

London Borough of Richmond upon Thames SEND Peer Challenge

1-3 October 2019

Feedback Report

1. Overview

During the summer of 2019 the London Borough of Richmond upon Thames commissioned the Local Government Association (LGA) to conduct an independent review of provision for children and young people (CYP) with special educational needs and disabilities (SEND) in the Borough. The purpose was to challenge the local area's own self-assessment and strategy for improvement and suggest where additional development would be beneficial. Although consideration was given to all aspects of the local offer, three areas were identified for particular interrogation:

- the quality and implementation of Education Health and Care Plans (EHCPs)
- the timeliness and effectiveness of EHCP Annual Reviews
- the engagement of parents and carers in both their own children's EHCPs and the coproduction of services

The peer challenge process consisted of desktop research, a two day visit by a two person LGA team to assess a sample of EHCPs, and a three day visit by a five person LGA team to interview stakeholders and visit relevant sites within the Borough.

The peer challenge concluded that the strengths in Richmond include:

- the determination of parents to improve the system that supports not just their own children, but all children and young people in the Borough
- the passion and commitment of those working across the SEND community in Richmond, and the positive current momentum of improvement
- the leadership and governance provided by the SEND Partnership Board, and the priority of SEND within the wider Council agenda
- early years provision, including the multi-agency approach to identifying and meeting needs, the training available to professionals, and the support settings provide to each other
- the inclusive nature of Richmond's mainstream schools, including the co-location of all Richmond's special schools with mainstream schools, and the strong academic outcomes achieved by CYP at both SEN Support and EHCP level
- the strong relationships that exist within Richmond's SEND system, and particularly between schools and Achieving for Children
- the co-location of some services within clusters to facilitate multi-agency working
- the number of EHCPs completed within statutory timescales
- the contributions of Educational Psychologists and the Emotional Health Service
- The service provided to schools, parents and carers by the Single Point of Access (SPA).

The peer challenge concluded that the areas for improvement in Richmond include:

- the development of the Parent Panel and the Parent Carer Forum, to better engage parents and recognise their concerns
- acknowledging and addressing parents' concerns, including; the Local Offer, continuity of case workers, empathy from those providing support
- AFC's differentiated provision of services for the residents of Richmond and their children and how this is maintained during a period of leadership change; ensuring that staff are aware of the impacts on their work

- the strength of scrutiny, accountability, tracking and monitoring of pupils at SEND support and how parents are involved in these processes
- the awareness and understanding, at all levels of staff within AFC, of joint commissioning; how this is undertaken, how children and families are engaged, how outcomes are identified and the impacts of this on the work undertaken by staff
- addressing the gap in the High Needs Block of the Dedicated Schools Grant
- the publication of the local area Outcomes Framework for SEND
- the consistent engagement of Social Care services with EHCP processes and multi-agency practices
- the processes involved in transitioning children and young people across the phases.

2. Key recommendations

There are a range of suggestions and observations within the main section of the report that will inform some 'quick wins' and practical actions, in addition to the conversations onsite, many of which provided ideas and examples of practice from other organisations. The following are the peer team's key recommendations to the Council:

- **Develop the emerging culture for change through a consultative approach and a re-engagement with partners and parents:** Richmond needs to build on the strengths of its passionate, engaged and committed parents, carers and staff to really strengthen relationships and ensure that relevant and effective support is available. Although parents spoke positively about the support for those children with SEND, either with or without an EHCP, they also shared some significant challenges they had faced to ensure the needs of their own children were met
- **Accelerate the development of the Parent Panel and the Parent Carer Forum:** This needs to be done as a priority and in consultation with parents to ensure that their views are clearly recognised. The role of the Director of Children's Services (DCS) and Lead Member in setting up the Parent Panel is not to be underestimated. There appears to be a growing confidence from parents of being listened to by senior leaders within Richmond. It is important this commitment continues. Engaging further with parents would ensure communication is more effective and deepen their involvement in getting their children's needs met. It is crucial to develop this relationship further, so as to embed the momentum for change. A next step will be to engage more parents on a regular basis and through broader parent networks and groups
- **Improve the provision of information to parents and carers including with some changes to the Local Offer website:** When first making enquiries about SEND families said that communication could be improved and that they are having to navigate the arrangements around SEND on their own. There was a clear message from the parents that they want more support and advice to be made easily available as early on in the process as possible. More needs to be done to sign-post information and support. There is continuing investment in the

Local Offer, which was seen as positive and more inclusive, and should be continued. Use and feedback is being analysed and used to target further developments. Some parents said they found the Local Offer difficult to navigate with some giving up and trying alternative ways of accessing information. Developing Parent Champions who can explain and help others find the information that they need should help others access the information available

- **The leadership and governance of the Richmond local area have clear plans for the improvement of SEND that need to be implemented and built upon:** The beneficial changes that have occurred in the senior leadership resulting in improving relationships with parents, needs to be maintained and built upon through any further changes in the leadership structure as a matter of high priority
- **Acknowledging a changing climate of leadership; maintaining a Richmond focus, taking staff with you:** Although systematically Richmond provision is differentiated this is not always clearly enough articulated by staff and this is not always supported by how they are geographically located
- **Publish a Joint Commissioning Framework which clearly identifies existing joint commissioning examples and future plans:** Develop a SEND specific Joint Strategic Needs Assessment (JSNA) to inform future commissioning intentions. Build on existing examples of an increasingly collaborative and consultative approach to engaging with families and partners and clearly demonstrate how work is codesigned and coproduced
- **Publish local area Outcomes Framework for SEND:** There is a clear need to transparently demonstrate how the work undertaken for children and young people is enabling them to achieve positive outcomes. This needs to be accompanied by a clearer structure for the scrutiny, accountability, tracking and monitoring of pupils at SEND support
- **Consistent Social Care services engagement with EHCP processes/multi-agency practices:** Social Work involvement, including at early help / family support level, is not consistently clearly visible in EHCPs. Understanding of SEND issues across the social work workforce generally needs to be improved and EHCPs monitored to ensure their involvement is fully represented
- **Consistent Health services engagement with EHCP processes and in the delivery of therapy support to CYP at SEN Support:** Whilst senior Clinical Commissioning Group representation on the SEND Partnership Board, and recent permanent appointments to Designated Clinical and Medical Officer roles are welcome, the benefits of this are yet to be realised by the majority of CYP and their families. This needs to be closely monitored within the existing governance structures
- **Clarify the transition from children's to adult services:** The transition of young people from Children's to Adults' services does not start early enough and as a result appropriate provision and services are not always planned and put in

place. Although young people whose pathway may include adult services are identified when they are 14 years old, they and their families need to be more actively included in discussions with professionals from both services well before the current time of 17 years old

- **Continue implementing the improvements observed in the quality of recently written EHCPs:** Where EHCPs are well written and presented, the children '*jumped off the page*', with clear descriptions of who they are and what they need to achieve. This good practice should be exemplified to ensure a consistent approach that provides a personalised and up to date presentation of the individual's needs, ambitions and outcomes.

3. Summary of the peer challenge approach

Independent, external evaluation and feedback from the sector has endorsed peer challenge as an approach that promotes learning from a sector-led improvement perspective. All local authorities and their partners are constantly striving to improve outcomes for children but an external and independent view can help to accelerate or consolidate progress.

The peer team was sourced specifically to address the areas of focus highlighted by the London Borough of Richmond upon Thames. The team consisted of senior colleagues with significant experience of leading and managing Special Educational Needs and/or Disability services within local government, health and education, supported by an experienced LGA challenge manager.

The peer team

Peer challenges are delivered by experienced officer peers. Peers were selected on the basis of their relevant experience and expertise and their participation was agreed with you. The peers who delivered the peer challenge were:

- **Alan Clifton**, Independent SEND Consultant, (formerly Senior Officer with North Yorkshire County Council), Challenge Leader
- **Janine Walker**, Head of SEND, Nottingham City Council
- **Andrew Hodkinson**, Headteacher, West Oaks School, Leeds
- **Sam Barron**, DCO Northumberland CCG/Head of SEND Strategy, Northumberland County Council
- **Jonathan Trubshaw**, LGA Challenge Manager

The process

The peer team prepared by reviewing a range of documents and information, in order to ensure they were familiar with the Council and the challenges it is facing. Peer colleagues also undertook a review of selected EHCPs prior to the on-site work. The team then spent three days onsite at London Borough of Richmond upon Thames, during which they:

- Spoke to more than 80 people including: children and young people, parents and carers; the Chair of the Council's Education and Children's Services Committee; Council, Achieving for Children and Clinical Commissioning Group staff; commissioned service providers and individual practitioners across education, health and social care; and early years, school and college representatives.
- Gathered information and views from more than 37 meetings, visits, and additional research and reading. Visits included to special and mainstream schools at all of nursery, primary, secondary and post 16 phases.
- Collectively spent more than 250 hours to determine their findings – the equivalent of one person spending more than 6 weeks in Richmond.

This report provides a summary of the peer team's findings. It builds on the feedback presentation provided by the peer team at the end of their on-site visit on Thursday 3rd October 2019. By its nature, the peer challenge is a snapshot in time. We appreciate that some of the feedback may be about things you are already addressing and progressing.

4. Scope and Focus

You identified seven areas of focus for the peer challenge that were agreed at the beginning of the scoping process, which were:

- Quality of Education, Health and Care Plans
- Annual reviews
- Coproduction and engagement with parents and young people
- SEND support
- Strategic co-production and commissioning
- Effectiveness of transitions
- Effective communication with parents and young people.

These have been addressed through the five themes of the SEND Peer Challenge:

- Leadership and Governance
- Capacity and Resources
- Identification of children and young people who have special educational needs and/or disabilities
- Assessing and meeting the needs of children and young people who have special educational needs and/or disabilities
- Improving outcomes for children and young people who have special educational needs and/or disabilities.

5. Main Findings

Leadership and Governance

There is a clear governance structure to oversee and steer Richmond's work on SEND, led by the SEND Partnership Board (chaired / deputy chaired by the Council's Director for Children's Services and the Clinical Commissioning Group's Managing Director) and overseen by the Council's Health and Wellbeing Board. People participating in the Peer Challenge expressed confidence in the Board and that it is fit for purpose. The Board needs to be sustained so that the rekindled levels of engagement, particularly with parents, can be built on and used to deliver the agreed work plans over the next two to three years.

The Parent Panel is relatively new and was set up in early 2019 to address the absence at that time of a Parent Carer Forum (PCF). Parents and carers are in addition currently working with the national charity Contact (who are commissioned by the Department for Education) to re-establish a PCF in Richmond. The peer team recognised the passion and determination of the parents that they met with. Parents spoke eloquently about the improvements that they wanted in the system and demonstrated a willingness to become involved in providing solutions wherever possible. Engaging further with parents would enable them to tell statutory partners how they could be communicated with more effectively and how they could deepen their involvement in getting their children's needs met. It is crucial to develop this relationship further, so as to embed the momentum for change as parents consulted were keen for all children with SEND in Richmond to have their SEND needs met in Richmond.

It is helpful that parental representatives on the Parent Panel include those who have children being supported at SEN Support as well as those with children who have an EHCP. Parents expressed a desire for greater scrutiny of 'reasonable adjustments' being made in schools for children receiving SEND support.

There is a strong endorsement of the SEND priorities for Richmond by the Elected Members. The Education and Children's Services committee members are aware of the priorities and know what is trying to be achieved through the work of Achieving for Children (AFC). There is on-going work to heighten Members' level of awareness through development activities and briefings. However, the peer team believe that the scrutiny, accountability, tracking and monitoring of pupils receiving SEND support could be increased. There could be opportunities for this to be further developed as the knowledge base of the committee as a whole continues to increase.

The peer team recognised the leadership's awareness of the importance of the voice of the child by having the SEND conference opened and closed by a young person. This sent a strong message to those attending that this young person approach is vitally important to Richmond.

The leadership is aware that there are significant financial pressures around the High Needs Block. The peer team recognises that this is a challenge nationally and that Richmond has identified this as an issue that needs addressing locally. Parents spoken to recognised the additional costs of out of borough placements and the impact these

are having on local SEND resources. There was support for new local provision, like Capella House, a new 4-19 speech, language and communication school as it should reduce the need for placements outside the borough. Professionals indicated that several pupils who were previously accessing out of borough provision have now been able to benefit from increased specialist local SEN provision such as at Capella House.

Evidence was heard that joint commissioning means different things to different people. There was not a consistent understanding of what it was, how it was undertaken and how it will improve outcomes for young people. More work needs to be undertaken to ensure that staff and partners can buy into the process and are aware of the implications.

The peer team believes there is a need for greater consistency in the profile and awareness of the significance of SEND across some areas of social work in the borough. Whilst staff in the Disabled Children's Team were knowledgeable, in other teams that the peer team met consideration of children in need, child protection and children looked after was significantly higher than SEND. There is a workforce development requirement to ensure that all social care staff have the requisite understanding of SEND, and the SEND Reforms, and that this is evident in their work. This must include early help practitioners, the role of social care in contributing to EHCPs, and all those working with CYP on SEN Support.

There is a challenge for AFC to clearly and consistently explain a differentiated Richmond approach. Given that the delivery arrangements for SEND may cover both Richmond and Kingston upon Thames, staff need to be able to unambiguously articulate how the needs of Richmond residents are being met, particularly when being subjected to any external scrutiny or when responding to parents. Examples include the process around the transfer from Children's to Adult Services (which may be different between Richmond and Kingston) and access to speech and language therapy for children without an EHCP.

Some progress has been made on ensuring external views are gathered and the future direction of the service is consulted upon; particularly with those parents and carers who have a child with an EHCP. The consultation with parents of children with SEND who do not have a plan should be extended. More needs to be done to invite these parents into discussions and then to demonstrate how their views are being acted upon swiftly. Parents need to know how their child's needs are being met, especially where there is no formal EHCP.

The peer team received some evidence regarding the assurance and monitoring within the CCG in relation to the strategic oversight and governance arrangements for SEND. A programme of work is being progressed within the CCG to further improve the response for those children who are identified with SEND and will be shared with stakeholders. This will provide the opportunity for developmental challenges within the Education, Health and Social Care partnership and at the SEND Partnership Board.

Capacity and Resources

The peer team spoke with and were impressed by the committed and passionate AFC front-line workforce. These members of staff and the services they provide were appreciated by partner organisations and this was evidenced from the high degree of buy-back of AFC services in Richmond.

The Early Years provision in Richmond is impressive. There were visits to a number of locations and some good provision was seen, as well as hearing reports of good provision in other settings. Visits to 'Jigsaw' at Windham and Heathfield Children's Centre provided opportunities to listen to practitioners and observe the settings in practice. The relationship between providers and learning support services provided through AFC was explained and endorsed through the 'buy back' of services.

There was evidence of formal training programmes being made available to staff and partners including on Emotional Health and specific sessions on SEND being provided for school governors. Governor training for SEND was valued as was the SEND Futures conference. There was also evidence of training being made available within settings. Staff said that the offer was comprehensive and that they valued the opportunity to learn. Staff reported a range of events and initiatives, including the SEND conference and a variety of on-line content that was described as being of "*high quality*". There is a network of Special Educational Needs Coordinators (SENCOs), which provides opportunities for sharing good practice as well as supporting individuals with advice and development. From the evidence that was received this may have been stronger for those in primary schools compared with secondary school settings. There have been inclusion peer reviews between settings and this model was considered to have significant potential for continuously improving standards. This approach should be continued and actively supported. However, there was evidence from those in Health that more could be done to support specialist staff and to broaden the understanding of SEND within the wider workforce.

The co-location of SEND, early help and social care staff was seen as a strength, due to services being brought together in clusters, which facilitates increased multi-agency working. There was evidence of this in schools and Hubs, which helped to promote social inclusion locally. Where co-location works well this was seen as an opportunity to meet the challenge of meeting need within the borough, promoting inclusion and also could help address the cost of provision out of borough. Strathmore special school is an example of this inclusive commitment, which also highlights the capacity building within the Richmond SEND system. Strathmore School is located across three campuses, co-located with inclusive minded mainstream schools and they strive to "challenge every learner to become an active contributor to their community." Pupils in the mainstream co-located secondary school apply to be a volunteer inclusion partner (VIP) in year 9 and work alongside and help support pupils in the SEND provision thus promoting social interaction between the young people, building friendships and promoting inclusion.

From a funding perspective, the High Needs Block of the Dedicated Schools Grant continues to be a challenge. There are dedicated finance officers who are exploring ways of reducing expenditure. However, the initiatives that the peer team heard about, although worthwhile and good practice, will not fully address the gap between income

and expenditure. Discussions amongst stakeholders from across the system regarding ways to reduce expenditure continue, including how improved commissioning practices can reduce costs and how early identification and intervention can, in time, reduce demand for SEND services. The year on year increase in the number of EHCPs remains significant, although below the average across England. Some children's needs will be more appropriately supported locally, for example through the opening and expansion of Capella House, which will help reduce the number of children whose needs are having to be met at independent special schools out of the borough. The peer team noted the plans highlighted in the 'SEND futures plan' to increase the number of school places for children with SEND at specialist resource provisions in local mainstream schools; some 146 additional places. Whilst highlighting this financial challenge the peer team acknowledges that the Council is first and foremost committed to meeting children's needs and this is to their credit.

There is an acknowledgement that the notional funding going into schools is not ring-fenced and head teachers can choose how this is used. The challenge is to be assured that the notional funding is being used to meet the requirements of those individuals who are in most need. There are examples of good practice and schools could be encouraged to look in more detail at how they all support CYP with SEND, to challenge each other and then demonstrate that children are receiving the necessary support afforded by the funding available. The secondary school peer review has already begun this process. Opportunities for further discussion could be made available at Head Teacher forums, SENCO networks and alongside school improvement leaders, given the recent changes in the Ofsted framework.

Staff appreciated the support offered by Early Years Inclusion and Improvement Officers and requested that this be extended beyond Reception classes to older pupils. There is an opportunity to map need and to broaden support to where it continues to be required.

There was a clear message from the parents that met with the peer team that they want more support and advice from the point of referral. When first making enquiries about SEND families said that there was insufficient communication, that they have to navigate the arrangements around SEND on their own and it was a lengthy process. Once "in the system" access to information seems to be better.

There was an awareness amongst some of the families and partner organisations that a review of therapies was taking place. However, others said that they were not aware of the review or that they had not had sufficient opportunity to participate so as to have their views included and were not aware of when the outcomes were expected. More needs to be done to ensure that those affected by the SEND agenda are aware of developments and have adequate opportunities to make inputs into how potential changes might impact on them.

Identification of children and young people who have special educational needs and/or disabilities

The peer team heard strong evidence that the Early Years Inclusion Hubs were having an impact on raising awareness and support within the sector. Settings spoke of the

high levels of specialist training they had received and how this was being rolled out to staff within the setting and then made available to other providers. There was also strong evidence that the Early Years Inclusion and Improvement Officers were having an impact on the settings' ability to identify and begin to support children with SEND. There was evidence of highly valued training being delivered to staff in the Early Years Inclusion Hubs, which enabled nurseries to begin to provide support and intervention while services engage with the children and their families.

Another strong example of early identification of SEND need, support and inclusive practice was observed at Heathfield Primary School. The school for 600 pupils had a purposeful, caring, welcoming and inclusive ethos and worked closely and through a multi-agency approach with the nearby children's centre. The school employed a range of professionals and supported "keeping children in their local community where parents want them to be." Examples of good practice include the deployment of ELSAs (Emotional Literacy Support Assistants) to meet need and their resourced provision, the Willow Centre which provided places for 18 children with EHCP's alongside an integrated 4 place local hub for children with social, emotional and / or mental health (SEMH) needs.

The Educational Psychology (EP) service was valued by the staff that met with the peer team. The EPs support the identification of need and actively help to build the capacity within schools and Early Years settings. They were seen to be dynamic and engaged in work beyond the statutory parameters so as to make a difference on the outcomes for children. The EPs make suggestions that are appreciated by staff and this proactive approach should be further built upon.

There was continuing investment in the Local Offer, which was seen as positive and more inclusive, and this should be continued. They also recognised that the national term 'Local Offer' may not hold much resonance for local parents and more needs to be done to promote what is available and how information can be accessed. Some of the parents that we met said they found the Local Offer difficult to navigate with some giving up and trying alternative ways of accessing information. Developing Parent Champions who can explain and help others find the information that they need both engages parents and carers and is an effective way of promoting what support is on offer.

It was noted that EHCPs were completed within statutory timescales, and at a rate significantly higher than the national average. It is also acknowledged that there is ongoing investment to ensure this continues. It was noted that there have been gains made in the quality of the EHCPs, particularly in relation to the 'golden thread' running through plans. Suggested areas for development include reviewing the quality of outcomes within the education, health and social care advice submitted to the SEN Team and consideration of how many outcomes should be in the final plan. Parents interviewed expressed a need for continuity of caseworker when managing the EHCP process.

The Single Point of Access (SPA) is well regarded and valued and this message was consistently expressed by colleagues during school visits and in discussions with the SENCO focus group. AFC staff were knowledgeable and could signpost the level of support and agency that needed to work with the stakeholder.

It is important that Richmond delivers a full Healthy Child Programme, which could include a more fully integrated health check at two and a half years. The peer team acknowledges there has been a period of change, both within Public Health and with the provider of the service. However, the key role the integrated health check could have in promoting early identification of SEND within a local area is important. It is recommended that Public Health commissioners review the existing Healthy Child Programme offer with their provider to ensure it is able to support the effective early identification of SEND.

Richmond needs to be assured that the advice and support available around implementing a graduated approach/continuum of provision for SEND is effective. This includes the provision of therapy support at SEN Support and is relevant to the current review of therapy provision. Parents are aware that in certain respects the current offer within Richmond is less favourable than that in other boroughs.

The peer team acknowledges that there is a national increase in the prescription of EHCPs, but Richmond still needs to analyse why the local increase is happening and ensure that resources are matched to identified need. Some services cannot be accessed for school aged children and young people unless there is an EHCP in place; for example, Speech and Language Therapy and Occupational Therapy. This is likely to have an impact on the demand for EHCPs. There is a need to ensure there is equity of access according to need and not EHCP status. Increasing support and intervention at SEN Support for all needs will positively influence educational outcomes for pupils and develop confidence in a system that is child focussed rather than system focussed.

There is a clear understanding of the importance of the 'Tell It Once' approach. The Integrated Team Around the Child (ITAC) for pre-school children where families met all the professionals supporting their child, promoted this approach. However, more needs to be done to explore how this can be achieved for school age learners. One young person said, "*You have to explain your whole health history over and over*". There needs to be a clearer interface and exchange of information between specialists so that a holistic system develops that provides a seamless service for the user and is not just for the benefit of the administrators.

Cross-phase SEND networks need to be strengthened, particularly when young people transition into adult services. There were examples earlier on in the child's journey, where information and support were effectively transferred between those providing services. Issues became more apparent the older the child became and particularly what happens as they move into Further Education and beyond.

The peer team visited Richmond upon Thames College where a focus on developing independence amongst post 16 and post 19 learners was encouraged. The supported learning programme at the college identified a reduction in learning support hours and the safety net that it provided to better prepare the young person for adulthood. The learners were supportive of this approach as one young woman confirmed, "*sometimes you have to step outside of the net.*"

Some schools and providers gave a few examples of specialists giving advice without actually seeing the child. Although these were expressed as minor concerns,

assurance needs to be maintained that advice and support is evidence based and is accurately aligned to the specific outcome needs of the child. More could be done through supervision to ensure a consistent approach is applied across the system.

Assessing and meeting the needs of children and young people who have special educational needs and/or disabilities

Evidence was seen that there is effective work being undertaken by the Integrated Team around the Child for pre-school children with SEND, so much so, that sessions at children's centres were now split into am/pm sessions to accommodate more numbers and meet demand.

The children's centre visited and the staff interviewed gave an overview of multiple programmes for parents being held at the centre, which included positive parenting, paediatric first aid, health reviews and well child clinics. The children's centre programmes were complemented by their child development and school readiness programmes, including; stay and play, mini movers, speech and language sessions, tiny talk, singing hands, little explorers, etc. The children's centre networks provide a strong support for parents and carers, clearly signposting activities and early identification of SEND support for the local Richmond community. An example of more targeted work was the Little Explorers Programme, which identified and then provided support for parents who struggled with their children during the universal stay and play provision. This enabled a tell it once approach from the family and also provided contact with all health services supporting the family, with the provision of an integrated joint report.

The redesign of the Autism Spectrum Disorder pathway is leading to a reduction in waiting times. This was significant because there was evidence that the redesign had come about through coproduction and illustrates the benefits of effectively working with others. There is also benefit in being seen to be jointly working on solutions and this approach could be adopted more widely were other issues need to be addressed.

In some of the EHCPs that the peer team reviewed the children '*jumped off the page*', with clear descriptions of who they are and what they need to achieve. Some of those writing in the EHCP clearly have a developed skill that enables them to gather and clearly articulate the voice of the child and their aspirations. Where this is recognised these should be shared as examples of good practice as a way of helping to continue to improve the quality of EHCPs.

Direct evidence was heard from young people about their positive experience of living in Richmond. They said that they liked the environment, both social and physical, of the Borough and that it was a place where they felt safe. They also spoke of the improving vocational and work opportunities that were given to them, particularly as they got older (16-25 years). The peer team was aware that there is an increasing multi-agency focus on creating these opportunities and that this is welcomed.

There were some examples heard that speech and language or occupational therapy are not consistently available at SEND support. How resources are allocated and continue to be available during the child's journey needs to be monitored to ensure

appropriate levels of support are delivered where need is identified. Where these change these need to be explained to parents and carers so that expectations are addressed, and the child's intended outcomes continue to be achieved.

It was understood that the therapy review was near to completion and being readied for publication. They also heard that there was a high level of expectation, particularly from parents, that actions will follow the publication. There is a great opportunity to coproduce the solutions arising from the review and these should be rigorously pursued.

Monitoring systems for SEND support need to actively include partners. Parents and carers of children with SEND are very active and articulate in Richmond and more could be done to ensure that their views are adequately recognised in the monitoring arrangements that are in place.

There was concern that some of those from Social Care whom the peer team met could not clearly articulate outcomes in the context of SEND. This needs to be addressed as part of wider SEND focused continuous professional development for the social care workforce. It was clear that work within the Disabled Children's Team in relation to SEND is stronger than those in other Social Care teams. Consideration needs to be given on how to establish a consistent social care response to SEND across teams and workforce development. More could be done to ensure that the quality of advice, expressed in outcomes, is consistently provided.

There is a need to raise the profile and impact of the SEND Information, Advice and Support Service (SENDIASS). The independent view offered by SENDIASS is valued by parents and carers and more capacity is required to enable effective signposting to the services that are available. This would help build parental confidence.

Little evidence was seen around the up-take of personal budgets / direct payments. It might be useful to have evidence readily available so that it can be provided for external scrutiny when required. This could also link to developments in the Outcomes Framework so that information is presented in one place.

There was clear evidence from parents of the challenges that they face being on their own in the home and the experiences they face with children who have emotional health needs. When they are dealing with a child who may be suicidal or who presents with challenging behaviours, they said that they need empathy and understanding from those who are there to support them. Parents and carers recognise the support they get from charitable groups, and their own networks of family and friends. They also highlighted the need for compassion in the way in which they are dealt with by those wider networks offered by SENDIASS and professionals.

Improving outcomes for children and young people who have special educational needs and/or disabilities

The peer team recognised the outcomes that Richmond has already achieved and acknowledged that there was a level of awareness about this. These included; the strong education performance in Richmond compared to nationally of children and

young people on SEN Support and with an EHCP. In Richmond CYP attain and progress better than peers nationally across all phases with a high percentage of these attending a Good or Outstanding school (92%) and 100% of children in the care of Richmond attend a Good or Outstanding school. There are good systems in place to monitor the progress of children in care from the Virtual School and partner agencies. There is clearly strong data available and this should be celebrated. There is a challenge to ensure that those Richmond children who are out of Borough are treated in the same way as those who remain within.

The peer team met with health leads and heard about joint working practices that are in place, those being developed around training to schools and the positive commitment towards working together across the system. There is a need to increase the knowledge of healthcare professionals around SEND and their role and responsibilities so that it is consistent across the health system and across its providers.

Although it has been recognised there have been a number of personnel changes throughout the system in the recent past, the newly appointed Designated Clinical Officer has quickly established priorities and a robust work plan is now in place. This plan reflects: the development areas noted by the peer team in relation to workforce development; developing and embedding a quality assurance framework for the provision of quality outcomes and health advice; and increasing the health contribution within the EHCP and annual review process.

There is local area agreement of the key performance indicators, which will be used to provide assurance through an Outcomes Framework. This needs to be driven forward with pace and published so that staff are made aware of it and can use it to demonstrate the impact that their work is having. There was some inconsistency in individual staff and team's ability to articulate outcomes and impact of support.

A small sample of EHCPs (most of this was undertaken before the on-site work) was undertaken and some of these EHCPs were very well written, with the Golden Thread from the child's and parents' views, through to professional observation and outcomes, of a high standard. However, there is a need for managers to be assured that a consistently high standard is maintained across all EHCPs, so there is confidence that they meet individual need, are fit for purpose and will stand up to any external scrutiny.

Although there is work being undertaken to prepare young people for the transition to Adult Services, which begins in Year 9 through "Next Steps" interviews, there was some concern expressed that this does not start as fully as it might until the person is 17 years old. Some had experienced uncertainty around future destinations and this had caused anxiety about what was involved in the transition. More needs to be done to communicate with the young person and their family about what will happen to them and for this process to start earlier so they can become accustomed to any new arrangements.

The process of Annual Review could be strengthened so that all up-dates happen in real time to accurately reflect the child and the services that they need. This would ensure that the picture provided correctly represents the person now and not what they needed in the past or when first assessed.

6. Next Steps

We hope that you will find the above findings to be a considered and true reflection of the discussions we had with you, your staff, your partners and families in Richmond. You and your colleagues will now want to consider how you can incorporate the team's findings into your ongoing planning. Relevant details are included below should you wish to access further support via the LGA.

For further improvement support you can contact the LGA's Principal Advisor for London: Kate Herbert, Mob: 07867 632404 Kate.Herbert@local.gov.uk or the Children's Improvement Adviser for London: Jane Humphreys, Mob: 07788 566808 jhsconsultancy@gmail.com

Once again, thank you for participating in this review and please pass on our gratitude to everyone involved, particularly Debbie Taylor and Ashley Whittaker for their preparation work for the challenge.