parents were more stressed about their children and when communication breakdown was particularly apparent. One parent was not told the results of a literacy and numeracy test her child had been asked to sit and the results were not then circulated to all members of staff. One parent was not aware that her child had been given help in his year 8 tests and another parent was not informed that her child would not be sitting some of his exams. In one example, the school failed to tell a parent that her son had not turned up for his exams. He had very

poor memory problems and despite being reminded that he had three exams he only stayed for one of them because he had forgotten that he had another two exams that day. A lack of communication between the parent and the school about the exam timetable meant that in one case a child failed all three of his science papers because the parents had not supported their child to revise.

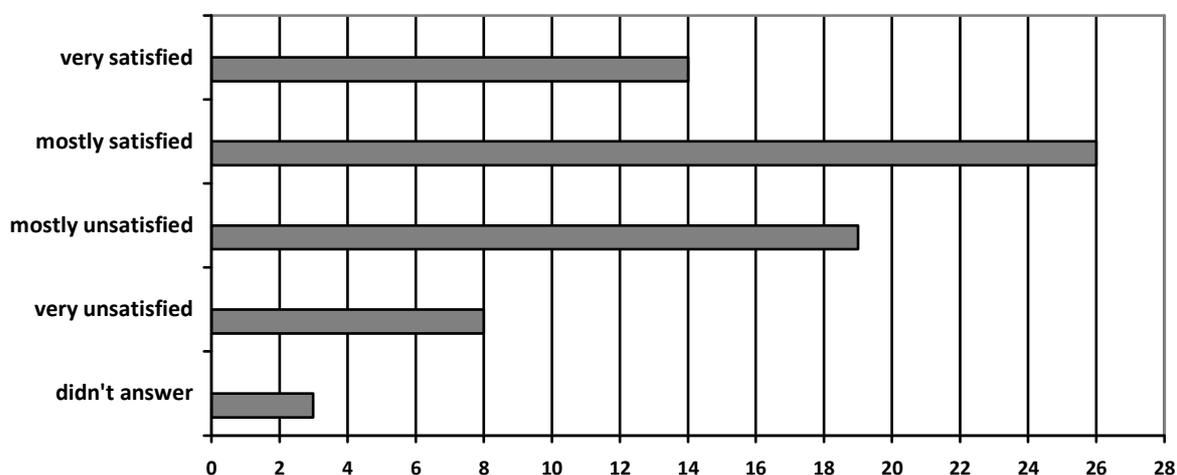
- One child had been given an informal exclusion on a Monday morning with no warning given to the family. This sent the child into a meltdown. Some schools held closed discussions about disruptive behaviour without informing parents.
- One parent reported that her child's behaviour at home was affected by something that had happened at school. The teacher had not thought that the incident was important enough to inform the parent about.
- Overall home/school books were praised but there was some concern about how often they were filled in at some schools. One parent reported incidents when their child's home school book was only filled in at the end of the week at the Cedar Centre. Also, the home/school book for a child who had a dual placement was only filled in by one of the schools he attended. Another parent reported that, although their support was very valuable, when the ASCSS had been into the school they did not forward a copy of the report onto the parents and did not always inform parents when they were going to visit.
- Reports in one annual review did not tally with what the parents had been told by the school. In one particular case the parent was totally unaware that the reports submitted for the annual review were negative about their child until the day of the review.
- There was no co-ordination over homework in different subjects at secondary schools so children became overloaded on certain days with too much homework.

Parent carers' Recommendations

- The whole school team need to be aware of a child's needs before they arrive at the school and the SENCO should have an initial meeting with the parents so that expectations can be established on both sides.
- The SENCOs role in the child's education could be made clear to parents so that they know the level of support their child will receive.
- All children with communication difficulties would benefit from a home/school book that is updated on a daily basis by staff who are trained how to update them. This book should record details about visits from outside agencies and contain the contact details of people who are involved in the child's care.
- Parents need notice so that they can attend meetings and sometimes meetings should be convened at short notice when problems occur.
- All children should have an IEP that is reviewed each term with the parents present, on dates which have been prearranged at the previous meeting. Targets set need to be achievable and monitored to see if they are being reached or not. Old and new IEPs need to be sent to the parents before the meeting so that they can prepare beforehand.
- The school should update the parents of any untoward incidents that have occurred at school by a prearranged method of communication e.g. e-mail or phone calls.

- At a parent's request schools should give parents opportunities to go into the school to work alongside their children so that they can replicate methods of teaching at home. Worksheets should be available for parents to do homework with children to support their learning.
- Children who need it should be allowed time out of the classroom and be given sufficient pastoral support so that they can reach their full potential at school.
- Schools should provide drop in SENCO visits and opportunities for parents of children with special needs to meet to discuss common issues e.g. support with challenging behaviour and information about the statutory process.
- A handbook should be available for parents and teachers to share examples of good practice

Training



The graph above shows the levels of satisfaction that parents felt about the skills and training that staff teaching their children had.

Again, we can see from the graph that on the whole most parents were satisfied with the skills of the staff that looked after their children. However as before, where parents were dissatisfied it had a higher impact on the child and family.

Positive aspects of training and skills

- Some of the support staff in schools were trained as teachers and offered good levels of support. Teaching assistants worked with other professionals and passed the knowledge gained onto other staff and parents. Some staff were highly skilled and delivered speech therapy throughout the day, which was very effective.
- Teachers were thought of highly by parents if they knew how to sign in Makaton and use other augmentative communication aids.
- It was noticed when teachers have been trained to handle the child's needs sensitively and appropriately. One teacher, who used positive praise, noticed an improvement in the child's behaviour. Another teacher who understood issues

around self esteem got pupils to do their homework in pairs which worked well for one child.

- Teachers who had been trained in autistic spectrum disorders passed on knowledge to teaching assistants and midday supervisors. ASC support had been given to many schools to work more effectively with children. Examples of this included visual aids given to one child to help him in lessons and teaching him who to go to when he needed help. Preparation for events that were not routine involved one teacher taking the time to introduce the child to the experience before his peers by inviting him into the class first.
- Some teachers recognised that they lacked the knowledge and experience to look after children with SEN and were open and honest about this, which was appreciated by parents.
- One school had appointed a learning mentor to pass on information and skills needed to educate individual children.
- Some teachers worked hard to provide the support needed for some children and used financial resources to provide equipment so that children could achieve their academic potential.
- There was a good example of an excellent transition from primary to secondary education when the ASCSS supported the staff and trained 52 members of staff in the new school in understanding ASC.
- The staff at Patcham House were praised for their skills in managing challenging behaviour.
- When the school nurse arranged specific training in medical procedures this was well received by parents.
- Blatchington Mill School was also singled out for running their social skills group for pupils.

Negative aspects of training and skills

- TAs did not always have the specific skills required to look after some children and no means of support to acquire those skills.
- One class teacher did not have any specialist training and did not know how to sign despite having non verbal children in her class. Even some TAs in a special school did not know how to use Picture Exchange Communication System (PECS) and there was confusion over the differences between PECS and a visual timetable.
- In some schools there was a lack of transfer of knowledge from one staff member to another. In one school a teaching assistant was trained in Makaton and had not transferred those skills onto others before she left. The skills she learnt were lost to the school.
- Skills on managing difficult situations in children with ASC were not passed on. A technique to deal with a behaviour trait may have worked with one child and could be used to help another but there was little evidence of this happening.
- There was evidence that several members of staff had very little knowledge of ASC and did not know how it affected sensitivity to external stimuli and behaviour traits. This included a head teacher who had an ASC unit attached to their school. When dealing with children on the ASC it was noted several times that teachers showed lack of understanding by the way they behaved. Instructions were not

explained carefully enough, children were shouted at in the corridors and some children had severe and unsuitable punishments inflicted on them. One child was made to retrieve rubbish from a roof that he had thrown there.

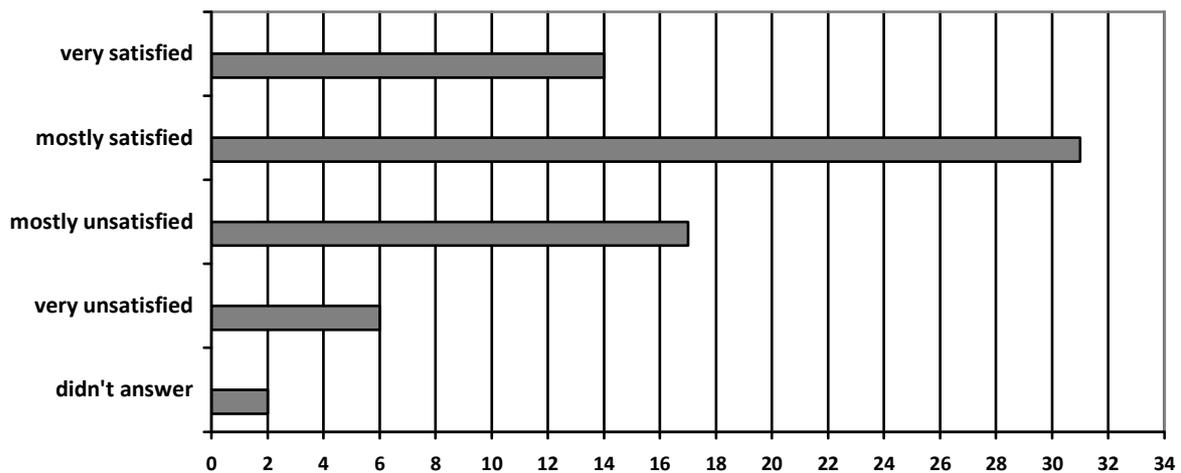
- Some schools were reluctant to use outside agencies to help manage difficult behaviour and used broad methods that did not work with some children.
- Some teachers were not familiar with IEPs and did not recognise the importance of the targets set even if the targets were not particularly academic. One child was not allowed to stay in at break time on a cold day when she asked to, even though one of her targets was to take responsibility for her own health.
- Children with SEN were often excluded from attending school trips because the teachers showed little understanding of their conditions and felt they could not cope with them outside the school environment.
- One of the effects of the complex needs project in MLD schools was that more and more classes were relying on TAs to lead the lessons.
- Some teachers were experts in one area of special needs but not cope well when it came to looking after children who did not fit their area of expertise.
- When children needed to use specialist equipment some teachers did not have the knowledge to use it properly.

Parent carers' Recommendations

- All teacher training courses should include at least one week's focus on special educational needs and for teachers that have not received this there should be provision made for training in their induction programme to a school.
- Training packages need to include Disability Discrimination Awareness and help teachers to include children with SEN rather than exclude them from the class room setting.
- Teachers and assistants who work with children with SEN should have annual updates that are compulsory. This training should also include temporary staff who should be briefed about children with SEN in their classes.
- Teachers need a training package to help them understand ASC which includes strategies to deal with challenging behaviour and the emotional difficulties experienced by children when faced with change.
- Schools should have a contact list of people that have expertise in some of the more challenging aspects of SEN so that they can seek advice at any time.
- Staff meetings should include updates on all children with SEN and memos passed to all teachers when significant problems arise.
- Teachers should have time to reflect together on their practice and discuss strategies that worked and those that didn't work.
- Centres of excellence should be used as School Improvement Partners (SIPS) and funded to do outreach and share good practice. This expertise could be shared in the form of a video bank of teachers who are trained to share their expert knowledge with others. Some of the TAs, who are highly trained in SEN, could be used in a pool to share their expertise with other schools.
- However, the over use of TAs leading classes should be reviewed and specialist teachers should be used to teach the most needy children.

- Parents could help in the classes to pass on their knowledge and expertise about their children.
- Parents could be given training in P levels and what they mean for their child's education. This has happened at Hillside and Downs View.
- There should be a deaf unit in a mainstream school in the city.

Strategies to build trust and independent monitoring of SEN in school



The graph above shows the levels of satisfaction that parents felt about the SEN decisions made in their children's school and in the local authority.

Again, we can see from the graph that on the whole most parents were satisfied with the strategies developed by schools to build trust. However as before, where parents were dissatisfied it had a higher impact on the child and family.

Positive aspects of support and provision received

- The LA were enthusiastic and supportive towards inclusion.
- In some school parents were involved in the recruitment of a TA for their child.
- In some cases there was a good recognition of support needed and proactive assessments put in place to get that support.
- The statutory process was smooth for some parents although there was sometimes a fight to get the process started.
- There were some casework officers who attended annual reviews which meant that they could hear evidence in person.
- Some schools had given information to parents about P levels.
- For one particular child the school decided to reallocate their SEN resources so that the child could have 1:1 support. Some schools did listen when children needed more support and acted on it. One parent praised the TA who helped her child achieve his full potential.
- Many of the SENCOs were very supportive and child focused when reacting to children's needs. One parent was impressed by the SENCO at her child's school

when she supported her in the statutory process and helped to complete the paperwork.

- Schools did involve other agencies, such as SALTs, occupational therapists (OT) and physiotherapists, in helping the child. One child was getting weekly SALT and another was given music therapy in school time.
- Parents reported that some of the schools did recognise that some children struggle when changing schools and put in place extra support when needed.
- One particular child was well supported to transfer from a mainstream school to special school because the mainstream school recognised that they were not meeting his needs.
- Special peer groups set up in some of the schools helped children to overcome some of their social fears and problems finding friends. One school had set up a group specifically for children with ASC. Special provision was made for one child with Aspergers to travel to an exam location with support.
- In one particular case a child at risk from a permanent exclusion was given 1:1 support by a teaching assistant although this did mean that he was isolated from his peers and not taught by a trained teacher.
- A deaf child was provided with a radio aid to help him hear in the class setting.
- Children with severe ASC were given 1:1 support in small classes in special schools.
- In one particular case the LA did agree to fund a residential placement in the best interest of the child.

Negative aspects of support and provision provided

- Many children were being turned down for statutory assessments and there was little transparency about the criteria required for a statement to be given.
- Some children who did have a statement were not getting the help they needed because there was a delay in appointing their support assistant.
- When there was no funding attached to a statement the school was under no obligation to provide the support the child needed and no-one was identified to check whether or not the school was supporting the child according to the criteria set out in the statement. It was difficult to get the support on a statement increased when, in some cases, the statement has been a struggle to get in the first place. One parent struggled to get extra hours for her son when he moved from primary to secondary. In another case the statement's annual review was out of date.
- Transition from primary to secondary school was difficult for some children and the need to co-ordinate so many teachers was often a struggle for parents.
- Mysteries also surrounded funding over School Action Plus. In one case the LA said that the school should support the child and the school said they would not do this unless a statement was issued. It was difficult to access support if a child did not have a statement.
- Funding over transport was an issue for some parents and one parent stated that the transport her child received to special school was cancelled without consultation.
- In one particular case a school did not recognise that the state system of education was not suiting a child and did not move him until they were forced to.

- For academically able children with ASC in Patcham House on a dual placement with Patcham High School there was felt to be insufficient support for those children to get used to two sets of school routines and staff expectations. This was difficult for children to manage.
- There was a misconception that just two SALT sessions a week were in the best interests of a child with a significant communication disorder. For this child and others a SALT unit in a mainstream school would have been a better placement for consistent specialist practice instead of individual sessions.
- Involvement of other agencies in the child's education was sometimes done without the parent's knowledge and was not a positive experience.
- When recommendations were made by outside agencies there was no system in place to check that these were being carried out.
- There was no support for some children when they had to sit external tests such as SATS. Results were not passed on to parents when children had sat exams.
- Where early intervention did not happen problems were not identified and had escalated by the time they were recognised. Circumstances could reach crisis point in some situations. One parent had to pull her child out of school for fourteen weeks until support was put in place. His reception class teacher had refused to have him in her class. One other child was only educated for two hours a day. His parent stated that the school would not admit defeat in his education which had slipped back two years. Another child was not supported in school because the school did not really want him there. The parent did not find this out until after he had left. In one school a child was excluded for nineteen days on top of a part time timetable. In one particular case the child had moved through the school system from mainstream to a MLD school and then was just about to start in a school for children with SLD because the support he needed was not given.
- Children with SEN who were quiet and not disruptive or whose needs were not thought to be severe seemed to be overlooked. These children were not given the help they needed to reach their potential.
- In many schools the SENCO was part time and not always available for parents to talk to.
- Lack of equipment was an issue for some parents who stated that it was not available when needed.
- Some parents were concerned that they had differing opinions to the school about what was important for their child. One parent was concerned about her child's handwriting and was not supported by the school.

Parent Carers' Recommendations

- Funding should be available for a resourced parent panel to monitor decisions made about SEN in the city. This body would be able to hold schools to account for decisions they make.
- An independent monitor, not employed by the LA but possibly an overview and scrutiny councillor, could be responsible for holding the schools to account for SEN delivery, whilst working within the schools. They would be responsible for overseeing decisions made about individual children's placement and

communication with parents, acting as an advocate for parents who have concerns about their child's education.

- The LA should review the SEN practice in all the schools in the city and ensure that funding is available to support the children at the appropriate time.
- Policies and procedures should be more standardised across the city. Some schools have large numbers of children with SEN because they have the strategies in place but all schools need to provide for children with SEN.
- Parents felt some schools are using informal exclusions too readily. The LA should have policies in place to step in and intervene before children are failing in their education because they are absent for so long.
- A new development group should be established to look at joined up working amongst schools and sharing of best practice.
- There needs to be better information and support for parents and children at transition points when children move schools
- There needs to be more evidence of early intervention strategies and assessments done by outside agencies before crises occur.
- There should be improved communication between parents and schools. If parents have concerns they should be able to feed these back to the school knowing that they are being taken seriously.
- More parents should be able to help in the school and feel more included.
- Recognition should be made to children who are in receipt of DLA and even if they do not fit the criteria for a statement, schools need to acknowledge their additional needs.
- Children with SEN may need to be taught in smaller class sizes.

The Parent Carers' Council would like to thank all the parents for their thoughts and contributions at the open event and via the questionnaire.

We would like to thank the Amaze staff who helped and supported us in planning the event, Dr Carrie Britton for helping to design the questionnaire and our guests who came to listen to parents' stories and experiences.

We also would like to acknowledge the CYPT (Children & Young Peoples' Trust) Aiming High Project, the PCT (Primary Care Trust) and TDC (Together for Disabled Children) who jointly fund the work of the Parent Carers' Council.

The PaCC is partnered by seven local community and voluntary organisations – Pebbles, Sweet Peas, Kaleidoscope, extratime, Barnardos Link Plus, Mascot and Children's Society (Portage and Befriending).

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

Agenda Item 17

Brighton & Hove City Council

| | | | |
|-------------------------|---|--|----------------------------|
| Subject: | Report on 'Support and Aspiration: A new approach to special educational needs and disability – A Consultation by the Department for Education (Green Paper) Briefing on the South East 7- application to be a Pathfinder for the Green Paper proposals | | |
| Date of Meeting: | 14 th September 2011 | | |
| Report of: | Jo Lyons, Lead Commissioner, Schools, Skills and Learning | | |
| Contact Officer: | Name: | Gill Henry, Acting Head of SEN & Specialist Placements | Tel: (01273) 293504 |
| | E-mail: | Gil.Henry@brighton-hove.gov.uk | |
| Wards Affected: | All | | |

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report provides an overview of the main proposals outlined by the government in the Special Educational Needs Green Paper 'Support and Aspiration: A new approach to special educational needs and disability – A Consultation.
- 1.2 The report also gives details of the City Council's participation in a multi-authority application as part of the South East 7 to be a Pathfinder and test the proposals in the Green Paper prior to legislation being enacted to replace the way children and young people with special educational needs and disability are assessed and have their needs met under the current processes and procedures in the Education Act 1996.

2. RECOMMENDATIONS

- 2.1 That the committee notes and approves the report.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The report is based on the Special Educational Needs Green Paper consultation, March 2011 and the Department for Education's call for expressions of interest to become a Pathfinder to test the proposals before the formulation of new legislation.

4. CONSULTATION

- 4.1 The report has been formulated in consultation with Children Services staff with responsibility for Special Educational Needs and Disability Services.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

There are no direct financial implications arising from the recommendation in this report.

Finance Officer Consulted:

Date:

Legal Implications:

5.2 There are no legal implications

Lawyer Consulted:

Date:

Equalities Implications:

5.3 .

Sustainability Implications:

5.4 .

Crime & Disorder Implications:

5.5 .

Risk and Opportunity Management Implications:

5.6 None.

Corporate / Citywide Implications:

5.7 None.

SUPPORTING DOCUMENTATION

Appendices:

1. Briefing Paper on 'Support and Aspiration: A new approach to special needs and disability – A consultation (Department of Education – March 2011)
2. Briefing paper on ' The South East 7 Authorities Pathfinder Application'

Documents in Members' Rooms

1. None

Background Documents

1. Support and Aspiration: A new approach to special educational needs and disability – Department of Education March 2011
2. Support and Aspiration: A new approach to special educational needs and disability – Department of Education March 2011-Executive Summary

SUPPORT AND ASPIRATION: A NEW APPROACH TO SPECIAL EDUCATIONAL NEEDS AND DISABILITY - SEN GREEN PAPER BRIEFING

AGENDA ITEM 17 APPENDIX 1 SEN GREEN PAPER BRIEFING

Brighton & Hove City Council

1. BACKGROUND

- 1.1 The Special Educational Needs Green Paper (Support and Aspiration: A New approach to SEN and Disability), published March 2011 proposes a radically different approach to the current system. The consultation period ended on 30th June 2011 and Brighton and Hove submitted both an individual authority response and also contributed to the South East 7 local authorities joint submission (Documents A & B).
- 1.2 From September 2011 a group of local authorities will start piloting the proposed new approach involving a single assessment process and a single plan for children and young people and their families (see separate briefing paper SE7 Pathfinder). Legislation is proposed from 2012 this is needed to secure the single assessment and plan and to support the use of personal budgets.

2. VISION FOR CHANGE

- 2.1 The current process for the assessment and provision for children and young people with special educational needs has been in place for nearly 40 years. It is now considered by all to be overly bureaucratic and not 'fit for purpose'. The current system involves separate assessments made by educational settings, an educational psychologist, health professionals and social care colleagues. At the end of this process where a child or young person is considered to have severe and complex special educational needs a Statement of Special Educational Need is produced. The current system is considered by parents, professionals and the voluntary community sector to be overly bureaucratic and not 'fit for purpose, leading to disjointed provision.
- 2.2 The aim of the new approach proposed is a radically different system that:
 - supports better life outcomes for young people;
 - gives parents more confidence by giving them control;
 - transfers power to front-line professionals and to local communities.
- 2.3 The Green Paper proposes:
 - a new approach to identifying SEN
 - a single assessment process and a 'Education, Health and Care Plan (EHCP)'
 - a local offer of all services available
 - parents to have the option of a personal budget by 2014

- giving parents a real choice of school
- greater independence to the assessment of children's needs.

3. KEY POINTS OF THE GREEN PAPER

3.1 There are 5 key chapters within the Green Paper:

1. Early Identification and assessment
2. Giving parents control
3. Learning and Achieving
4. Preparing for Adulthood
5. Services working together for families

4. MAIN APPROACHES PROPOSED FOR EACH AREA

4.1 Early Identification and Assessment:

- Help professionals identify problems as they emerge through a robust system of early checks for children involving education, health and social care
- Put in place a reformed assessment process for children with complex needs with a single multi-agency approach and an Education, Health and Care Plan for 0-25. This will focus on outcomes, giving parents the same statutory protection as the current statement of SEN
- By 2014 all children that would have a statement of SEN or Moving on Plan for FE should have a single statutory assessment process and Education, Health and Care Plan, from birth to 25
- Make clear who is responsible across education, health and social care and which services and includes a commitment from all parties to provide their services
- Like a statement of Special Educational Needs sets out needs but also set out learning and life outcomes
- Would be transparent about funding for support packages.

4.2 **Giving Parents Control** - Parents will be at the heart of decisions about their child and feel confident that support will be in place. It is proposed to:

- Make services more transparent for families – services publishing a 'local offer' (what local services are available for parents to access)
- Strengthen the choice and control given to parents with the option of personal budgets by 2014
- Support families through the system with trained key workers to help parents navigate the system
- Ensure that parents have a real choice of a range of schools
- Ensure that parents and local authorities always attempt mediation before making an appeal to the Special Educational Needs & Disability Tribunal.

4.3 **Learning and Achieving** – all children must receive a high quality education whether in mainstream or special schools, it is proposed:

- Address over identification of SEN with a single early years and school based SEN category to replace School Action and School Action Plus
- Sharpen accountability on progress for the lowest attainers, introducing a new measure into school performance tables
- Better equip teachers and support staff to address SEN and poor behaviour through training and continued professional development
- Give schools more autonomy to innovate and transform SEN provision and allow special schools to become academies

4.4 **Preparing for Adulthood** – All young people should have successful transition to adulthood, it is proposed to:

- Increase the range and quality of learning opportunities
- Provide effective help for young people to move into employment
- Improve joint working across paediatric and adult health services
- Help young people to live independently by working across government to build on the forthcoming disability strategy

4.5 **Services Working Together for Families** – the green paper vision requires a strong role for local government alongside schools, health agencies and social care, it is proposed to:

- Set up a strong role for local authorities as champions for families and vulnerable children
- Encourage greater collaboration between LAs and services in the local area
- Explore a national framework for funding specialist provision for children with SEN that improves consistency across areas and allows local flexibility.

5. NEXT STEPS

5.1 It is intended that the Department for Education will put out more detailed plans by the end of the year. This will form the basis of any necessary legislative changes to be taken forward from May 2012.

SUPPORTING DOCUMENTATION

Document A : Brighton and Hove City Council response to ‘Support and Aspiration: A New approach to SEN and Disability Consultation’ (SEN Green Paper)

Document B: SE7 response to ‘Support and Aspiration: A New approach to SEN and Disability’ (SEN Green Paper)

SUPPORT AND ASPIRATION: A NEW APPROACH TO SPECIAL EDUCATIONAL NEEDS AND DISABILITY – PATHFINDER OPPORTUNITIES

AGENDA ITEM 17 APPENDIX 2 REPORT ON THE SOUTH EAST 7 PATHFINDER BID

Brighton & Hove City Council

1. BACKGROUND

- 1.1 From September 2011 a group of local authorities will start piloting the proposed new approach involving a single assessment process and a single plan for children and young people and their families. These will be called Pathfinder authorities and will be the ‘test bed’ for how the new proposals may work and identify what works and will not work.
- 1.2 The initial pathfinder programme runs from September 2011 – March 2013 with a possible extension for a further 2 years. 30 Pathfinder will be funded and multi-authority bids have been encouraged.
- 1.3 Up to £225,000 per local authority will be provided to support the authorities in the first 18 months; Local authorities in multi-authority bids will be funded at the same level as single bids.
- 1.4 Each application must be made jointly by local authorities and Primary Health Care Trust Clusters with signatures required by each authority’s Chief Executive, Director of Children’s Services and Primary Health Care Trust Cluster Chief Executives.
- 1.5 A lead local authority and Primary Health Care Trust Cluster is required for multi-authority bids. With an application deadline of 15th August with decisions in September from the Department of Education stating which Pathfinders have been chosen with work to commence immediately. There is a single pathfinder programme with a core set of requirements and options for additional proposals/changes to test.

2. CORE PATHFINDER ACTIVITIES

- 2.1 There are 9 core elements that must be included in each Pathfinder application. The core elements are:
 - Develop a new birth – 25 assessment process and single plan;
 - Engage the voluntary and community sector in the assessment and planning process
 - Be family focussed
 - Explore links between assessment and commissioning
 - Set out a ‘local offer’
 - Explore how new health structures support a new system
 - Align resources to better support assessment, planning and delivery

- Explore how mediation could improve families experience of the system
- Assess the costs of reform and value for money of the new system

2.2 There are 5 optional elements with those interested in piloting personal budgets being given priority. The optional activities are:

- Personal budgets
- Banded funding
- Age range and employment
- Support to parents and carers
- Support to vulnerable children

3. THE South East 7 PATHFINDER APPLICATION

3.1 The South East 7 application is from the 7 south east group of authorities and partners in the National Health Service and Voluntary and Community Sector. The authorities are:

- Brighton and Hove City Council
- East Sussex County Council
- Hampshire County Council
- Kent County Council
- Medway Council
- Surrey County Council
- West Sussex County Council

3.2 The South East 7 is a well established partnership driven and overseen by Council leaders and Chief Officers. There has already been progress in the area of Special Educational Needs and Disability working in partnership on a number of workstreams eg: transport, commissioning and evaluating value for money of placements in the independent and non maintained special school sector.

3.3 Together the South East 7 has extensive experience of contributing to and managing complex change programmes. This has allowed a comprehensive application which has been signed off by each local authority Chief Executive, Director of Children's Services and Primary Health Care Trust Cluster Chief Executives to be submitted to the Department of Education by 15th August 2011 (Document A).

3.4 Attached to the Pathfinder application was a draft project plan (Document B) addressing each of the core elements and also the optional activities. The SE7 seeks to participate in the Pathfinder on a regional basis, building on strong existing links and offering a large co-ordinated testbed for the proposed reforms.

- 3.5 Within the overall collaboration each area will test different optional elements and within the core elements different cohorts within the birth – 25 age range. There will be a Pathfinder change board within each LA.
- 3.6 The local Change Boards will be supported by a regional SE7 Pathfinder Steering group.

4. PATHFINDER ACTIVITIES – BRIGHTON & HOVE AREAS OF INTEREST/FOCUS

- 4.1 As stated above each LA must undertake the core activities and identify cohorts within the 9 core elements. At the current time it is felt that Brighton & Hove will concentrate on children and young people with complex physical/medical and learning needs who through parental preference may wish to access mainstream school provision.
- 4.2 Within this cohort it is likely that the authority will concentrate on key transition points such as early years into statutory school, secondary transfer and school to further education and adulthood.
- 4.3 This will allow the authority to work parent carers and the voluntary and community sector in areas where there is already some innovative work and where there are already foundations in place. It will be important given the tight timescale to utilise existing partnership arrangements and areas of joint working.
- 4.4 In the optional pathfinder activity areas these have been prioritised by Brighton and Hove in the following way:
 - 1. Personal Budgets
 - 2. Banded funding models
 - 3. Support to parents and carers
 - 4. Support to vulnerable children
 - 5. Age range and employment.

It is the SE7 intention to test all 5 optional areas with one or two LAs leading on each work strand.

5. NEXT STEPS

- 5.1 While the SE7 await the outcome of the Pathfinder application each LA will be working to form a Change Board and nominate representation at the SE7 Steering Group.

SUPPORTING DOCUMENTATION

Document A : SE7 Pathfinder Application

Document B: SE7 Proposed Project Plan

**AGENDA ITEM 18 – Children and Young People’s Overview and Scrutiny
(CYPOSC) Work Programme June 2011 - March 2012**

| Issue /Topic | Reason for the agenda item | Outcome & Monitoring |
|--|---|--|
| 4 July 2011 | | |
| Introduction to Children’s Services | To understand the priorities and challenges of the service | CYPOSC agreed to hear the draft Child Poverty Strategy at 15 September meeting. |
| Ofsted Inspection – safeguarding & looked after children | Overall effectiveness – Grade 3 (Adequate) | (1)Receive information via e-mail on an explanation of Section 17 & 47 (2)Have a report on the SEN pilots at the next Committee meeting. (3)Receive a further update on the action plan. |
| 14 September 2011 | | |
| Child Poverty Update (14) | CYPOSC requested at the 4/7/2011 meeting. Will be looking at the Needs Assessment and consultation document. Opportunity to comment & respond. | |
| Children with Autistic Spectrum Conditions (15) | Response to the letter on Autism/CAHMS at 4/7/2011 CYPOSC – assurance regarding service provision, diagnosis, processes. | |
| Parents’ views on the future of SEN in B&H (16) | Report from the PaCC, CYPOSC requested at the 4/7/2011 meeting. Parents views on how SEN services should be developed. To link with Agenda item 17. | |
| SEN pilots (17) | CYPOSC requested at the 4/7/2011 meeting. To inform Member of SEN Green Paper & Pilot projects. Opportunity to comment on direction of travel & priorities. | |
| CYPOSC Workshop – September/October 2011 | | |
| Youth Service Review | Private workshop for CYPOSC members to feed comments into the final part of the youth service review | |

**AGENDA ITEM 18 – Children and Young People’s Overview and Scrutiny
(CYPOSC) Work Programme June 2011 - March 2012**

| 9 November 2011 | | |
|--|--|-------------------------------|
| Issue /Topic | Reason for the agenda item | Outcome and Monitoring |
| <p>School Performance</p> <ul style="list-style-type: none"> • Primary schools • Secondary schools • Post 16 education/training <p>Focus to include:</p> <ul style="list-style-type: none"> • Exam performance • Partnership working • Local authority support | <p>CYPOSC/Directorate joint request. To bring together performance data on school exam results with changes to school support arrangements and partnership working across schools.</p> <p>CYPOSC to endorse suggested approach to improving performance.</p> | |
| 25 January 2012 | | |
| Scoping Homelessness | <p>Joint Member request with ASCHOSC. Scoping report on possible areas of work.</p> | |
| Home to School Transport | Cabinet Member request for pre-decision scrutiny. | |
| Health & Wellbeing Boards | Future of the Health & Wellbeing Board. | |
| Monitoring Scrutiny Reports | <p>Monitoring implementation of scrutiny reports into:</p> <ul style="list-style-type: none"> • Children & Alcohol • School Exclusions • Cultural Provision for Children | |
| 18 April 2012 | | |
| Local Safeguarding Children’s Board Annual Report 2010/2011 | Safeguarding assurance role. | |
| Summer 2012 Holiday Provision Plans | To review available activities planned for summer of 2012. | |

**AGENDA ITEM 18 – Children and Young People’s Overview and Scrutiny
(CYPOSC) Work Programme June 2011 - March 2012**

Other Issues to be Addressed:

- Children & Young People’s Plan Annual Report (Council policy framework documents)
- Annual Performance report
- PCT priorities – Childhood obesity and teenage pregnancy
- Pending – Young carers provision in the city – wait for CMM response

