



Developing a multi-agency outcomes framework for supporting children and young people with SEND and their families in Kingston and Richmond

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Objectives

To bring together key stakeholders across education, health and social care with responsibility for SEND and parent carers representatives to:

- Learn from existing examples of outcomes frameworks and how these have supported commissioning, service delivery and measurement of impact;
- Agree a draft set of high level outcomes for all children and young people with SEND and their families in Kent;
- Develop a shared understanding of how a new outcomes framework will support commissioning, practice and impact measurement and next steps to achieve this.



Draft high level outcomes for Kingston and Richmond

Attendees discussed the examples of existing outcomes frameworks provided and pooled suggestions of high level outcomes statements for Kingston and Richmond.

CDC then themed this long list of suggestions and facilitated a plenary discussion on simplifying the suggested themes.

Opportunities for further consultation on these themes were then discussed. The full list of suggestions and the 'tidied up' version of the statements can be found on the following slides.

A number of principles underpinning the outcomes framework were also identified.



Full list of draft outcome statements

Aspiration

- Be useful
- I will reach my potential
- I would like to be able to work and contribute to society
- I can control my life
- Be ambitious and achieve the best I can
- I would like to be able to reach my potential
- Be educated and informed
- Be the best I can be
- I can celebrate all my achievements
- I can achieve my ambitions
- "I wanted to do my DofE but it wasn't allowed because they thought I couldn't"



Full list of draft outcome statements

CYP voice

- I can ask questions and get answers that make sense
- I can express a preference/have a say in my targets/goals
- Be understood
- I am heard
- I have a say in my goals
- I can access all the learning that my peers can
- Be believed
- I would like to be socially included and respected
- I would like to be listened to and heard
- Understand me
- Be included and involved
- Life isn't always easy but I/we know how to ask for help
- Voice of the young person- where's the child?
- I will be able to tell someone if I am not happy



Full list of draft outcome statements

CYP voice continued

- I would like to be communicated with in a way I understand/without jargon
- Be heard
- CYP can make choice/have primary voice in what they want
- My voice matters
- "Accept our ideas/opinions, even if they are different from your own"
- "Involve us in decisions that affect us"
- I would like to understand the process of getting the support I need to achieve
- I have the opportunity to give feedback on therapy
- I can say what is important to me
- I am listened to and people hear what I have to say
- "Even if we can't speak, we can communicate our needs"
- "Listen to children- it's all about the child, not about you"
- I can part of discussions when decisions are made about me
- I tell my story once
- As I grow up I understand what my options are
- "Listen to us and let us know you're listening"

Full list of draft outcome statements

Family resilience

- Family wellness/wellbeing
- The people who love and care for me are well supported to help us be as independent as we can be
- I will be able to cope when I leave school



Full list of draft outcome statements

Fun / happy

- I would like to have a fun childhood
- I want to feel happy at home, at school and in my community
- Have fun



Full list of draft outcome statements

Health and wellbeing

- Be healthy and well
- I will learn to be resilient
- I would like to feel resilient to manage the challenges life presents
- I would like to know how to make healthy choices
- I have the skills to support my own emotional wellbeing so that I am resilient



Full list of draft outcome statements

Independence

- I would like to become as independent as possible
- I would like to feel confident
- I am in control of my life
- I feel I belong



Full list of draft outcome statements

Safety

- I would like to feel secure and safe
- I am safe, and my vulnerabilities are understood
- I am safe **OR** I feel safe
- I feel safe at school



Full list of draft outcome statements

Valued and included

- I can make friends
- I am able to have friendships
- I am uniquely me
- I would like to feel accepted
- I would like to be valued for my strengths
- Be cared for
- I value myself and others value me
- Be accepting
- I belong (identity, connectedness, place in the world, place in the community, I'm valued)



Full list of draft outcome statements

Valued and included continued

- Be relevant
- Be kind
- “Don’t make assumptions about us”
- Be purposeful in the community
- Be considered
- I would like to be valued by society
- I am a valued member of my family and community
- “Sometimes I feel like a problem that needs to be solved (don’t make me feel like this)”



Full list of principles outlined

The following principles were noted:

- Solution focused
- Flexible services
- Be practical
- Timeliness
- Honesty
- Knowledge sharing
- Trustworthy professionals
- Right to education/learning
- I can get the help I need when I need it
- It doesn't matter where I live!
- When you need us we will be here- messaging
- I can access my therapy under one roof
- My environment suits my needs
- "Get to know us"



Full list of principles outlined

Principles continued:

- “Tell us what’s going to happen and why- this makes us less anxious”
- I can choose between a range of opportunities to celebrate my strengths
- Be curious
- “We learn about Vikings, but how’s that going to help us?”
- “Give us information we understand”
- “Understand our rights”
- “Introduce yourselves to us”
- I know who my ‘go-to’ person is
- I have trust that professionals are there for me



Agreed outcome statements

List of high level outcomes agreed at the workshop

- I am listened to and people hear what I have to say
- I am safe and my vulnerabilities are understood
- I am as healthy as I can be
- I would like to be as independent as possible
- I am ambitious and achieve the best I can
- The people who love and care for me are supported

The above outcome statements were those which received the greatest number of ticks besides them, as attendees were asked to select the outcome statement for each category which they felt best encapsulated the needs of the children and young people in the area.



Group discussion 1

Following the theming exercise, CDC facilitated a discussion around the agreed outcome statements. Some key points and agreements below:

- Attendees agreed on the need for simple language across all statements
- Statements around 'happiness' were discussed and the need for this questioned, due to the transience / subjectivity of happiness. Moreover it was cited that having friends doesn't equal happiness for everyone. **The room therefore agreed on a provisional 'no' to a separate happiness category**
- I am/feel safe- clinical definition may differ from a child or young person's perception
- Physical health- what does it mean to be healthy? (Deteriorating condition)
- **'I am as healthy as I can be'** agreed as the most applicable statement on health, with indicators on emotional and physical health to sit beneath
- Use of the word 'resilience' was subject to some questions around its usage, **K&R agreed to take to children and young people for consultation**
- CYP quotes around learning **agreed to be moved to principles**



Plenary – current/existing and planned work, and 'quick wins'

CDC then facilitated a whole group discussion around the following questions:

- 1. How do current programmes of work support the draft outcomes?**
 - 2. Is there any new work planned that can align to this?**
 - 3. Are there any 'quick wins' to support this work?**
- AfC-CCG Therapies review: currently rewriting KPIs and contracts-; outcomes work is timely to added SLT, OT, Physio/CCG investment in K&R
 - The draft outcome statements were highlighted to broadly map onto NHS outcomes and those used from a health commissioning perspective;
 - Early intervention; ensuring early access for schools' identifications of SEN
 - Virtual outreach service- referral framework, QA mechanisms
 - EHC Plans highlighted as often education heavy – to be addressed at further CDC training on EHCPs and Outcomes, 31 March 2020
 - Outcomes statement work feeds into action strategy; need to connect a shared outcomes language with this



Table-top activity – Evaluating the outcomes

In groups, attendees were then asked to evaluate the agreed outcome statements with respect to the following questions:

- 1. How will we know we are achieving the outcomes?**
- 2. What will success look like from different stakeholders' perspectives?**
(CYP, Parent, Practitioner, Strategic)
- 3. What are the indicators?**

Attendees were given the opportunity to evaluate all outcome statements.

The findings for each outcome statement are on the following slides.



I am listened to and people hear what I have to say

Child

- Asking them this question in an accessible way;
- CYP included in conversations/decision making around their care- don't pressure a child's consent
- **Indicator:** Thinking about what it would look like if a child wasn't listened to: displaying signs of being angry/frustrated/withdrawn/less calm/powerless

Parent/family

- Asking their best hopes from the service, scaling this and revising over time (solution focus scaling)

Practitioner

- Training- to understand the child's voice, i.e. non-verbal
- A child's voice being recorded
- Nonverbal- agreed need to identify how these CYP communicate

I am safe and my vulnerabilities are understood

Child

- 'I feel safe- rate 0-10 (0 unsafe, 10 safe)', individual plans for each child; Highlighted issue- how to get this from non-verbal CYP?
- People understand me. People understand what is helpful and what is not.
- CYP supported to make informed choices and take 'appropriate' risks.
- People ask if CYP is safe.

Parent/family

- Child's behaviour.
- Parenting being included in plans.
- Support is available when needed- when parent raises concern (signposting if 'thresholds' are not met).
- There is a shared understanding of CYPs vulnerabilities.



I am safe and my vulnerabilities are understood

Professionals

- Fewer crises
- Information sharing
- Understanding contextual risk
- Confidence that there is a shared understanding of CYPs needs



I am as healthy as I can be

The following indicators were identified for children, young people and their families, in terms of 'I' statements:

Child:

- I don't have to go to lots of appointments/hospitals;
- I can leave my bed/room/house- go to school/educational establishment;
- I can participate in things I want e.g. family life, social activities (for children in care @ reviews; otherwise there are gaps in measuring this);
- I can manage stressful situations, I can cope with change;
- I can ask for help if I need it;
- I can access support/help and it makes a difference (feel this);
- I am able to access a healthy lifestyle.



I am as healthy as I can be

Parents/carers

- I can work/socialise!
- I am confident my child is looked after
- I know where to go and can access the system
- I can sleep
- I can cope/manage change and challenges
- I am informed/aware of the journey and potential destination
- I am accepting and 'at peace'
- Practitioner/professional: accessing school/educational provision-making progress
- Feedback is provided- positive and negative
- As independent as possible- able to access all life opportunities
- Happiness
- Engaged
- Confidence
- Energetic and enthusiastic



I would like to be as independent as possible

Children and young people

- Feeling empowered;
- Able to travel more independently;
- Trying new things/experiences;
- Requiring less adult support (communication aides, self-care/ADC);
- Making their own decisions and can voice them;
- Having the necessary life skills to live independently;
- Children understanding themselves, their skills and their abilities.



I would like to be as independent as possible

Family, support system around child

- The young person has the life skills to live as independently as they can;
- The young person supports themselves financially;
- This child knows where to get support when needed;

Professional

- Child communicates their needs effectively;
- This child has less professional involvement and uses learnt strategies which they can generalise in all situations;
- This child accesses services in the community and has a social network.
- Reduction in EHCP provision and therapy provision



I am ambitious and achieve the best I can

Child

- I can access community resources;
- I can speak to who I need to speak to about my ambitions without feeling judged;
- I have access to learning opportunities which will help me to work towards my ambitions;
- Those who I love and care for have access to learning opportunities which will help me to work towards my ambitions.

Parent/family

- My child has fulfilled their educational potential;
- My child has fulfilled their ambitions and feels fulfilled.



I am ambitious and achieve the best I can

Professional:

- Start with CYP's aspirations and ambitions;
- Assessment that includes strengths and needs;
- Professionals working together to collectively work towards helping CYP meet their ambitions and learning from one another.



The people who love and care for me are supported

Child

- More quality/enjoyable/positive time;
- Children and young people living at home;
- More 'community' activities available;
- Feeling safe and happy;
- Children not feeling like the 'root of concern';
- Risk of emergency placement need;
- Local offer



The people who love and care for me are supported

Family

- Timely response to queries, families/carers/advocates being offered adequate, appropriate support that meets needs of individual family;
- Being well/social networks;
- Access to support when needed (responsive);
- Provision of practical advice and intervention- empowerment, choice;
- Consistent offer of support to siblings (including young carers);
- Reducing risk of school placement breakdown and challenges at home;
- Access to carers groups with opportunities to meet other carers.



The people who love and care for me are supported

Practitioners

- Reduction in children looked after;
- Support adults, family, advocates knowing routes for support;
- Reporting a reduction in stress;
- Improvement in retention;
- Reduction in crisis;
- Engagement with families- more positive cycle (reduction in complaints), more effective relationship building with CYP and families;



Table-top activity – Evaluating existing data and gaps in data collection

On the same flipcharts, attendees were asked to evaluate what success looks like from different stakeholders' perspectives – the indicators for these outcomes – and were then asked to evaluate the following:

- 1. Is there data that exists already to support the measuring of Kingston and Richmond's progress towards these outcomes?**
- 2. Are there are gaps in data that will help us measure our progress towards these outcomes in Kingston and Richmond?**



I am listened to and people hear what I have to say

Data sources

- Profs attendance at meetings
- Record-action-measure
- Partially with QA framework
- Feedback forms in place, but need development
- Online forms- one to one meeting, paper forms
- Quality Assurance- EHC Plans & AR

Gaps / areas for development

- Wishes may be recorded, but not reflected in EHC outcomes
- Feedback forms require development



I am safe and my vulnerabilities are understood

Data sources

- Quality Assurance- EHC Plans, Annual Reviews
- Multi-Agency Public Protection Arrangements (MAPPA)
- Children Missing in Education data
- Social care reports/family support
- Signs of safety
- Training courses
- Safeguarding training attendance data
- School's safeguarding audits

Gaps / areas for development

- All three areas need to have a shared vision with re to statement meaning
- Would SPA have data as their contacts- type etc?



I am as healthy as I can be

Data sources

- Speech and Language Therapy (SLT) have friends and family cards
- LAC medicals / health assessments

Gaps / areas for development

- Advocacy service list- missing at the minute
- Asking parents via 360 / school evenings etc.



I would like to be as independent as possible

Data sources

- Independent travel training, annual review, LAC reviews
- Children in Care Council, 'My Say' survey
- SENCO/school info
- Education/employment systems
- Money advice service?



I would like to be as independent as possible

Data sources cont.

- Way2Work (guidance, recruitment, apprenticeships) - 14-19 service
- Pathway plans- LAC reviews
- Child health records
- CCG / council data i.e. education, youth service, children centres etc.

Gaps / areas for development

- Gap in collation of reduced provision / increase in therapies data
- Feedback from CYP- who takes responsibility for this?
- Who records the child's voice?
- Measuring impact better in therapies, GAS scores... but need more specialist info
- Asking the parents the recording gap



I am ambitious and achieve the best I can

Data sources

- In school's data? SEN2?
- Data and impact on training sessions: therapies, EPs etc
- Case studies around joint working at the individual level
- Integrated team data

Gaps / areas for development

- A lot of the indicators highlighted apply only if the CYP has an EHCP
- Survey on parent satisfaction? SPA, feedback forms?
- Proposed action: to create framework for adding pupil voice in to SEN support review



The people who love and care for me are supported

Data sources

- LAC data- no's of CLA
- EHC data

Gaps / areas for development

- NHS / LA grants for commissioned community activity- impact data
- More feedback forms? Map out those in existence?



Plenary discussion– Evaluating existing data and gaps in data collection

As a whole group, attendees fed back key points on the discussions around data that took place. The following points and actions were noted and agreed as a group:

- Feedback collection was cited as a key point of concern, notably reducing the 'death by survey factor' whilst recording the essential views of CYPs and parents/carers. **ACTION:** Achieving for Children (AfC) to map out engagement activity across K&R, which needs to be extended to health partners;
- In regards to requests from families to access crisis services, there was a highlighted need for measurements earlier on than the onset of crisis;
- **Potentially useful SLT measure:** Solution-focussed scaling with families (0-10): this format can be applied to CYP without EHCPs
- SLT also using TOMs- 5-point scale across 4 areas including family wellbeing (CDC to share resource)



Action planning

All attendees participated in a facilitated conversation around agreeing the next steps and assigning responsibilities among colleagues in Kingston and Richmond.

The following actions were noted:

- Alison Stewart and the local area to take the agreed outcomes to PCFs, 25th and 30th March
- Anna (AfC) to explore outcomes work with school improvement partner
- K&R's CYP Participation Lead to look at capacity/opportunities for consultation w/ CYP
- Local area to explore drawing PfA and overarching outcomes together, or using PfA outcomes to inform the universal outcomes framework



Action planning

The following post-consultation actions were noted:

- Alison and Anna to take to SEND Partnership board to ensure sign-up for this outcomes work at a strategic level
- Use the Therapies Review to identify some shared KPIs (as in Camden)
- Alison to propose further detail around SEND Risk Register and invite attendees to form working group
- AfC to map what engagement activity is happening and extend to include Health partners
- **Comms activity:** Need to cascade today's discussion more widely, and frame this in terms of 'confirm and challenge' to external stakeholders; VCSE representation on Partnership board- their voice is key;
- K&R to hold a **6 month check-in after today's meeting**
- Proposal to hold an Outcomes Framework Launch Day once finalised



Action planning

Actions cont.:

- **Data:** Julia (SEND Partnership Board) highlighted as a key individual to help tie in this work in with National NHS Datasets;
- Alison to follow up CCG performance measures work with NHS
- AfC highlighted the need to review the Universal Form to identify health elements to be included in this data capture
- CDC to continue supporting this work in 2020/21 contract year



Thank you!

