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DERBYSHIRE County Council

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PUBLIC

To: Members of Improvement and Scrutiny Committee - People

Tuesday, 29 October 2019

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - People** to be held at **2.00 pm** on **Wednesday, 6 November 2019** in Committee Room 1, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

Janie Berry

JANIE BERRY
Director of Legal Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1.   Apologies for absence

        To receive apologies for absence (if any)

2.   Declarations of Interest

        To receive declarations of interest (if any)

3.   Minutes (Pages 1 - 4)

        To confirm the non-exempt minutes of the meeting of the Improvement and

Scrutiny Committee – People held on 04 September 2019.

PUBLIC

MINUTES of a meeting of **the IMPROVEMENT AND SCRUTINY COMMITTEE – PEOPLE** held at County Hall, Matlock on 04 September 2019.

PRESENT

Councillor G Musson (in the Chair)

Councillors L Chilton, J Coyle, C Dale, J Frudd, R Iliffe, P Murray, D Taylor and J Twigg

Apologies for absence were submitted on behalf of Councillor R Flatley

There were no declarations of interest.

21/19 **MINUTES RESOLVED** that the minutes of the meeting of the Committee held on 18 July 2019 be confirmed as a correct record and signed by the Chair.

22/19 **PUBLIC QUESTIONS** – none received.

23/19 **EXPERIENCES OF USING HEALTH AND SOCIAL CARE SERVICES IN DERBYSHIRE (HEALTHWATCH DERBYSHIRE)** The report, presented by Helen Henderson-Spoors from Healthwatch Derbyshire summarised themes that had emerged from comments received on experiences of using health and social care services in Derbyshire between January-September 2018. The comments were collected in a number of different ways, for example, through engagement activity, emails, and telephone conversations, online and by post.

It was important to note that some areas had fewer comments due to the fact that engagement was focused primarily in more rural areas and also it was not within the remit to cover the city area, as there was a Healthwatch Derby who covered this area.

There were several themes that were either common to, or were different between places. These included:

- Long waiting times for a range of mental health support services and mental health professionals in the community
- Many people experienced loneliness which was sometimes, but not always linked to a lack of transport and rural isolation
- Difficulty knowing what services were available in the local area because in part of a lack of up to date accessible information

- There were many examples of repeat visits to a GP, and/or repeat attendances at A&E when people felt that their condition had not been sorted/resolved adequately at earlier visits

Based on the topics raised by patients in Derbyshire, Healthwatch Derbyshire recommended that the Place Board took account of the themes relating to the eight 'Places' in Derbyshire and this be used to inform the work that followed in each place and to ensure this was embedded in planning and strategy.

RESOLVED to note the report.

24/19 **SAFEGUARDING CHILDREN IN DERBYSHIRE – HOME TO SCHOOL TRANSPORT**   In November 2018 the Committee began work on a review of the policies in place (in Derbyshire) to safeguard children in Home to School Transport.   Shortly afterwards, in February 2019, the Government launched a consultation on statutory guidance for taxi and Public Hire Vehicles (PHV) which focused on measures to protect children and vulnerable adults from harm when using these services. Consequently, work on the scrutiny review was paused. The national public consultation exercise had now been completed and the Department for Transport was considering the responses. Furthermore the Government had stated that it would bring forward legislation to introduce national minimum standards for taxi and PHV licensing when time allows.

An unintended consequence of the ongoing Brexit debate in Parliament is that the introduction of some legislation had been delayed. Therefore it was proposed that rather than wait for new legislation on taxi and PHV licensing to be enacted and for the guidance to be formally adopted, the Committee should resume its work on scrutinising the measures in place to safeguard children and vulnerable adults using taxis and PHV services.

A working group was to be arranged in the near future to start the review of the policies in place (in Derbyshire) to safeguard children in Home to School Transport. A number of Committee Members had volunteered to attend.

RESOLVED to (1) agree to the resumption of the review of policies in place to safeguard children in Home to School Transport and the revised scoping report; and (2) appoint Members of the Committee to the review working group.

25/19 **REVIEW OF THE DERBYSHIRECARE LEAVERS OFFER**   The next phase would be to share the information gathered with Committee Members to read before the next working group was held. This working group was to be arranged following the transport working group meeting to ensure all Members were available.

The review was still in the information gathering stage, with a lot being gained during the August break.

       RESOLVED to note the update.

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Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12noon three working days before the Committee meeting (i.e. 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.
Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:
• Exceeds 200 words in length;

• is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;

• is defamatory, frivolous or offensive;

• is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or

• requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (i.e. 5pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).
It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE - PEOPLE

6 November 2019

Report of Strategic Director – Children's Services

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) STRATEGIC REVIEW

1. Purpose of the report

To inform the committee of the outcomes and recommendations of the Special Educational Needs Strategic High Needs Review undertaken between September 2018 and May 2019.

2. Information and analysis

The Children and Families Act 2014 introduced changes for Local Authorities and their partners with regard to how children and young people with special educational needs and disabilities are assessed and supported. The Act is supported by a revised Code of Practice for Special Educational Needs (SEN), published in August 2014. The principles underpinning this Code of Practice make clear that local authorities must have regard to

- o The views, wishes and feelings of the child or young person, and the child's parents;
- o The importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions;
- o The need to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.

Derbyshire actively responded to the requirements specified in the Act with developments overseen by the Local Area SEND Strategic Board. Key actions included the development of the Local Offer, establishment of the SEND Commissioning Hub, development of person centred planning and the instigation of Locality SEND Teams.

In November 2016 Derbyshire had its Joint Local Area SEND Inspection undertaken by Ofsted and CQC (Care Quality Commission). The inspection report noted among many strengths, that leaders had taken effective account of the reforms; that colleagues across the local area are working more closely together to support young people with SEND; that the local area has a very good understanding of how effectively it identifies and meets the needs of young people with SEND; that local area leaders understand the challenges of implementing the reforms and that stakeholders from across the local area are well represented and their voices are listened to. The inspection also highlighted a number of areas for development which have been captured in the SEND Strategic Plan, and actions taken forward and progress monitored.

In 2017 the DfE allocated funding to Local Authorities to carry out a strategic review of high needs provision. The funding could also be used to help implement the outcomes of the review with Local authorities expected to publish the outcomes of the reviews in the form of strategic plans.

The Council had already undertaken elements of development in this area, working as a Local Area and involving partners from across agencies. However, this presented an excellent opportunity for the Council to create the capacity to undertake a comprehensive review of High Needs Provision in the Local Area, building on this work, and to make recommendations to further inform the Local Area Strategic Plan. This was timely, with the review to be undertaken two years on from our Local Area inspection.

The overarching aim and outcomes in our Local Area are that:

1. The Local Area provides the opportunities for children and young people with SEND to achieve the best outcomes they can.
2. The Local Area ensures that children and young people are achieving as well as they can in their own communities wherever possible and are able to live as independently as possible.
3. The Local Area ensures that young people are best prepared for adult life and that there is support and services to aid transition.

Whilst guaranteeing that we:

- Ensure the best use of public funding and the best use of wider resources.
- Have sufficient provision, both in terms of services and capital to identify and meet the needs of children and young people with SEND in Derbyshire 0-25; that this is flexible and able to meet changing needs.

The recent Newton Europe work, which, alongside the specific Adult Care opportunities, looked at the lifetime disability pathway for young people into and throughout adulthood, found opportunities to improve outcomes from an earlier age. ISOS, who were commissioned to undertake our SEND strategic review, were asked to liaise with Newton Europe, in order to inform those

parts of the ISOS report that reflected operational practice and strategic direction within SEND across all three agencies of education, health and care.

The Review

The SEND Stakeholder Group which includes parent and carer representatives were involved in the initial scoping work for the review. There is an expectation that a wide range of stakeholders including children, young people, parents, carers and service staff from education health and social care are closely engaged with the work and part of the co-produced response to the review.

Delivery

Given the scale and scope of the project, it was considered that there were not sufficient resources in-house to deliver this review thoroughly. Through initial scoping work with stakeholders, there was a clear preference to have an independent assessment, analysis and recommendations made using an external organisation who could undertake this work on an impartial basis.

Through a robust tendering process the ISOS partnership were secured to facilitate the Strategic Review.

Strategic Review, Findings and Recommendations

Approach

ISOS commenced the review in September 2018 and progressed through three main stages outlined below with regular reporting back to the SEND Strategic Board, SEND Stakeholder Group and stakeholders more widely.

The scope of this work, and the definition of "high needs", included children and young people aged from birth to 25 with SEND, both with statutory education, health and care plans (EHCP) and non-statutory SEN support, and those requiring additional inclusion support or alternative provision (AP).

The review had a strategic focus. The purpose of the work was not to judge or evaluate the quality and operation of any specific service, provision or process. Instead, the aim was to provide an objective and evidence-informed perspective on how the current continuum of support, services and provision for young people with high needs in Derbyshire was working and to help to shape an overarching strategy for developing an effective strategic approach to supporting young people with high needs in the future. To do this, the review sought to:

- gather evidence and views on the current needs, trends and likely future demand for support, services and provision for children and young people with SEND;
- shape options and recommendations for meeting the needs of children, young people and families in Derbyshire in the future; and

- work collaboratively, iteratively and in a spirit of co-production with partners and stakeholders to identify and agree solutions to meet current and future needs, in order to achieve good outcomes for children and young people in Derbyshire.

The review was undertaken in three distinct phases. The first phase focused on building up the evidence base for how the local system was operating, what were the keys strengths and where there were areas that required strengthening. This involved gathering a range of quantitative evidence and qualitative feedback through analysis of published data, online surveys, and workshops with young people, parents and carers, and professionals across education, health and care services. The second phase focused on testing this evidence base, and identifying what was needed to build on the strengths or address the challenges concluded within the review. The final phase then focused on what was needed to put the review's findings and recommendations into practice.

In each phase, ISOS worked co-productively with young people, parents, practitioners and partners to share our early findings, shape recommendations and iterate what would become the overall messages from the review.

Most of the work to gather evidence and shape recommendations was carried out during the autumn and spring terms of the 2018/19 academic year, through an iterative approach of sharing interim messages, testing these with colleagues and co-producing key findings, recommendations and actions. The review concluded in May 2019.

During the period covered by the current SEND strategy, a number of innovative ideas have been introduced into the Derbyshire system. These include:

- implementing a new locality-based structure for the SEND Service;
- developing a joint commissioning hub for SEND across education, health and social care;
- introducing a process for mainstream schools to be able to access additional high needs funding without having to go through the statutory EHC assessment process – this is known as GRIP (the Graduated Response for Individual Pupils); and
- investing in preventative support to increase the inclusive capacity of the local system.

The importance and strength of many of these initiatives were recognised by Ofsted and the Care Quality Commission (CQC) in their report following Derbyshire's local area SEND inspection in November 2016.

The report confirmed that several of the principles that had shaped the initiatives which have been introduced through the current SEND strategy echo those recognised to support effective practices seen by ISOS in other local areas through their national research.

However, during the review, some concerns were expressed about the core systems and processes for accessing support. These were expressed by both parents and professionals, and were consistent across the county. In the main, these related to the GRIP and EHC assessment processes. There were concerns that the process of requesting support was perceived to be adversarial on occasion, and not always consistent, and a belief that it should be more focused on professionals and parents finding support and solutions together.

Looking ahead to a new high needs strategy, it is suggested that this is built around three core "building blocks":

- focus on embedding core systems and processes so that they are operating consistently effectively;
- focus on developing a clear "strategic blueprint" for high needs support, services and provision across the county that sets out clear how the local system seeks to support young people with SEND and high needs, the respective roles and specialisms of services and provisions, and how these fit together;
- focus on how services can work together seamlessly across the ages and phases of a young person's life to support them in making the transition to a successful and fulfilling adult life.

Six Key Themes and Recommendations

There were six themes that were identified through the review with recommendations and actions which will be taken forward by the SEND Strategic Board to inform a refreshed SEND Strategy and a revised SEND Strategic Plan.

These are outlined in detail within the full report. The six themes and key recommendations are;

1. **Strategic partnership working and co-production with parents and young people**
   - Build on existing strong strategic relationships with parents/carers of young people with SEND by broadening strategic engagements and participation.
   - Identify and develop some specific co-production projects with parents.
   - Develop a formal framework for engaging young people in strategic initiatives and questions facing the local system.

2. **Partnership working and joint commissioning across education, health and care**
   - Revisit the purpose of the SEND Commissioning hub.
   - Identify some specific priorities for joint commissioning.
   - Continue to work with frontline professionals to ensure a consistent understanding of the local continuum of services and provision for young people with SEND in Derbyshire.

3. **Identification and assessment of needs, information and access to support**
   - Update and refine the local offer so that it provides a clear overview, introduction and practical tool for parents, providers and professionals.
   - Address the concerns raised about the day-to-day operations of GRIP so that it delivers, swift, pupil-centred high needs support for schools consistently effectively.
   - Refine core processes related to EHC assessments and plans to address concerns about consistency, quality and specificity of outcomes.

4. **Building inclusive capacity in mainstream schools and settings, and providing targeted support for inclusion**
   - Continue to develop, support and strengthen inclusive capacity in mainstream education settings.
   - Refocus the offer of targeted services in a more holistic, strategic way so that they provide a coherent, consistent and responsive offer across the county.

5. **Developing responsive, effective local specialist provision**
   - Rearticulate a clear offer of ERS support based on current and future needs that is equitable across localities and across phases.
   - Rearticulate the offer of special school provision, ensure the offer and core processes and informed by current and future needs.
   - Work with school and Alternative Provision (AP) leaders to develop responsibility-based models of inclusion support and AP to strengthen pathways, reintegration and the equitable use of local AP.

6. **Preparation for adulthood**
   - Set out a shared vision of the opportunities to be open to all young people with SEND and high needs.
   - Develop explicit processes for planning long-term outcomes and pathways for young people, and embed these in young people's plans and the work of all services.
   - Develop a broader and more integrated offer to widen the range of pathways to young people with SEND and high needs.

Links to the Health and Wellbeing Strategy

The context for the Health and Wellbeing Strategy states, "At a local and national level health systems are working together to develop a 'person centred' approach to health that focuses on the holistic needs of the individual. This approach requires health and wellbeing partners to work together to enable people to remain healthy and independent for as long as possible, working in a joined-up way across a wide range of sectors including health, social care, housing and education to create environments that support good health. "

The delivery of the recommendations and associated actions through the SEND Strategy and SEND Strategic Action Plan are closely aligned to these principles and will specifically support the following key outcomes from the HWB Strategy.

Outcome 1: All people in Derbyshire are enabled to live healthy lives

Outcome 3: All people in Derbyshire are enabled to have good mental health and wellbeing across the life course.

Outcome 4: All vulnerable populations are supported to live in well-planned and healthy homes.

Outcome 5: All people in Derbyshire have opportunities to access good quality employment and lifelong learning

RECOMMENDATIONS

The Improvement and Scrutiny Committee – People; is asked to:

- Note the outcomes and recommendations of the Special Educational Needs Strategic High Needs Review undertaken between September 2018 and May 2019.

Jane Parfrement
Strategic Director
Children's Services

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SUPPORT, SERVICES AND PROVISION FOR CHILDREN AND YOUNG PEOPLE WITH HIGH NEEDS IN DERBYSHIRE

A strategic review: Final report

Isos Partnership
Ben Bryant, Natalie Parish & Beth Swords

Ben Bryant

Contents

1

Executive summary

Background and aims of the strategic review of high needs that took place in 2018/19

In the autumn of 2018, Isos Partnership was commissioned by Derbyshire County Council, working with partners and members of the County's Special Educational Needs and Disability (SEND) Strategic Board, to undertake a strategic review of the support, services and provision for children and young people with high needs in Derbyshire. The scope of this work, and the definition of "high needs", included children and young people aged from birth to 25 with SEND, both with statutory education, health and care plans (EHCP) and non-statutory SEN support, and those requiring additional inclusion support or alternative provision (AP).

The review had a strategic focus. The purpose of the work was not to judge or evaluate the quality and operation of any specific service, provision or process. Instead, the aim was to provide an objective and evidence-informed perspective on how the current continuum of support, services and provision for young people with high needs in Derbyshire was working and to help to shape an overarching strategy for developing an effective strategic approach to supporting young people with high needs in the future. To do this, the review sought to:

a. **gather evidence** and views on the current needs, trends and likely future demand for support, services and provision for children and young people with SEND;

b. **shape options and recommendations** for meeting the needs of children, young people and families in Derbyshire in the future; and

c. **work collaboratively, iteratively and in a spirit of co-production** with partners and stakeholders to build consensus and agree solutions to meet current and future needs and achieve good outcomes for children and young people in Derbyshire.

The review was undertaken in three distinct phases. The first phase focused on building up the evidence base for how the local system was operating, what were the keys strengths and where there were areas that required strengthening. This involved gathering a range of quantitative evidence and qualitative feedback through analysis of published data, online surveys, and workshops with young people, parents and carers, and professionals across education, health and care services. The second phase focused on testing this evidence base and identifying what was needed to build on the strengths and address the challenges the review had identified. (The work during the first two phases forms the basis of this report.) The final phase then focused on what was needed to put the review's findings and recommendations into practice. (The work during the third phase forms the basis of the strategic planning framework, that has been produced alongside this report.) In each phase, we worked co-productively with young people, parents, practitioners and partners to share our early findings, shape recommendations and iterate what would become the overall messages from the review.

The bulk of the work to gather evidence and shape recommendations was carried out during the autumn and spring terms of the 2018/19 academic year, through an iterative approach of sharing interim messages, testing these with colleagues and co-producing key findings, recommendations and actions. The review concluded in the summer of 2019.

Three overarching messages

During the period covered by the current SEND strategy, a number of innovative ideas have been introduced into the Derbyshire system. These include:

- implementing a new locality-based structure for the SEN service;
- developing a SEND commissioning hub for involving colleagues from education, health and care services;
- introducing a process for mainstream schools to be able to access additional high needs funding without having to go through the statutory EHC assessment process – this is known as GRIP (the graduated response for individual pupils); and

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- investing in preventative support to increase the inclusive capacity of the local system.

The importance of many of these initiatives was recognised by Ofsted and the Care Quality Commission (CQC) in their report following Derbyshire's local area SEND inspection in November 2016 which recognised many stengths. We note that several of the principles behind many of the initiatives that have been introduced through the current SEND strategy chime with what we would recognise to be effective practices we have seen in other local areas through our national research.

Nevertheless, during the review, we had feedback about frustrations with the day-to-day operation of the local system and some of its core processes, particularly processes for accessing support (such as GRIP). If these trends are not addressed swiftly, they will increase the pressure on high needs block and other local resources, and on support, services and provision. In turn, this will reduce resources available for pro-active inclusion and preventative work, which will only exacerbate these issues.

These views were expressed by both parents and professionals, and were consistent across the county. In the main, these related to the GRIP and EHC assessment processes. There were concerns that the process of requesting support was perceived for some to be adversarial, lacked transparency and consistency, was often slow to respond, and was overly focused on gatekeeping, rather than working with professionals or parents to find support and solutions together. Overall, the nature of these views suggested a potential lack of trust within the local system. The intention of strategic leaders was that the outcomes of this review will serve to help address these concerns. There is a recognition that relationships between strategic leaders, professionals and families are at the heart of the SEND reforms and essential to an effective local system of support for young people with high needs.

Looking ahead to a new high needs strategy, we would suggest that this is built around three core "building blocks":

a. focus on embedding core systems and processes so that they are operating consistently effectively;
b. focus on developing a clear "strategic blueprint" for high needs support, services and provision across the county that sets out clear how the local system seeks to support young people with SEND and high needs, the respective roles and specialisms of services and provisions, and how these fit together; and
c. focus on how services can work together seamlessly across the ages and phases of a young person's life to support them in making the transition to a successful and fulfilling adult life.

Chapter one: Strategic partnership working and co-production with parents and young people

There are strong, co-productive relationships with parents and young people. Parents, through Derbyshire Parent Carer Voice (DPCV), are well-represented on the SEND Strategic Board. Likewise, young people with SEND are well-represented on youth councils at county and district level. Nevertheless, there is both the necessity and opportunities to build on these relationships through new co-productive activities to broaden engagement with parents and young people in order to harness the insights and expertise of parents and young people in addressing some of the strategic challenges facing the system identified in this review.

We made three recommendations under this theme.

Recommendation 1.1: Build on existing strong strategic relationships with parents of young people with SEND by broadening strategic engagements and participation. This recommendation concerned the need to foster increased participation of parents and young people with SEND in strategic developments concerning support, services and provision. In particular, it concerned the need to link local groups of parents with DPCV and locality SEN services, and to ensure that parents of children with SEN support as well as those with EHCPs are able to make their voices heard.

Recommendation 1.2: Identify and develop some specific co-production projects with parents. This recommendation concerned the opportunity to treat some of the pieces of work that will be taken forward

following the strategic review as opportunities to foster broader ownership and to shape solutions through co-productive working with parents.

Recommendation 1.3: Develop a formal framework for engaging young people in strategic initiatives and questions facing the local system. This recommendation is about developing a network through which young people with SEN, who may already be part of local groups based around their school, college or community, can be engaged in and involved with shaping strategic developments affecting them and their support.

Chapter two: Partnership working and joint commissioning across education, health and care

The review found a number of areas where positive developments have been taken forward in relation to joint working across agencies – for example, the offer of support from speech & language therapy services (SaLT) and child & adolescent mental health services (CAMHS) was highly regarded, and the work to define a clear offer of health service input for pupils in special schools was acknowledged. There were, nevertheless, concerns about some of the pathways of support that cut across service boundaries – notably emotional wellbeing mental health, and specifically a perceived gap between emotional wellbeing support in mainstream schools and more specialist CAMHS (we note the transformation work the local area is taking forward to respond to this under the auspices of Future in Mind), and the review of early help (which was underway at the same time as the high needs strategic review).

Furthermore, the review found that there was consensus about the need to strengthen and re-launch the SEND commissioning hub, focused more on its intended core role to act as the driver of strategic, pro-active, intelligence-informed commissioning of services and support across agencies. The re-launched SEND commissioning hub would play a key role in mapping out future pathways of support around emotional wellbeing and mental health, and around early help and family support, which were two areas highlighted during the review.

There is also the need to continue to ensure consistent understanding of and messages about the local SEND system from frontline professionals across all agencies, and to re-articulate how agencies will contribute to EHC assessments and plans.

We made three recommendations under this theme.

Recommendation 2.1: Revisit the purpose of the SEND commissioning hub. The recommendation here was to ensure the SEND commissioning hub was focused on taking a system-level view of current and future needs, and how these might be met through more effective joint commissioning across agencies. The review recommended that this was differentiated from processes to enable joint operational, day-to-day decisions about and contributions to the packages of support for individual young people whose needs cut across education, health and care (children's or adult services).

Recommendation 2.2: Identify some specific priorities for joint commissioning. The recommendation here was to identify some specific areas of need and to test whether there is a clear "pathway" of support, for young people of all ages, in different parts of the county, and with different levels of need, and whether this can be and is described clearly on, for example, the local area. The major areas highlighted during the review included the pathway for young people with social, emotional & mental health (SEMH) needs and those with communication & interaction (C&I) needs.

Recommendation 2.3: Continue to work with frontline professionals to ensure a consistent understanding of the local continuum of services and provision for young people with SEND in Derbyshire. The recommendation here recognises the work that has been done to build understanding of the SEND framework and support for young people with SEND in Derbyshire, but also acknowledges some of the feedback gathered that families and providers were still receiving contradictory or unclear information about what their child might benefit from or be entitled to in terms of support, services and provision. To help parents and providers navigate the local system and avoid unnecessary disputes, it is vital that providers and professionals are able to provide consistent messages about the local offer of support. It is also vital that there is a clear and widely

understood articulation of how colleagues from health and care, as well as education, ought to be involved with and contribute to EHC assessments, plans and reviews.

Chapter three: Identification and assessment of needs, information and access to support

While there are strengths in the local system, there are also some challenges in ensuring that core systems and processes – information about and access to support, for example – are working consistently effectively across the county.

Views about the quality and accessibility of information about available support and services were mixed. The general message was that the local offer was a valuable source of information if you knew what you were looking for, but needed to be overhauled to provide an overview of the local SEND system, the arrangement of support and services, and pathways of support for specific needs.

Concerns were expressed about the processes for accessing support, particularly GRIP. People highlighted that the process could feel overly adversarial and focused on "gate-keeping" rather than finding solutions together, was too slow and struggling with backlogs of requests, and that communications about decisions were not always clear. People compared the early years inclusion fund (EYIF) favourably to GRIP, but there were some concerns about timeliness and follow-up dialogue if requests for support were unsuccessful. These messages have been taken seriously by Senior Leaders and actions have already been taken during this review to address the issues raised.

Similar views were expressed about the EHC assessment process. There were concerns about the quality of assessments, the specificity of plans and outcomes, the meaningfulness of engagements with young people and families, and the speed and accuracy of keeping plans up to date through annual reviews, as well as the consistency of input from agencies beyond education. The data shows an improving picture, but Derbyshire remains below the national average in terms of the timeliness of completing its EHC assessments and plans. There is support for the locality model of the SEND service, but there would be value in revisiting core systems and processes to ensure there is the capacity to deliver these effectively.

We made three recommendations under this theme.

Recommendation 3.1: Update and refine the local offer so that it provides a clear overview, introduction and practical tool for parents, providers and professionals. Build on work that is already underway to update and refine the local offer, and develop this through co-production with parents, professionals, young people. It is vital that this is taken forward as a strategic piece of work, driven by senior leaders and partners across the local system, in order that the local offer provides a clear strategic overview of the local system. The update of the local offer should not be an administrative exercise of individual services simply updating their individual material, without any strategic oversight of how the overall "offer" that these services are supposed to make up fits together.

Recommendation 3.2: Address the concerns raised about the day-to-day operation of GRIP so that it delivers swift, pupil-centred high needs support for schools consistently effectively. Ensure that new processes address the backlog of requests and are working consistently to deliver effective, timely support across the county.

Recommendation 3.3: Refine core processes related to EHC assessments and plans to address concerns about consistency, quality and specificity of outcomes. Ensure that families are involved in co-producing plans and outcomes. Consider a single referral route and system for calculating top-up funding that is consistent across GRIP and EHCP.

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Chapter four: Building inclusive capacity in mainstream schools and settings, and providing targeted support for inclusion

Derbyshire has hallmarks of an inclusive local system. This can be seen, for example, in the high proportion of pupils with EHCPs who are placed in mainstream schools. In addition Derbyshire places a relatively lower percentage of young people in out of county independent settings than many other Local Authorities. We also heard examples from parents and providers about effective examples of inclusive practice in mainstream schools and settings.

The evidence suggests, however, that this is not consistent across the county, and that inclusion across Derbyshire is under increasing pressure. We see this, for example, in the higher than average rates of permanent exclusion in Derbyshire, (although reflecting a significant relative decline in 2018/2019 and the fact that pupils with SEN are disproportionately represented amongst those who are permanently excluded or out of school for other reasons, such as those in elective home education.

Derbyshire has a broad and comprehensive offer of targeted inclusion support. The continued investment in this tier of support is a vital component of any effective system of supporting young people with SEND and high needs. Nevertheless, there is the need and opportunity to refocus the offer and maximise its value. Feedback gathered during the review suggested that, while on the whole highly regarded, the quality of some support services was variable, there was a lack of coherence and risks of duplication between services, a lack of consistency about how services focused on different needs were arranged and operated, and the need to strengthen the join-up between education inclusion services and support from other agencies (specifically emotional wellbeing and mental health, and family support services involved with early help).

We made two recommendations under this theme.

Recommendation 4.1: Continue to develop, support and strengthen inclusive capacity in mainstream education settings. This entails:

a. co-developing with school leaders an agreed set of consistent expectations of what mainstream inclusion should look like in Derbyshire schools;
b. matching this with a clear offer of induction, support, supervision, and continuing professional development for SEND leads and whole-school improvement;
c. developing an offer of specific, focused capacity-building around autism, C&I and SEMH needs; and
d. re-establishing an offer of SENCO networks as an opportunity for SENCOs to come together in localities, hear about and help to shape county-wide strategic developments, network with colleagues and develop their practices (where some may not be in a position to receive such support from within their local school partnerships).

Recommendation 4.2: Refocus the offer of targeted services in a more holistic, strategic way so that they provide a coherent, consistent and responsive offer across the county. This will involve:

a. developing a more holistic, whole-child offer (as opposed to single service responses);
b. re-balance the offer in line with changing needs and priorities
c. developing a single route-of-access to support for cases where a child's needs do not neatly fit a single service; and
d. fostering greater join-up between education inclusion support services and those focused on, for example, family support and emotional wellbeing and mental health.

Chapter five: Developing responsive, effective local specialist provision

The enhanced resource schools (ERSs)

The ERSs play a key role within the local SEND system. They have been developed pro-actively to provide support for specific types of needs and in particular localities that ensure that there are opportunities and choices for pupils to be

supported in mainstream environments within their communities. This is all the more important in a large county like Derbyshire in order to avoid pupils having to travel large distances to reach suitable provision.

There is now, however, the need and opportunity to revisit and redefine the role of the ERSs. The ERSs have been developed at different times and in response to differing priorities. They have not been arranged according to a single strategic plan. This means that there is not a consistent model of support across the ERSs, or indeed across ERSs supporting pupils with the same needs, nor an equitable offer across all localities in Derbyshire. There is an opportunity to work with providers to develop a more explicitly planned offer and set of pathways for pupils placed in the ERSs, and that access to the offer is equitable across the county.

It is also important that the role of the ERSs, and their place in relation to mainstream inclusion and other forms of support, is widely understood. At present, there is a risk that they are seen as "the school for pupils with SEN", and this is placing the schools that host ERSs under considerable pressure.

Special schools

While the review found no evidence of issues with the quality of special school provision – all special schools in Derbyshire are rated as good or outstanding at the time of the review – like the ERSs, the offer of special schools has developed over time in response to different priorities. In addition, we know that there are pupils with certain types of needs that are having to be educated outside the local area, particularly older pupils with complex combinations of SEMH and communication & interaction needs. As such, there would be value in revisiting what the special school offer in Derbyshire should be in light of current and future needs.

There would also be value in ensuring that special schools, who already work together as a close partnership, are connected to decisions about strategic planning of provision and placements for pupils with the most complex needs who might otherwise require a placement outside local, state-funded provision.

Lastly, there is the need to strengthen some of the core day-to-day processes that relate to special schools, particularly admissions and funding.

AP

There is growing pressure on local inclusion services and alternative provision in Derbyshire. A changing profile of need, longer placements, and inconsistency in formal processes to support the reintegration of pupils into mainstream schools in putting strain on the capacity of local AP, particularly in relation to preventative and turnaround support.

There is the need to consider the pathway for pupils who are excluded or out of school to ensure that they are receiving appropriate, high-quality education and able to make a swift transition back to mainstream school or an alternative setting where appropriate.

As with other forms of specialist provision, there is the need to revisit and redefine the role of AP in Derbyshire, and the responsibilities of mainstream schools for pupils placed in local AP in the context of the Timpson review's recommendations about schools being accountable for the outcomes of pupils they exclude and having greater control of funding for AP.

* * *

We made three recommendations about specialist SEND provision and AP in Derbyshire.

> **Recommendation 5.1: Rearticulate a clear offer of ERS support based on current and future needs that is equitable across localities and consistent across phases.** This will involve:
>
> a. setting out some updated core principles and an equitable and needs-led locality offer of ERS provision (including in areas such as the High Peak that feel they are not well served by the current distribution of ERSs);
> b. ensuring that the role of the ERSs is clearly articulated and widely understood by professionals, providers (including other mainstream schools) and parents;

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c.   developing a cycle through which ERSs are involved in a strategic engagement to reflect on and plan how ERS provision needs to develop in relation to current and anticipated future needs.

Recommendation 5.2: Rearticulate the offer of special school provision, ensure the offer and core processes are informed by current and future needs. This will involve:

a.   working with special schools to rearticulate a clear offer for the special schools individually and collectively, and what this means the offer looks like for each locality and across the county;
b.   developing a process for engaging special schools (and potentially ERSs) in decisions about complex placements, including those where an out-of-area placement is being considered; and
c.   working with special school leaders to revisit, strengthen and co-develop the core day-to-day processes affecting special schools, specifically admissions and funding.

Recommendation 5.3: Work with school and AP leaders to develop responsibility-based models of inclusion support and AP to strengthen pathways, reintegration and the equitable use of local AP. This will be particularly important in light of the recently published recommendations of Edward Timpson's review of exclusions and the Government's commitment to work towards a position where mainstream schools will be responsible for the outcomes of pupils they exclude and will have a greater role in using funding for AP to foster early intervention and inclusion support.

Chapter six: Preparation for adulthood

Preparing young people for adulthood needs to be an underpinning principle of all support, services and provision, across all ages, within Derbyshire. It should not just be a shorthand expression for the transition young people make at 16, 19 or older from formal education to the next stage of their development.

Achieving this will require arrangements for capturing young people's aspirations, defining long-term outcomes with them, and planning support to be strengthened. At present, while this is happening in some areas, there is not yet a consistent and systematic approach to capturing young people's aspirations through "realistically ambitious" conversations that feed into their long-term plans (whether statutory or not).

It will also require a more joined-up and jointly owned offer of support for young people moving into adult life across all agencies involved. This will include revisiting and developing a complementary set of pathways into further education and lifelong learning, pro-active engagement of local employers, including the Council itself, to develop employment opportunities for young people with SEND, and a more holistic offer of social care support focused on building resilience and independence.

We made three recommendations under this theme.

Recommendation 6.1: Set out a shared vision of the opportunities to be open to all young people with SEND and high needs. Based on the feedback gathered during the review, notably from young people themselves, this should include the principles of having equity of opportunity to pursue their goals and experience growing up as their peers, encouragement and support to become independent, being part of their local community, and have opportunities to move into meaningful, paid work. These may not be directly appropriate to all young people, but the underpinning principle of how support and services are arranged across the county should be to ensure such opportunities are open to all young people, even if not all will be in a position to take up these opportunities in exactly the same form.

Recommendation 6.2: Develop explicit processes for planning long-term outcomes and pathways for young people, and embed these in young people's plans and the work of all services. This will involve:

a.   capturing young people's aspirations systematically;
b.   effective advice and a systematic set of processes for ensuring that professionals have early "realistically ambitious" conversations about a young person's aspirations and how they can be supported to pursue these;

c. robust, early planning where young people are likely to need a differentiated form of support to make a successful transition to adult life;

d. a flexible, responsive, person-centred menu of support and pathways from which personalised packages can be developed to support young people move into adulthood successfully.

<u>Recommendation 6.3</u>: Develop a broader and more integrated offer to widen the range of pathways open to young people with SEND and high needs. Ensure that the offer of support is not fragmented, with different agencies only able to advise on the services that they directly deliver or oversee. Instead, the offer of support should be widely understood and co-ordinated across agencies, to ensure that planning and support for young people moving into adult life is coherent, holistic, and makes best use of the available expertise, support and provision available across Derbyshire.

Introduction

Background and aims of the review

In the autumn of 2018, Isos Partnership was commissioned by Derbyshire County Council, working with partners and members of the County's Special Educational Needs and Disability (SEND) Strategic Board, to undertake a strategic review of the support, services and provision for children and young people with high needs in Derbyshire. By high needs, we mean children and young people aged from birth to 25 with SEND or who require additional inclusion support or AP.

The review had a strategic focus. The purpose was not to inspect or judge the quality of specific services or the effectiveness of specific operational processes. Instead, the review sought to take an overall perspective of how the current continuum of support, services and provision in Derbyshire support young people with high needs to pursue their aspirations and achieve good outcomes, and to help shape an overarching strategy for building on what is working well, addressing key challenges, and ensuring locally-available resources can be used to best effect to support young people with high needs.

The review had three main aims. These were to:

a. **gather evidence** and views on the current needs, trends and likely future demand for support, services and provision for children and young people with SEND;

b. **shape options and recommendations** for meeting the needs of children, young people and families in Derbyshire in the future; and

c. **work collaboratively, iteratively and in a spirit of co-production** with the local authority (LA) colleagues, strategic partners and stakeholders to identify key findings, shape options and, using evidence, build consensus about how best to meet current and future needs and achieve good outcomes for children and young people in Derbyshire.

We approached the work in three distinct phases.

1. **Where are we now?** – the focus of phase one of the work gather evidence from a range of sources, including quantitative data and qualitative feedback from key partners and stakeholders. These included:

   - **parents and carers[1]** – we held a series of workshops for parents and carers in different localities across the county (attended by over 70 parents and carers), and ran an online survey that parents and carers were invited to complete (we received 184 responses);

   - **young people** – we engaged groups of young people when we visited mainstream and special schools and colleges, and through a workshop convened by the LA's Children's Rights and Participation Team;

   - **education providers** – we carried visits to a selection of early years settings, mainstream schools and colleges, engaged all ERSs and special schools through visits and workshops, and ran an online survey for headteachers / leaders and SENCOs / student support leads (we received 227 responses from providers);

   - **other services and professionals** – we engaged senior leaders from across education, health and care services, as well as holding discussions and workshops with managers and professionals from key services supporting young people with high needs, and also ran a parallel survey for those professionals (we received 141 responses).

2. **Where do we want to get to?** – phase two of our work focused collating and testing the evidence we had gathered and shaping solutions and recommendations through a series of broad and more in-depth, theme-

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[1]For brevity, throughout this report, we refer to parents and carers 'as parents', and we refer to children and young people aged from birth to 25 as 'young people'.

specific workshops with the partners who had contributed to the review. These included workshops with parents and carers, settings, schools and colleges, and senior leaders and professionals from county-wide services.

3. **How do we get there?** – the focus of the final phase was on working with partners and stakeholders to shape how the review's key findings can be taken forward and put into practice, and on developing an agreed strategy and action plan that sets out a roadmap for how this is to be achieved.

This report sets out the key findings and strategic recommendations that have come out of this review. To produce this report, we have triangulated the evidence gathered during phases one and two from our fieldwork and workshops, the feedback gathered through our online surveys, and our qualitative analysis of internal and published data. Throughout the review process, we have sought to share our findings formatively and iteratively, in order to inform ongoing work and ensure colleagues have been able to take swift action to tackle pressing issues or incorporate real-time feedback into existing work. This document aims to provide a summary of the current system for supporting young people with SEND and high needs in Derbyshire – in some cases, it reflects issues that are already known and picks up work that is already in train. As such, much of what is written in this document should be familiar to colleagues who have been involved in the review. The overall aim of this document is to draw together an overall summary of the current system and provide some of the detailed evidence to inform the future, shared strategic approach.

The report is intended to be read alongside a strategic planning framework, which has been co-produced through discussions with partners during the final phase of the review. This document contains a summary of the detailed findings and recommendations set out in this report, and details the actions through which these will be put into practice, the outcomes that partners want to achieve through a new strategy, and how progress in implementation and impact will be overseen.

Throughout the review process, there has been a strong commitment from the Council, strategic partners, settings, schools and colleges, and families to develop a shared picture of the current system in Derbyshire, both strengths and challenges, and to put in place a new strategy to build on what is working well and address the areas that need to be strengthened. There remains strong commitment from the Council, both elected members and senior officers, and partners that have contributed to this review to act on these findings and put these recommendations into practice.

We are immensely grateful to all colleagues who have contributed the time, perspectives and ideas to this review. We hope that this report and the accompanying strategic planning framework document, but also the *process* of the review itself, have helped to identify key strengths, clarify where the challenges lie, and provide a clear route through which these can be built upon for the benefit of young people with high needs in Derbyshire.

The structure of this report

Throughout the review, we have used six broad themes to structure our evidence-gathering and how we have presented our key findings. These themes capture the continuum of support, services and provision, ranging from universal support, through targeted services and into more specialist provision. They also capture the important relationships and partnerships that are essential to any local system's support for young people with high needs – partnerships with parents and carers, young people, providers and professionals across a range of agencies. We have used these six themes in our national research on SEND good practice within local areas, and we agreed that using the same structure for this high needs review in Derbyshire would enable us to draw comparisons between what we observe nationally and what is happening in Derbyshire.

The six themes are listed below.

1. Strategic partnership working and co-production with parents and young people
2. Partnership working and joint commissioning across education, health and care
3. Identification and assessment of needs, information and access to support
4. Building inclusive capacity in mainstream schools and settings, and providing targeted support for inclusion
5. Developing responsive, effective local specialist provision

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6. Preparation for adulthood

The report is structured so that there is chapter dedicated to each, within which we set out our key findings and our recommendations on each specific theme. A short concluding chapter then draws together and summarises our recommendations.

Overview of the local system in Derbyshire

Derbyshire is a large county in the East Midlands. The county borders Nottinghamshire to the east, Leicestershire to the south-east, Warwickshire to the south, Staffordshire to the south-west, Cheshire East and Greater Manchester to the north-west, and south Yorkshire to the north. Derby City is located in the centre of Derbyshire, but is a separate LA area. The LA is Derbyshire County Council. Derbyshire is a diverse county geographically, with denser population in the east, and more rural and sparsely populated areas in the south, west and north of the county. For the purposes of delivering services, including education and children's services, the county is divided into six localities:

- the High Peak & North Derbyshire Dales;
- South Derbyshire & South Derbyshire Dales;
- Erewash;
- Amber Valley;
- Bolsover & North-East Derbyshire; and
- Chesterfield.

The 2011 census estimated that the population of Derbyshire was almost 770,000. The census estimated that 23% of Derbyshire's population was aged between 0 and 19. This was broadly in line with the figure of 24% across England. Derbyshire, however, had a slightly smaller proportion of residents aged between 20 and 24 – 5%, compared to 7% across England. The data from the most recent school census, taken in January 2018, shows that there were 111,865 pupils in schools in Derbyshire, educated in 416 state-funded and 27 independent schools. The census data suggest that Derbyshire has a larger proportion of younger pupils, particularly in primary schools. Pupils were educated in the following types of schools:

- eight state-funded nursery schools – 656 pupils (0.6% of pupils, compared to 0.5% nationally);
- 350 state-funded primary schools – 63,351 pupils (56.6% of pupils, compared to 54% nationally);
- 45 state-funded secondary schools – 42,266 pupils (37.8% of pupils, compared to 37.3% nationally);
- 10 state-funded special schools – 933 pupils (0.8% of pupils, compared to 1.3% nationally);
- three pupil referral units (called support centres in Derbyshire) – 207 pupils (0.2% of pupils, compared to 0.2% nationally); and
- 27 independent schools – 4,452 pupils (4% of pupils, compared to 6.7% nationally).

Derbyshire has lower levels of deprivation than is the case nationally. For example, according the index of multiple deprivation, Derbyshire ranks 101st out of 152 local authorities for levels of deprivation (where 1 is the most deprived local area). Derbyshire has smaller proportions of pupils who are eligible for free school meals (FSM) in both the primary phase (13.2% compared to the national average of 13.7%) and the secondary phase (11.4% compared to the national average of 12.4%). Derbyshire also has smaller proportions of pupils with English as an additional language (EAL) – 6% of primary-age pupils (21.2% across England) and 3% of secondary-age pupils (16.6% across England).

In terms of children and young people with SEND, Derbyshire saw a rise in the number of statements and EHCPs in the years leading up to and following the introduction of the SEND reforms in 2014, but has subsequently seen a drop in the proportion of school-age pupils with EHCPs since January 2016, as shown in the chart below.[2] During the same period (2016-2018), the proportion of pupils with an identified SEN, but who do not have a statutory plan (EHCP), has risen from 11.4% to 12.4%, and is above the national average. We explore these trends further in chapter three.

Proportion of pupils with EHCPs, 2007-2018
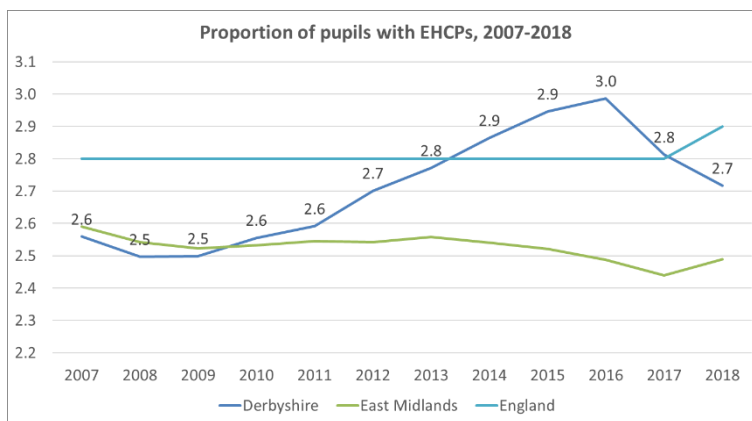
The same trend is evident from the overall numbers of children and young people, aged from birth to 25, with statements and EHCPs. Nationally, numbers of EHCPs and statements have increased by 7%, 12% and 11% in the last three years, Derbyshire has seen a smaller rate of growth in 2016 and 2017, and data reported in 2018 suggested Derbyshire was one of three LAs across England that had seen a decrease in numbers of EHCPs. This is shown in the chart opposite.[3]

Percentage change in EHCPs year-on-year, 2011-2018
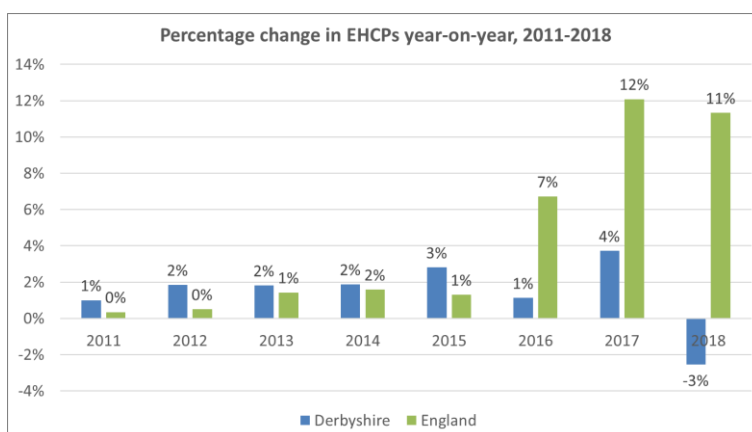
As noted above, according to the school census, there were 207 pupils educated in the three support centres (Derbyshire's local AP). While not all will have been excluded permanently, many will have been placed in the support centres following exclusion. Derbyshire's rate of permanent exclusion overall is 0.12, which is higher than the national average of 0.1, for the most recent year for which we have published data (the academic year 2016/17).[4] This is higher at both primary (0.04 in Derbyshire, 0.03 across England) and secondary (0.24 in Derbyshire, 0.2 across England) schools. No permanent exclusions of pupils from special schools were recorded during that academic year.

The services and provision that is available for children and young people with SEND and/or who are placed in AP in Derbyshire are set out below.

- **Information and advice**: this available online through the local offer. Impartial information and advice are provided to parents through the Derbyshire Information, Advice and Support Service (DIASS). Support and information for parents is offered through DPCV, as well as a range of other parent and family networks and groups.

- **Mainstream education** – as noted above, young people with SEND are educated in over 400 schools and a wide range of early years settings in Derbyshire. In terms of mainstream post-16 education, the majority of young people attend Derby College, Chesterfield College, or Buxton & Leak College.

- **Targeted services** – as we describe in chapter four, targeted education and inclusion support is provided through a range of central and one commissioned services, which cover cognition & learning needs (C&L), C&I needs, SEMH needs, and sensory and/or physical needs. Early help and family support are provided through locality-based multi-agency teams.[5] A range of support services for children's health-related needs are

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[2] *Special educational needs in England: January 2018*, Department for Education

[3] *Statements of SEN and EHC plans: England, 2018*, Department for Education

[4] *Permanent and fixed-period exclusions in England: 2016 to 2017*, Department for Education. The figures quoted are calculated by taking the number of pupils permanently excluded in an academic year, this case 2016/17, as a proportion of the total number of pupils in the January census.

[5] The offer of early help has been under review during the time we have been carrying out this strategic review of high needs.

commissioned through the five clinical commissioning groups (CCGs) who cover parts of Derbyshire, such as SaLT and CAMHS.

- **Specialist SEND and AP provision** – there are currently 23 ERSs, which are specially-resourced provisions based within mainstream primary and secondary schools specifically for pupils with EHCPs. Currently, there are ERSs specialising in autism, physical impairment, hearing impairment, and to cater for a broader range of SEND (some of which have been established in areas where pupils do not have easy access to a special school). There are then 10 state-funded special schools located within Derbyshire. These include schools that operate as area special schools, catering for a wide range of needs in a locality, as well as those with specialisms in autism, SEMH and cognition & learning. All operate on a cross-phase (primary-secondary) basis – nine of the special schools cover Key Stages 1-4, and six of these schools also offer post-16 provision for pupils, while Holly House (which specialises in SEMH) covers Key Stages 2-3. As noted above, there are three support centres providing AP. There is also an Inclusion Pathways Team that is responsible for providing education to pupils from the sixth day after a permanent exclusion and support pupils' transition into a support centre or back into a mainstream school. Derbyshire also place young people in specialist colleges, including Landmarks College and Portland College.

For the financial year 2018-19, Derbyshire was allocated £69,915,000 in its high needs block. This is the amount of resource, distributed from the Department for Education as part of the dedicated schools grant,that is available to the local area to meet the needs of children and young people aged from birth to 25 with high needs.

Derbyshire's allocation of high needs block resources compares favourably with similar local areas (statistical neighbours), and was set deliberately at this level to reflect historical patterns of spending on high needs, although it is below the national average.[6] As an indicative amount per pupil aged from birth to 19, Derbyshire's high needs block is the equivalent of £324 per pupil, compared to an average across similar local areas of £289 and nationally of £334.

Derbyshire also receives less funding per pupil in mainstream schools than is the case nationally. According to the published allocations of school funding for 2019-20, Derbyshire receives the equivalent of £3,971 for each primary pupil compared to the national average of £4,155, and £5,002 for each secondary pupil compared to the national average of £5,430.[7] In overall terms, the funding for Derbyshire schools has increased through the introduction of the schools national funding formula, although the impact of these increases varies at individual school level. These relative levels of overall funding are relevant, however, when we describe in subsequent chapters some of the pressures that mainstream and special schools feel in relation to their budgets and how they use these to support young people with additional needs.

As we describe in chapter four, Derbyshire invests a more significant proportion of its high needs block and other high needs resources (for items such as transport and SEN administration) on inclusion in mainstream schools and settings and targeted inclusion support. As the chart below shows, Derbyshire spends a greater proportion of high needs resources on funding inclusion in mainstream schools and settings (mainly per-pupil top-up funding; 21% compared to the national average of 17%) and more on targeted

Breakdown of high needs expenditure, 2018-19 budget

inclusion services (17% compared to 10%). While the proportion of Derbyshire's spend on specialist provision is less than the national average (40% compared to 50%), spend on top-ups for specialist provision is still the largest area of spend on high needs (£30.1m, not including place-led funding for specialist settings that is passported directly to providers, compared to £16.3m for mainstream top-ups and £12.7m for targeted inclusion services).

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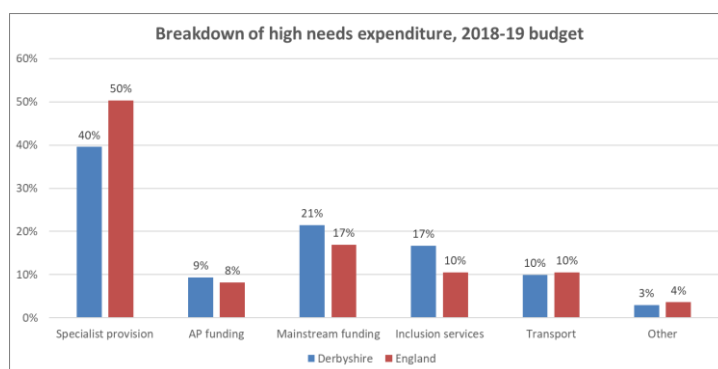
[6] *Section 251: 2018 to 2019*, Department for Education

[7] *National funding formula tables for schools and high needs: 2019 to 2020*, Department for Education

Three overarching messages

During the period covered by the current SEND strategy, a number of innovative ideas have been introduced into the Derbyshire system

A significant recent focus of work in Derbyshire, as in local areas across the country, has been on implementing the SEND reforms, introduced from September 2014. Derbyshire's current SEND strategy, which was introduced in 2016, focused on a number of initiatives to embed the principles of the SEND reforms. These included:

- implementing a new locality-based structure for the SEN service;
- developing a SEND commissioning hub for SEND across education, health and care;
- introducing a process for mainstream schools to be able to access additional high needs funding without having to go through the statutory EHC assessment process – this is known as GRIP; and
- investing in preventative support to increase the inclusive capacity of the local system.

The importance of many of these initiatives was recognised by Ofsted and CQC in their report following Derbyshire's local area SEND inspection in November 2016. The inspection report commented positively on the progress Derbyshire had made in implementing the SEND reforms, including setting out a clear strategic vision for the local system, developing clear support pathways, and fostering partnership working and stakeholder engagement at a strategic level. While the inspection report also highlighted the need to strengthen understanding of the SEND reforms at frontline level across partner agencies, inconsistencies in the identification of need, and engagement of young people and parents in shaping plans and support, we consider that it is important to note that the inspection recognised areas where the local system in Derbyshire was making progress in implementing the reforms.

We would add two further points to this from our review. First, we note that several of the principles behind many of the initiatives that have been introduced through the current SEND strategy chime with what we would recognise to be effective practices we have seen in other local areas through our national research.[8] In particular, we would argue that the idea of having a means for mainstream schools to access inclusion funding without relying on the statutory assessment process is a sensible idea, the need for which has been echoed by other councils and schools in our research. We note, however, that there are some issues about how GRIP has been implemented in Derbyshire, which we describe in the following section of this chapter. As we describe in chapter three, while there are challenges with how GRIP and other day-to-day processes for accessing support are working, we consider that it is important not to lose sight of the value of the principles that underpin GRIP and to ensure that GRIP can be delivered more consistently and effectively in practice.

Second, we know from other national research and local reviews that local areas are facing considerable and growing pressures on high needs provision and resources.[9] Relative to other local areas, in Derbyshire, these pressures are not yet at the critical stage that they are in many others. Nevertheless, Derbyshire is seeing many of the same trends:

- the high needs block has not in the past been significantly overspent, yet it is under growing pressure, was overspent in 2018-19, and is projecting a pressure for 2019-20, while there is likely to be a overspend in the current year;
- EHCPs are not rising as they are across the country (indeed, numbers fell in Derbyshire last year), yet there are frustrations about access to support through GRIP and EHCPs;
- the proportion of young people placed in out-of-county provision, including independent and non-maintained special schools (INMSSs) is lower than is the case nationally, but is rising; and

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[8] See, for example, our research for the Local Government Association on examples of effective practice in local SEND systems – *Developing and sustaining an effective local SEND system: A practical guide for councils* (2018), Local Government Association.
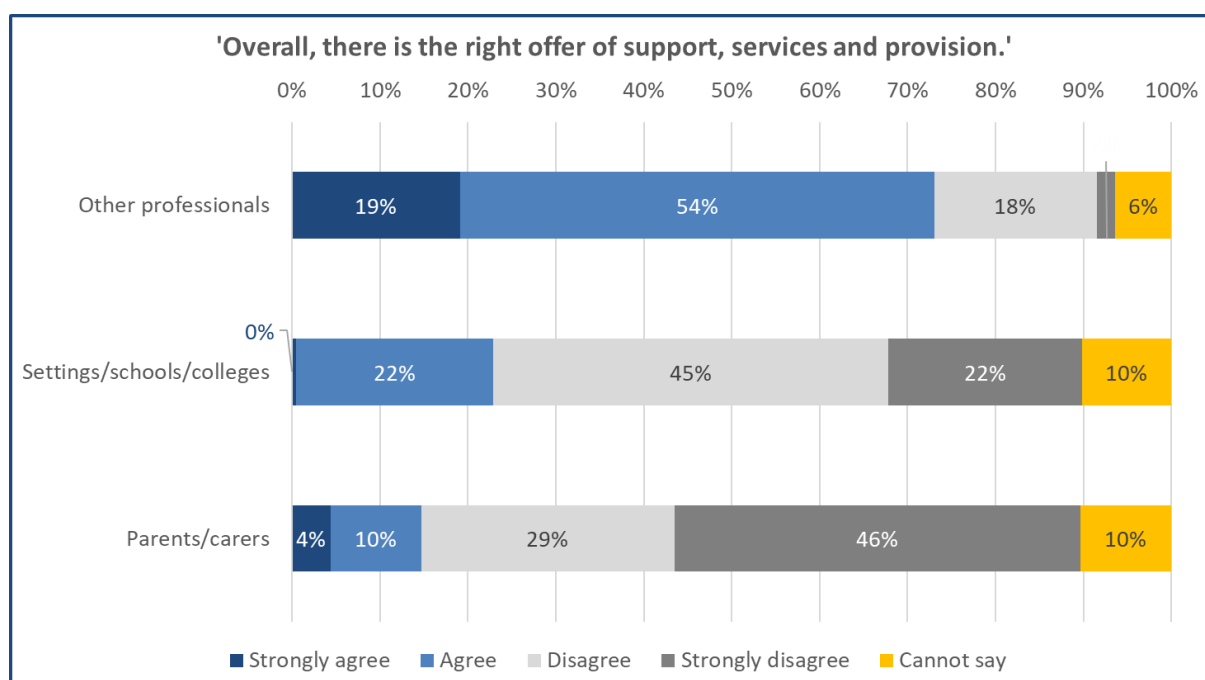[9] See another recent Local Government Association research project we undertook on high needs funding pressures – *Have we reached a tipping-point? Trends in spending for children and young people with SEND in England* (2018), Local Government Association.

- while some data suggest that Derbyshire is an inclusive education system (a higher proportion of pupils with EHCPs are educated in mainstream schools than is the case nationally), there is evidence that the pressure on inclusion support is growing, and rates of exclusion in mainstream schools in Derbyshire is high.

If these trends are not addressed swiftly, they will increase the pressure on high needs block and other local resources, and on support, services and provision. In turn, this will reduce resources available for pro-active inclusion and preventative work, which will only exacerbate these issues.

Nevertheless, during the review, we had feedback about frustrations with the day-to-day operation of the local system and some of its core processes

At the same time, during the review, we had feedback about frustrations with how core systems and processes governing the day-to-day operation of the system were operating. These frustrations were expressed by both parents and professionals, consistently across the county, and focused on systems and processes for accessing support for school-age children – mainly GRIP and the EHC assessment processes. We describe these messages in more detail in chapter three, but the main frustrations expressed related to the fact that, as one parent put it, 'it doesn't feel like a system'. There were concerns that the process of requesting support can feel for some to be adversarial, lacking in transparency and consistency, can be slow to respond, and can be overly focused on gatekeeping, rather than working with professionals or parents to find support and solutions together. Some education professionals commented that they felt distrusted, that their professional judgements were not taken into consideration unless they were backed up by a medical diagnosis. Some parents felt services could work together better, and for some there was a lack of confidence that support would be delivered. Some parents explained that this was one of the reasons they focused on obtaining a statutory EHCP and medical diagnoses for their children's needs. Overall, the strength and widespread nature of these views suggested a need to develop the trust within the local system. This, along with some of the trends we described in the preceding section, if left unchecked, could undermine some of the key relationships between strategic leaders, professionals and families that are at the heart of the SEND reforms and essential to an effective local system of support for young people with high needs. It is therefore positive that a strategic review has been commissioned.

'Overall, there is the right offer of support, services and provision.'

	Strongly agree	Agree	Disagree	Strongly disagree	Cannot say
Other professionals	19%	54%	18%		6%
Settings/schools/colleges	0%	22%	45%	22%	10%
Parents/carers	4%	10%	29%	46%	10%

During phase one of the review, we ran a series of short online surveys. These surveys were offered to parents, providers (leaders and SENCOs or equivalent working in early years settings, schools and colleges), and other professionals (working in services for young people with high needs offered or commissioned by Derbyshire County Council or health services commissioned by one of the CCGs). We were able to ask a number of the same questions of

these three groups. Throughout the six main chapters of this report, we will draw on the survey responses from these three groups in presenting our findings. One overall message we wanted to highlight at the outset, however, was the fact that we identified a clear pattern in the responses from these different groups. The chart below shows responses as to whether professionals, providers and parents agreed or disagreed with the statement that, 'Overall, there is the right offer of support, services and provision'.

The chart shows that almost three quarters (73%) of professionals (the vast majority of responses came from professionals working in LA central inclusion services) agreed with this statement. Two thirds of providers (67%), however, disagreed, as did three quarters (75%) of parents. This illustrates some marked differences in the perspectives of how effectively the current system is supporting young people with high needs, with professionals from central services far more positive than providers or parents. This pattern of responses was replicated across the other responses to the survey, as we describe in subsequent chapters.

Looking ahead to a new high needs strategy, we would suggest that this is built around three core "building blocks"

The first of these is to focus on embedding core systems and processes so that they are operating effectively and as intended, delivering consistently and transparently across the county. As we describe in the chapter three, there were concerns raised about the consistency of decision-making processes relating to access to support – access to funding through GRIP (the graduated response for individual pupils) as well as the statutory EHC assessment process. As we describe in other chapters, however, the same points about the need for consistency apply to mainstream inclusion support, the role and admissions of specialist provisions including the ERSs and special schools, and planning for young people's transition to adulthood.

Second, while the current SEND strategy has focused on implementing the SEND reforms and core systems, processes and structures, feedback we have gathered during the review suggests that there is both an opportunity and a need to focus on developing a clear "strategic blueprint" for high needs support, services and provision across the county. An overall theme in the feedback we gathered on the offer of targeted services, the ERSs commissioned, the specialisms of special schools, and AP pathway, and the offer across services for young adults with SEND was that services and provisions have not always developed in planned way. Instead, some have developed in isolation, at specific times and in response to specific needs. The result of this is that there are some areas of perceived duplication and some gaps in what is available for young people with high needs. As such, this strategic review has provided an opportunity to consider how the continuum of universal support, targeted services and specialist provision can better fit together, and how the offer of support can be refocused on current and future needs.

If this second building block focuses on how services fit together across the county, the third building block concerns how services work together seamlessly across the ages and phases of a young person's life. A strong theme that has been expressed by young people, parents and professionals throughout this review has been one of the importance of focusing on achieving long-term outcomes for young people. In this context, preparation for adulthood, which is the focus of chapter six, is not simply shorthand for the transition young people make when they leave school or college. Instead, "preparation for adulthood" encompasses the efforts of those in pre-school settings, primary, secondary and special schools, colleges, professionals working in inclusion, health or care services, and all others involved in supporting young people with high needs to help young people to articulate their aspirations and to focus their support on enabling them to achieve those goals. As we describe in chapter six, there were strong views that the future high needs strategy needs to focus on raising aspirations, enabling young people to pursue their goals, and achieving (and being able to evidence this) the best long-term outcomes for young people with high needs.

Chapter one: Strategic partnership working and co-production with parents and young people

Key findings

There are some strong relationships with parents of young people with SEND at a strategic level

This was something that was highlighted in the 2016 local area SEND inspection report, and something we have seen further evidence of during the review. DPCV, the local parent carer forum, is well represented on key strategic fora, including the SEND Strategic Board. The Board includes representative of all key strategic partners in the local system, and plays an important role in overseeing how the system is working and shaping its future direction. Indeed, DPCV have been heavily involved in this review, not just as a participating body, but right from the outset in shaping how the review would work and commissioning the project. In responses to our survey, we heard many positive comments about DPCV as an invaluable source of information and a vital network for parents of children with SEND to share information and get advice from their peers.

There is, however, both the opportunity but also the need to engage a broader group of parents and to develop new co-productive initiatives

We will refer to "co-production" throughout this report, both in terms of relationships with families as well as work between professionals across different services and disciplines. From our national research, we would argue that working co-productively is a crucial element of an effective local high needs system. When we refer to "co-production", we mean an approach that is characterised by seeking to address challenges and improve support by working with those affected by those challenges and who rely on that support to find shared solutions. It is a strong theme in the SEN code of practice, and has been highlighted as an important aspect of good practice in the summary of key messages from the first year of local area SEND inspections.[10]

In Derbyshire, there was a significant focus on co-production related to the implementation of the SEND reforms. We understand that parents and young people were involved in helping to shape the local offer, the design of EHCPs and how the locality model for the SEN service would operate. Strategic leaders and parents noted, however, that this strategic review was the main instance of co-productive working taking place currently. We found consensus that there was both the opportunity, but also the need, to develop new avenues for co-production. This is needed because, while there are strengths in the local system, there are also challenges in the day-to-day operation of the system and gaps in support and services available. For example, in our online survey, when presented with the statement 'I have been able to access the right support that has met my child's needs', two thirds (67%) of parents disagreed (22%) or strongly disagreed (45%).

Attempts to address these challenges and fill these gaps can only be improved by being entered into in a spirit of co-production. On a positive note, through the review we identified a number of potential co-production activities. These offer opportunities both to address some immediate challenges, but also to foster and embed a culture of working co-productively with parents of young people with SEND across the local system. We highlight some of the key potential opportunities in the section on recommendations at the end of this chapter.

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[10] *Local area SEND inspections: one year on* (2017), Ofsted and CQC

Likewise, there are opportunities to strengthen ways in which young people can take ownership and shape their own support, as well as the wider local system

Just as there is the need and the opportunities for greater co-production with parents, so too we found that there is scope to strengthen how young people are involved in shaping support at a day-to-day and whole-system level. Strengthening participation of young people was identified as a priority under the current SEND strategy. During the review, we heard about the ways in which young people with SEND are well-represented on county and district youth councils. Supported by the Participation & Children's Rights Team, this helps to ensure that the voice of young people with SEND is heard specifically in the context of broader initiatives and issues concerning young people.

The colleagues we engaged during the review also noted, however, that there is not currently a well-established mechanism for young people with SEND to help to shape local issues relating to SEND itself. While young people with SEND take part in discussions and groups within the schools, colleges or local groups, there is not a county-level Young People's SEND Board or a formal network of groups through which young people with SEND can contribute to and shape strategic priorities and initiatives across the county.

We would argue, based on our national research, that there needs to continue to be a focus on strengthening participation, co-ownership and co-production with young people with SEND. This can be beneficial at both individual and system level. At individual level, this can help to provide opportunities for young people to shape the support they receive and to articulate their aspirations for the future and for their adult life. This can, in turn, give young people valuable experience of being consulted on and co-producing plans and solutions, which in turn can equip them to play a greater role in shaping strategic initiatives. If, as many strategic leaders and professionals argued, there is the need to shift expectations, raise aspirations and improve long-term outcomes for young people with high needs, fostering opportunities through which young people can give voice to their aspirations and the support they want in achieving those goals will only help with that agenda.

Recommendations

Recommendation 1.1: Build on existing strong strategic relationships with parents of young people with SEND by broadening strategic engagements and participation

While DPCV are represented and play an important role at a strategic level within the system, there are opportunities to build on these relationships in two ways. First, recognising Derbyshire is a large county, and the experiences of parents and the needs of their children are diverse, we suggest that there is the need to develop additional opportunities for parents and other, more locally based parent groups to be engaged in shaping strategic developments across the county. There is already some work underway to create a more formal network of local parent groups, facilitated by the SEN service in each locality. We suggest these links could be formalised so that there are regular and formal means for local groups to share feedback and suggestions to shape local support and services. Second, we know from our national research that it can be difficult to capture the voices of parents of children on SEN support. Fostering links with schools and developing routines for gathering feedback from this group of parents would also be a way of broadening the range of parent voices that are part of strategic discussions about SEND and high needs. Overall, therefore, we suggest that there are opportunities to consider how local resources – and we understand that there is some funding that is budgeted for strengthening participation – could be used to encourage and enable parent groups and local services to engage an broader group of parents of young people with SEND.

Recommendation 1.2: Identify and develop some specific co-production projects with parents

As we describe earlier in the chapter, there is both the need and the opportunity to develop some specific co-production projects in order to tackle current challenges and to foster a culture of co-production. We suggest that a

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small number of immediate priorities are identified as the focus of some initial co-productive work between parents, local strategic leaders and professionals. Based on the feedback we gathered, we suggest these could include:

- strengthening the local offer and considering routes through which parents can access information about support and services, what is available, how to access it and so on;
- setting out some core expectations about how mainstream schools and parents can work together, how to ensure effective two-way communication, and how to make best use of respective knowledge and expertise; and
- how parents (and young people) should be involved when requests for additional support are being made.

Recommendation 1.3: Develop a formal framework for engaging young people in strategic initiatives and questions facing the local system

We suggest that there should be a formal mechanism through which the views of young people are sought and used to shape strategic questions facing the local system. From our national research, we know that larger, rural areas have tended to do this by having a central young people's board, which feeds into the equivalent of Derbyshire's SEND Strategic Board. In addition, those local areas have also brought together existing groups of young people with SEND in schools, colleges and youth settings in a network. Groups within this network are then consulted on key strategic questions relevant to ongoing work across the system. The "network" idea often relies on there being someone to co-ordinate it. Local areas that have developed such an approach consider that creating a small amount of capacity can ensure a wider group of young people are included and engaged in strategic initiatives, including those who for reasons of travel or otherwise may not be in a position to contribute to a formal board-style meeting.

Chapter two: Partnership working and joint commissioning across education, health and care

Key findings

We heard several examples where partnership working is working well or has been strengthened in Derbyshire

The partnership landscape in Derbyshire is diverse. Four main CCGs operate within the area covered by Derbyshire County Council: these are Erewash, Hardwick, North Derbyshire and South Derbyshire. Some parts of Derbyshire, specifically parts of the High Peak area, are under the remit of Tameside and Glossop CCG. There is a strong view among parents and professionals that this can result in differences in the services that are commissioned and consequently what is available for young people with SEND in the High Peak compared to other parts of the county. The four main CCGs have arrangements for commissioning health services jointly, and have some joint appointments relating to SEND, including a commissioning lead post and a designated medical officer. During the period when the review was taking place, the four CCGs were going through a process to merge into a single, combined CCG.

Children's and adult social care services are provided by the LA. The offer of early help and family support is provided through what are called the multi-agency teams (MATs), on a locality basis. There was also a parallel review of the early help offer that was underway at the same time as this strategic review of high needs.

During the review, we heard several positive examples where services provided by partners were contributing effectively to support for young people with SEN and where work had been done to strengthen partnership working, including in areas highlighted in the local area SEND inspection in 2016. For example, we heard positive feedback from parents and professionals about the quality of SaLT services and about CAMHS for young people with learning difficulties. There was also recognition of the work done to define and deliver a clear offer of support from local health services for pupils educated in special school. (The point was also made to us, however, that capacity to offer health support was stretched at a time when the needs of the pupils educated in special schools were becoming more complex.)

While we are aware of significant work through the *Future in Mind* agenda and the most recent transformation plan to strengthen mental health support, we would also want to acknowledge that support for young people with mental health was a significant concern for many of the education professionals – leaders and SENCOs in schools and colleges – who contributed to the review. They argued that there was a significant gap between what they could provide as universal services and the threshold for more specialist CAMHS support. They described how this could often place additional demands on pastoral and SEN leads within education settings, and on family support services such as the MATs.

There was also positive feedback from parents and some mainstream schools about what, at the time, was the offer of early help in some localities. This was not necessarily consistent across all localities, however. At the same time, special school leaders considered that the current offer of early help and family support was not pitched at the level that the families of their pupils required. Special school leaders considered that they were paying into the early help offer, but not getting sufficient value from the support they received.

In relation to the review of early help, during the latter stages of our work, colleagues flagged up concerns about the potential implications of proposed changes to the delivery of early help for families of children with SEND. This may reflect a lack of clarity about or confidence in the implications of the proposed changes to early help. Their perception was, however, that schools were being asked to take on greater responsibility and that there would be less direct family support, with implications for the holistic support that could be offered to the families of children with additional needs.

There was a strong consensus about the need to strengthen joint commissioning

Strengthening joint commissioning has been a central priority in the current SEND strategy. A key part of this was intended to be the establishment of a SEND commissioning hub, which would bring together partner agencies to consider trends, gaps and projections, and make recommendations for ways services could be jointly commissioned to respond to future needs. During the review, there was consensus that the fact the hub had brought the right people around the table and had helped to tackle some important operational and placement decisions, but also that it was not yet working in the strategic way nor having the impact that had been envisaged originally.

Overall, therefore, colleagues were of the view that the fundamental purpose, terms of reference, and ways of working for the SEND commissioning hub needed to be revisited. We would argue that there needs to be a clear distinction made between strategic commissioning and decision-making on individual placements that require input from several agencies. We would argue that both are important. Furthermore, as we describe in chapter five, there are opportunities to involve providers, such as special schools, in both operational decisions about placements of young people to avoid the need for out-of-county placements where these are not appropriate, as well as strategic discussions about future trends and shaping the offer of local provision. There are also opportunities to involve parents more when considering how to plan, design and commission services. DPCV are already represented on the SEND commissioning hub, but there was interest from parents in forming a "consultation group" or being routinely consulted on new developments and commissioning plans through the parent networks described in chapter one.

Fundamentally, the consensus from the review appeared to be that the SEND commissioning hub should be refocused on its intended role as a strategic commissioning group, focusing on taking a system-level overview of trends, gaps and the services that were needed to meet future needs. This should be distinguished from more operational decision-making process about placements for pupils who need support from a range of agencies and those who may otherwise need to be placed out-of-county due to a lack of local alternatives.

As noted above, the feedback from schools suggested that the pathway for SEMH support should be an immediate focus for joint commissioning activities. As we have also mentioned, work is underway on this front through the *Future in Mind* transformation plan, which was published in November 2018. This process has picked up many of the gaps described to us during the review, and plans are in place to strengthen early intervention, mental health advice to clusters of schools (through community advisers), strengthening school nursing, and developing a 0-25 offer to match the SEND statutory framework. At the time that the review was nearing completion, CCG leads were in the process of appointing providers to deliver these services. As school leaders emphasised to us, however, it will be important to continue to keep the SEMH pathway under review, to consider how these new initiatives are contributing to a more joined-up offer of SEMH support, how needs are developing and whether there are further actions that need to be taken to strengthen local SEMH support.

There is the need to continue to strengthen join-up between services in the day-to-day operation of the local system

We understand that significant work has been undertaken since the local area SEND inspection to improve awareness and understanding of the SEND reforms amongst frontline professionals in health and care services, as well as education. Nevertheless, during the review, we heard examples of professionals providing inconsistent messages about what support was available or might be appropriate for a young person, and how it could be accessed. Examples included health professionals, notably GPs, advising parents to seek specific types of education placements for their children, or MAT workers saying parents should only seek advice from DIASS if their child was on the brink of a permanent exclusion from school. We appreciate that these are anecdotal examples, but we would also argue that they suggest that there is the need to strengthen understanding of the support, services and provision that make up the continuum of high needs support, the roles of each service within this continuum, and how these fit together. This matters because, for many parents, their first discussion about their child's possible additional needs may be with a health visitor, portage worker, GP, early years professional or family support worker. It is crucial that, as children develop and as their families make choices about their education and support, professionals are able to offer

consistent advice based on an accurate understanding of what services are available locally, and how and when they can be accessed.

Another area where further join-up is required is around input into EHCPs. This was one area where parents considered 'it doesn't feel like a system'. Many parents commented in their survey responses and in the workshops that they did not feel the EHCPs brought services together as well as it could, and parents were sometimes the ones chasing up and trying to co-ordinate inputs from education, health and care services, with limited input from some agencies. There was a strong message from the review about the importance of ensuring that there is an explicit agreement across agencies about how education, health and care services will contribute to assessments, plans and reviews. This needs to be articulated clearly so that it is understood by strategic partners, professionals, providers and families.

Recommendations

Recommendation 2.1: Revisit the purpose of the SEND commissioning hub

The SEND commissioning hub was originally intended to function as a strategic commissioning group taking a system-level view of current and future needs and recommending how these could be met through jointly commissioning support and services across partner agencies. We suggest that there is the need to confirm that this should be the role of the SEND commissioning hub, as distinct from arrangements for dealing with individual placement decisions that require multi-agency input. The future role of the SEND commissioning hub should be articulated in a more tightly defined terms of reference, with a set of core routines, data flows and a decision-making cycle agreed. While colleagues considered that the group had the right membership, they recognised that it was important that this agenda was owned by a senior leader and driven forward to give authority and weight to the group's decisions and ensure these could be put into practice.

At the same time, as we describe in chapter five, there is the need to redesign the process around individual placement decisions for young people's whose needs require a multi-agency response and, in some cases, may require an out-of-county placement due to a lack of local options. In chapter five, we suggest that this process is designed so that providers, including special schools specifically, can be actively involved in these decisions, as well as helping to shape the longer-term, strategic commissioning priorities.

Recommendation 2.2: Identify some specific priorities for joint commissioning

In part to strengthen and embed joint commissioning, and, as we describe in the next chapter, in part to help to develop information about available support through things like the local offer, we suggest there would be value in considering specific types of needs, describing the current pathway of support, and identifying any gaps. Based on the feedback we gathered, we would suggest starting with SEMH and autism (or more broadly communication & interaction needs). This process would involve strategic leaders and commissioners across services:

- jointly plotting out how the current pathway of support for a specific type of need is arranged (and how this could be explained to frontline professionals or families);
- collating intelligence about current needs and trends;
- comparing the two and identifying any gaps in the pathway of support for that type of need; and
- shaping what sort of support might be required to fill those gaps and provide a seamless and coherent pathway of support.

We know that work on strengthening SEMH support is already underway, through the work on the *Future in Mind* local transformation agenda. We think that there would be value in partners considering collectively how current and planned SEMH support fit together in a pathway, so that this can be articulated as part of a single, joined-up offer, and, if appropriate, any future gaps can be identified and addressed. Likewise, we think there would be value in undertaking a similar exercise in relation to support for young people with autism and other communication & interaction needs. We suggest an aspiration should be to undertake similar exercises for all four categories of need in

the SEN code of practice – SEMH, communication & interaction, cognition & learning, and sensory and/or physical needs – and to review the support pathways for these needs as part of an established cycle of joint commissioning.

Recommendation 2.3: Continue to work with frontline professionals to ensure a consistent understanding of the local continuum of support, services and provision for young people with SEND in Derbyshire

As we describe earlier in this chapter, a significant amount of work has gone into building awareness of the SEND reforms amongst frontline professionals. The feedback we have gathered suggests that this work should continue, but with a specific focus on ensuring that professionals have a consistent understanding of the continuum of support that is available locally, the roles of individual services and provisions, and how they fit together. There may be opportunities to embed this within workforce development approaches and strategies across agencies and partners, such as through work around *Future in Mind* and the transforming care partnerships. At the same time, our evidence suggests that, particularly from the perspective of parents, further work is needed to clarify and communicate how all agencies, including health and social care, should be involved with and contribute to EHC assessments, plans and annual reviews. Doing this is vital to ensuring the strategic commitment to partnership working is translated into consistent practice and communication in frontline services, as well as giving parents greater confidence that services are working together as part of a joined-up system to help their child develop, thrive and achieve good outcomes.

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Chapter three: Identification and assessment of needs, information and access to support

Key findings

There were mixed views about the quality and accessibility of information about available support

Many providers were positive about the local offer and the information about local support, services and provision that it provided. The extent to which providers, and some parents, were positive about the local offer, however, seemed to depend on whether they already had some knowledge of locally available services, and were using the local offer to find out more about how a specific service. The general view seemed to be that the local offer worked well as a resource for finding a service *if you knew what was available and were clear what you were looking for*. Other parents and providers, specifically those who were new to Derbyshire or were seeking more of an overview about what services were available so as to navigate to the right one, were less positive about the local offer and information on local support. Parents were also positive in their feedback about information and advice provided by DIASS, and other parent networks such as DPCV. These mixed views, taken from our online survey, are shown in the chart below.

'Clear and accessible information.'

	Strongly agree	Agree	Disagree	Strongly disagree	Cannot say
Other professionals	22%	56%	16%	2%	4%
Settings/schools/colleges	3%	50%	31%	12%	4%
Parents/carers	2%	15%	31%	47%	5%
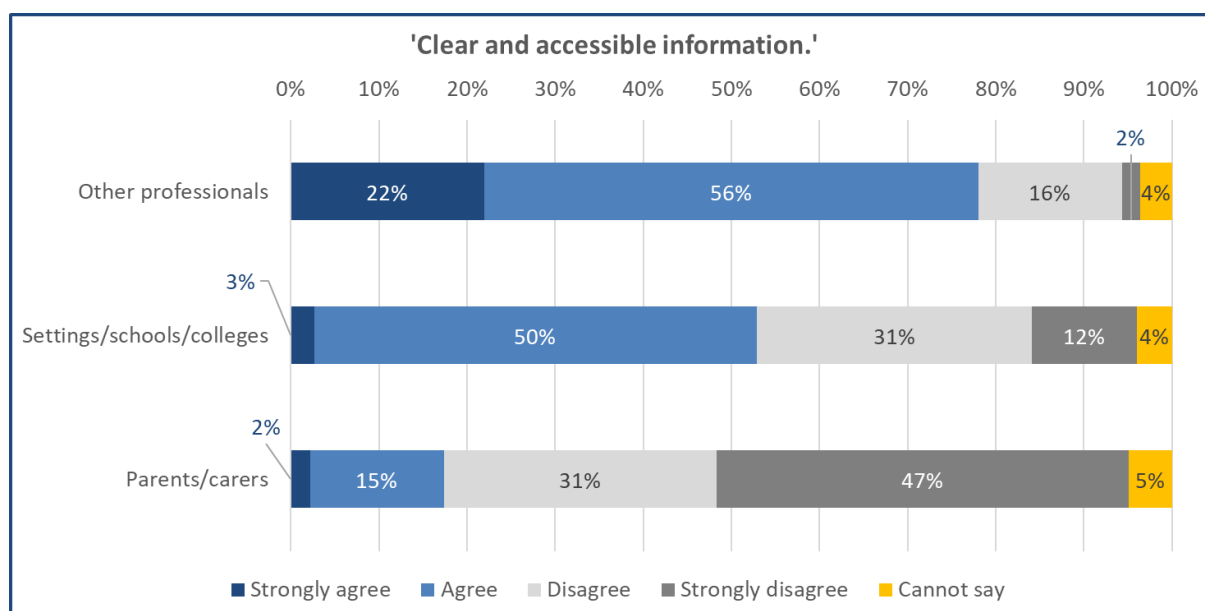
Through our online survey, we asked professionals, providers and parents to respond to a statement that 'There is clear and accessible information about the support, services and provision available to support children and young people with SEND and other high needs in Derbyshire.' As the chart above shows, three quarters (78%) of professionals in central services strongly agreed or agreed with this statement, whereas providers were more split with just over half (53%) strongly agreeing or agreeing. Parents, on the other hand, were more likely to disagree: three quarters (78%) disagreed with the statement. A strong view from parents was that the local offer needed to provide a clear introduction to the SEN and high needs system in Derbyshire, an overview of the continuum of available support and support pathways for specific types of needs, and to help them to navigate to the right place to find the support they needed.

During the latter stages of our review, work was undertaken to review, refine and relaunch the local offer. The intention was to strengthen the local offer, learning from approaches that have worked well in other local areas, and to refocus the local offer on its original purpose of being very much a living, responsive, practical and up-to-date source of information and practical support for parents and providers. We would argue that, just as the design of the first iteration of the local offer was developed with parents, young people and providers, the ongoing work to develop the
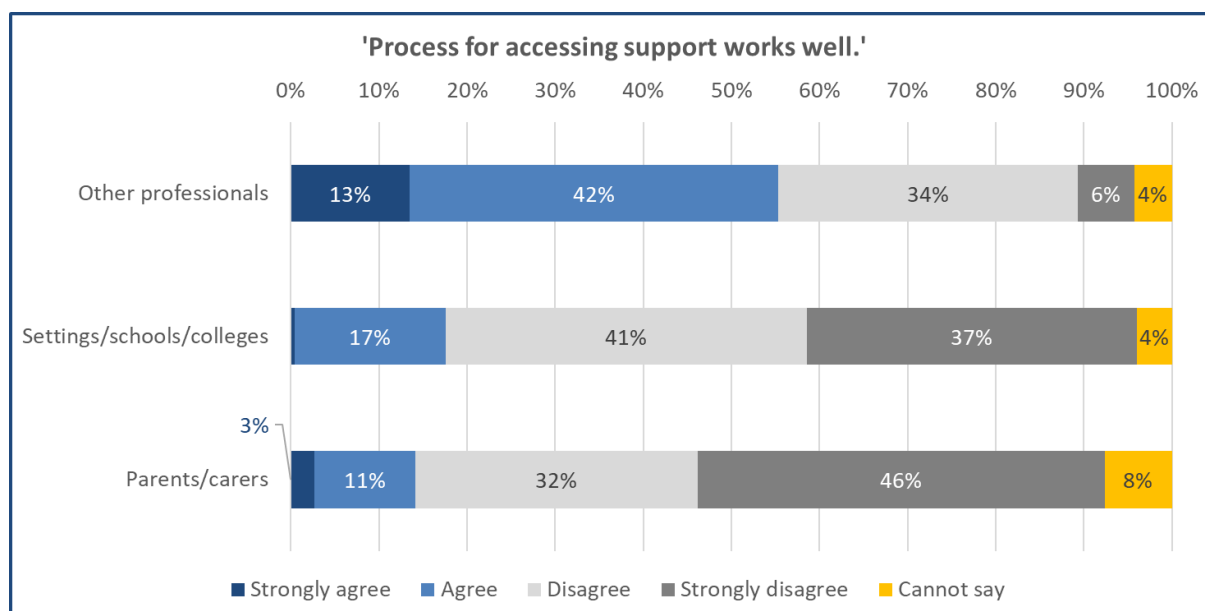
local offer and keep it up-to-date provides an important opportunity to work co-productively with those groups to ensure the local offer fulfils their needs and addresses the feedback they have shared during this review.

Strong views were expressed by parents and professionals about the challenges in accessing support for young people with high needs

As we described in our chapter on overarching messages, a significant amount of the feedback we received during the review, from both parents and providers, particularly colleagues working in schools, concerned frustrations about the process for accessing support. The concerns raised by fell into three broad categories, which were that:

- the process for accessing support can feel adversarial and focused on gatekeeping, rather than being based on mutual trust between services working together to find shared solutions;
- the speed of decision-making can be too slow and unresponsive, in some instances due to backlogs in processing requests for support, but, in some instances, requests were reported to have been turned down because a young person's needs were not yet serious enough to require additional support; and
- the reasons that decisions had been taken were not always transparent, consistent and communicated clearly.

The strength of these frustrations is shown by responses to our online survey, as shown in the chart below.

'Process for accessing support works well.'

	Strongly agree	Agree	Disagree	Strongly disagree	Cannot say
Other professionals	13%	42%	34%	6%	4%
Settings/schools/colleges		17%	41%	37%	4%
Parents/carers	3% / 11%	32%	46%		8%

Parents, providers and other professionals were asked to respond to the statement, 'The current process for accessing additional support for children and young people with SEND and other high needs in Derbyshire works well.' Over half (55%) of the professionals in central services agreed with this statement, but conversely over three quarters (78%) of both parents and providers disagreed or strongly disagreed that the process for accessing support worked well.

A specific focus of these frustrations was what is called GRIP, or the graduated response for individual pupils. This is intended to be an approach that enables schools to access additional funding to support pupils with high needs on a time-limited basis that is not linked to the statutory assessment process. We would argue, based on our national research, that this is a sensible approach in theory: it offers a means of providing focused support for inclusion in mainstream schools without creating perverse incentives to apply for statutory assessments and plans in instances when these might not be appropriate. There was broad support for the *principle* behind GRIP from schools colleagues, and from some of the parents we engaged. There were, however, eight specific concerns raised about how GRIP was perceived to be operating *in practice*:

1. a lack of transparent and consistently applied criteria for deciding on requests for GRIP support;
2. an over-reliance on paper-based and health-related referrals, which was interpreted as indicating a lack of trust in the judgement of other professionals, particularly those working in educational settings;

3. delays in reaching decisions and providing support (specifically in the south of the county, where there have been staff shortages and where backlogs have developed previously);

4. inconsistent decision-making (examples of requests for support for pupils with the same needs receiving different responses), in part related to a lack of consistent membership of decision-making panels;

5. a lack of understanding that schools may put in place support initially, over and above what they would be expected to contribute to a pupil's support costs, and then apply for funding – schools perceived that this could count against their request for support, since they would be seen to be meeting the pupil's needs already and not need any further support;

6. a lack of consistent communication of the reasons why certain decisions were made;

7. funding is not calculated in a way that enables schools to cover the full costs of support – specifically, funding was often only provided during class time, but not at other times during the school day, and there was seen to be a lack of pragmatism about using GRIP funding to support several pupils with similar needs (particularly where these related to their social and interaction skills); and

8. take-up for GRIP is much lower among secondary schools than primary – data shared with us suggest that 82% of GRIP funding packages are for pupils in primary school.

We recognise that, during the review, the LA has sought to act on some of this and other feedback on GRIP. Specifically, the LA has changed the way GRIP works so that funding awarded is now back-dated to the date when it was applied for (which picks up point 5 in the list above) and have amended the application and decision feedback forms (which may help to address point 6).

We should also note that there were more positive comments about the approach to providing additional support through the EYIF, or what was previously known as ETAEYS (which stood for enhanced temporary additional early years support). Colleagues attributed this to the fact the EYIF has a settled core membership and thus decisions are seen to be more consistent. It should also be noted that EYIF is in a position of dealing with a smaller number of requests for support than the GRIP process. There were, however, concerns raised by some early years settings about the time taken to reach decisions, the speed with which funding was made available, and further advice and support if applications for EYIF were not successful.

There is also the need to ensure that parents understand the purpose and practice of GRIP, and have confidence that the support that is being funded through GRIP is being delivered effectively. There was a perception among some parents that the existence of the GRIP process was being used to prevent access to EHCPs. We understand that this is not the intention behind GRIP, nor is there anything in the operation of GRIP that should preclude parents from exercising their legal rights to request an EHC assessment. Parents also shared some examples where they considered that funding was being used to support school budgets, rather than used for the specific pupil-related purposes for which it was intended. These examples show that there is the need to ensure that the purpose, principles and use of GRIP are transparent to and understood by parents, and that there are appropriate mechanisms through which schools can be accountable for how high needs funding distributed through GRIP is used.

Although we did not hear a lot of feedback about TAPS (temporary additional pupil support) during the review, those we did hear reflected some of those we heard in relation to GRIP. Specifically, the view was that TAPS, which is designed to provide swift, short-term funding to enable schools to put in place immediate interventions, was a sensible idea, but there would be value in revisiting its fundamental purpose, how it fitted with GRIP and other forms of top-up funding, and whether there was evidence that it was achieving its core purpose.

There were similar views expressed about the EHC assessment process

Similar frustrations to those concerning GRIP were raised about the EHC assessment process. Some parents and providers reported concerns about how EHCPs were developed and the consistency and quality of the plans themselves. Concerns included:

- parents and providers reporting that some EHCPs were written using generic language, and were not specific enough in their descriptions of a young person's needs;

- some EHCPs included generic statements about outcomes, and could be more concrete or specific to the young person;
- some parents reported feeling that they could have been more meaningfully engaged in the process of developing the EHCPs – for some it felt like the plan was written in isolation, with information not included or included inaccurately;
- some plans being written based on the services that have historically been available (and thus being limited where a form of support is required, but the service that could provide that is not something that is available locally), rather than EHCPs being used as a form of intelligence to inform commissioning priorities; and
- some concerns that some EHCPs were not kept up to date through annual reviews, which can lead to frustrations for parents and providers when planning support or preparing for a key transition in a young person's development.

It is important to note that some of these concerns will relate to EHCPs that have been developed over the past four years. Senior leaders and colleagues within the SEN service would acknowledge that there have been challenges during this period in terms of the rate of completion of EHCPs within the 20-week timescales, the consistency and quality of plans, and the rate of conversion of previous statements and learning difficulty assessments to EHCPs by March 2018.[11]

The feedback gathered during the review would suggest that there continues to be the need to strengthen these processes and improve the quality and specificity of EHCPs. For example, published data show that the rate of appeals against decisions to assess or issue plans is higher in Derbyshire than is the case nationally. In 2014-15, the rate in Derbyshire was 3.9 per 10,000 school-age pupils, while nationally is was 3.7. By 2016-17, this had risen to 7.7 in Derbyshire, compared to 5.5 nationally. There is also a rising number of appeals going to mediation (17 in 2016, 30 in 2017) and the proportion going to the Tribunal (11.8% in 2016, 23.3% in 2017).

The evidence we have gathered also suggests that there would be value in revisiting aspects of the locality model for the SEN service. There was broad support for the principle of the locality model from most of the stakeholders we engaged (with the exception of special schools, as we describe in chapter five; and with the exception of school leaders in the south of the county, who wanted their locality team to be re-located so it is actually based in the locality). Many professionals based in schools commented positively on the locality model and the partnership with local SEN officers. Where positive feedback was given, this often related to SEN officers who had taken the time to get to know the "patch" they covered and the schools within that, who were easily contactable and responsive, and who were pro-active in providing advice and support. At the same time, other schools gave the opposite feedback: they felt the locality SEN service could be better connected with their locality, have a better understanding of local schools, and could bedifficult to contact. We acknowledge that the SEN service has been under significant pressure to complete EHCP transfers, and continues to manage a significant caseload of new and existing EHCPs. Nevertheless, the feedback we have gathered suggests that there would be value in revisiting some of the core systems and processes relating to the statutory assessment process. This will be vital in ensuring that there is the appropriate capacity and that the processes for carrying out assessments, writing plans, and keeping these under review are working consistently effectively across the county, and that staff in the SEN service have the tools (e.g. IT) they need to support families, schools and other settings as well as they can.

* * *

There is one final, cross-cutting area where we think there is scope to strengthen core systems and processes. This relates to the way that data is recorded and captured. We reviewed published and internal data and found evidence to suggest that there would be value in seeking to strengthen the way data is captured, recorded and quality-assured so that it can be used to inform strategic and operational decisions about high needs support. For instance, as we describe in chapter four, published data suggest that there are differences between Derbyshire's profile of recorded primary needs for school-age pupils with SEND and national figures that are not accounted for by demographic or

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[11] In terms of EHCPs completed within 20 weeks, the rate in Derbyshire has been improving over the last two years (from 47.3% in the 2016 calendar year to 52.9% in 2017), but has been below the national average (58.6% and 64.9% respectively). In terms of the conversion of statements to EHCPs, published data shows Derbyshire had converted 44.4% by January 2018, while nationally this figure was 63.6%.

other contextual factors. Instead, these suggest there might be inconsistencies in how pupils' needs are identified and recorded. Likewise, there are some gaps, inconsistencies or duplications in the recording of data on primary need, placement types, costs of support for pupils with high needs. This suggests that there would be value in:

- revisiting the data that is collected currently;
- confirming the purposes for which this data is used;
- ensuring that there are agreed definitions and consistent approaches (e.g. recording of categories of need) in place; and
- ensuring this is understood by those involved in capturing, collating and using the data, at county and individual service and provider level.

Recommendations

Recommendation 3.1: Update and refine the local offer so that it provides a clear overview, introduction and practical tool for parents, providers and professionals

Work has been undertaken to update and develop the local offer, drawing on approaches that have proved successful in other local areas and adapting these to a Derbyshire context. The findings from this review suggest that the local offer for Derbyshire needs to:

- be less of a static directory of services and more of a practical, navigable tool for parents and professionals;
- set out an overview of the SEND system in Derbyshire (for parents or new SENCOs, for example);
- describe the continuum of support, services and provision, the support pathways for specific types of needs, how different services fit together, and how it can be accessed so that parents and providers can navigate to the most appropriate form of support;
- align with and inform other sources of information and advice, so that there are consistent messages about available support and consistent advice about how to access that.

As well as improving access to and the consistency of information, ongoing work to keep the local offer up-to-date will also provide opportunities to contribute to addressing some of the other recommendations we have made in this report, such as:

- fostering co-production with parents and young people (as we describe in chapter one);
- plotting out support pathways and identify joint commissioning priorities with strategic partners (as we describe in chapter two); and
- demonstrating a willingness to work in partnership with SEND professionals such as SENCOs (as we describe in chapter four).

Recommendation 3.2: Address the concerns raised about the day-to-day operation of GRIP so that it delivers swift, pupil-centred high needs support for schools consistently effectively

Earlier in this chapter, we described that there was support for the underlying principle of providing swift, pupil-centred and time-limited funding to support the inclusion of pupils with high needs in mainstream school. We also outlined eight specific challenges related to the day-to-day operation of GRIP that were described to us. The table below sets out some potential solutions to these eight challenges.

Issue	Potential solution

1. Criteria are not transparent.	• **Restate the fundamental purpose**, and difference between, GRIP and EHCPs (which is appropriate and when), as well as TAPS. • **Review and update the criteria for accessing GRIP** – clearly part of this is about applying for top-up funding for high needs pupils (where a school needs over and above £6,000 worth of support). What about (a) <u>urgent cases</u> (clear-cut need, graduated response not appropriate) and (b) where schools have <u>disproportionate number of high needs pupils</u> mid-year?
2. Over-reliance on paper-based / medical referrals – lack of trust for professionals.	• **Dialogue before cases reach the panel** – there is a key role for the Lead SEND Officers to discuss cases and iron out any issues before cases reach panel. We understand this is already starting to happen. • **Foster greater links between decision-makers and SENCOs** – so there is greater mutual understanding and trust, which will help in dealing with responding to and moderating requests for support.
3. Delays in reaching decisions.	• **Clear any remaining backlogs** – this is an immediate priority, since delays in accessing support will undermine the fundamental aim of GRIP. • **In longer-term, ensure there are mechanisms in place to respond to GRIP applications appropriately and consistently swiftly** – this may involve setting out specific timescales for processing and reaching decisions (and how this is communicated / escalated at times of high demand). We suggest it should also involve some kind of triage system (e.g. Lead SEND Officers making recommendations on clear-cut cases, with panel time spent agreeing these but focusing discussion on more complex cases). (While Lead SEND Officers have the authority to sign off top-up funding up to £6,000, we understand that this is not being made use of consistently.)
4. Decision-making is inconsistent (and panel membership changes).	• **Ensure that there is consistent membership of GRIP decision-making panels** – this point relates to membership beyond the Lead SEND Officers. Currently, there is an open invitation for SENCOs and headteachers to sit on the panel. This has benefits in terms of transparency and professional development, but could also be contributing to inconsistency in decision-making. Three related suggestions for addressing this were put to us – (a) locality SENCOs (seconded) should sit on panel, but also provide support and follow-up dialogue, to ensure consistency, provide support, and maintain communication with schools; (b) fixed members (e.g. a pool of SENCOs / leaders sitting on panels for a term or an academic year), to ensure ensures consistent decision-making; and (c) there continuing to be a broader "observer" role, an open invitation to other SENCOs and leaders to observe and take part in discussion (albeit without a formal role in agreeing decisions).
5. Lack of understanding how schools support – already put support in place, but can count against applications.	• **Back-dating funding to the point of application** – this is now in place. • **There needs to be a means of ensuring that schools that are already putting in place support are not disadvantaged** – revisit how the GRIP panel can differentiate between cases where schools should be using their own resources and where additional funding is required. (This is linked to the point above about revisiting the criteria and ensuring these are robust and transparent.)
6. Poor communication of decisions – not clear why decisions were taken.	• **Test whether the new feedback forms provide schools with clear reasons why decisions have been taken**, and where they go next. If not, these then need to be refined further.
7. Outputs are not calculated in a way that enables schools to afford support. Can only support individual children.	• **There is an opportunity to work with a group of SENCOs to devise a fairer way of organising GRIP funding**. This could result in a collective decision for there to be slightly fewer GRIPs, but provide appropriate level of support. It would be useful to have this debate with SENCOs and leaders. • **Consider allowing schools to apply for GRIP funding for groups of pupils** – in some exceptional circumstances, where it would be pragmatic and efficient. Evaluate and learn from these approaches, especially if they encourage inclusion and achieve good outcomes.

8. Low take-up among secondary schools.	• **Need to promote GRIP far more to secondary schools** – use this to support greater inclusion.

Recommendation 3.3: Refine core processes related to EHC assessments and plans to address concerns of about consistency, quality and specificity of outcomes

We suggest that, as part of ongoing service review and improvement work, it will be important to consider core processes, supporting systems (such as IT), and how available capacity is used to ensure that EHC assessments, plans and reviews are undertaken in a way that addresses some of the concerns raised during the review. In particular, ensuring that parents and young people feel sufficiently engaged in coproducing and co-owning their EHCPs, that plans contain up-to-date and accurate information, and that outcomes are sufficiently personalised and specific. This is important for families and is good practice generally. Our national research suggests that this can also ensure that outcomes-focused EHCPs can be used as commissioning documents when placing young people, while information from consistently well-written EHCPs can also be collated to provide a valuable source of information about current needs that can inform commissioning priorities.

A further point made to us during the review was that different methods are used for arriving at levels of top-up funding for pupils with GRIP funding and those with EHCPs. The former are based on professionals making assessments of what support a pupil needs, whereas the latter, in both mainstream and special schools, are based on funding bands. Colleagues we engaged during the review noted that this could lead to potentially perverse situations where schools received less funding for a pupil with an EHCP than when the pupil had attracted GRIP funding. There were some concerns raised by mainstream (described in this chapter) and special schools (described in chapter five) about the ways in which top-up bands were constructed and whether these accurately reflected the costs of supporting pupils. Colleagues suggested that there would be value in considering a consistent method for applying for and calculating top-up. This would need further exploration, in terms of how it would work in practice and in specific instances, but colleagues felt there was merit in considering this further. (This could provide another opportunity for some co-productive working with mainstream and special school colleagues, and on ongoing peer-to-peer moderation.)

Chapter four: Building inclusive capacity in mainstream schools and settings, and providing targeted support for inclusion

Key findings

Derbyshire has some of the hallmarks of an inclusive system, but this is not consistent across the county and there are trends suggesting increasing pressure on inclusion

A strong and consistent offer of mainstream inclusion support is at the heart of any effective local system for supporting pupils with high needs – both those in terms of young people with SEND and those who may require some other form of inclusion support or AP. Published data suggests that Derbyshire displays some of the hallmarks of an inclusive local system. The charts below suggest that Derbyshire has a higher proportion of young people with EHCPs placed in mainstream schools than is the case nationally.[12] The left-hand chart, which relates to all young people with EHCPs, shows 50% of young people with EHCPs in Derbyshire were placed in mainstream schools (compared to the national average of 35%), while a smaller proportion were placed in specialist settings, either state-funded special schools (28.2% compared to 34.8% nationally) or independent or non-maintained special schools (INMSSs; 3.4% compared to 4.9% nationally).
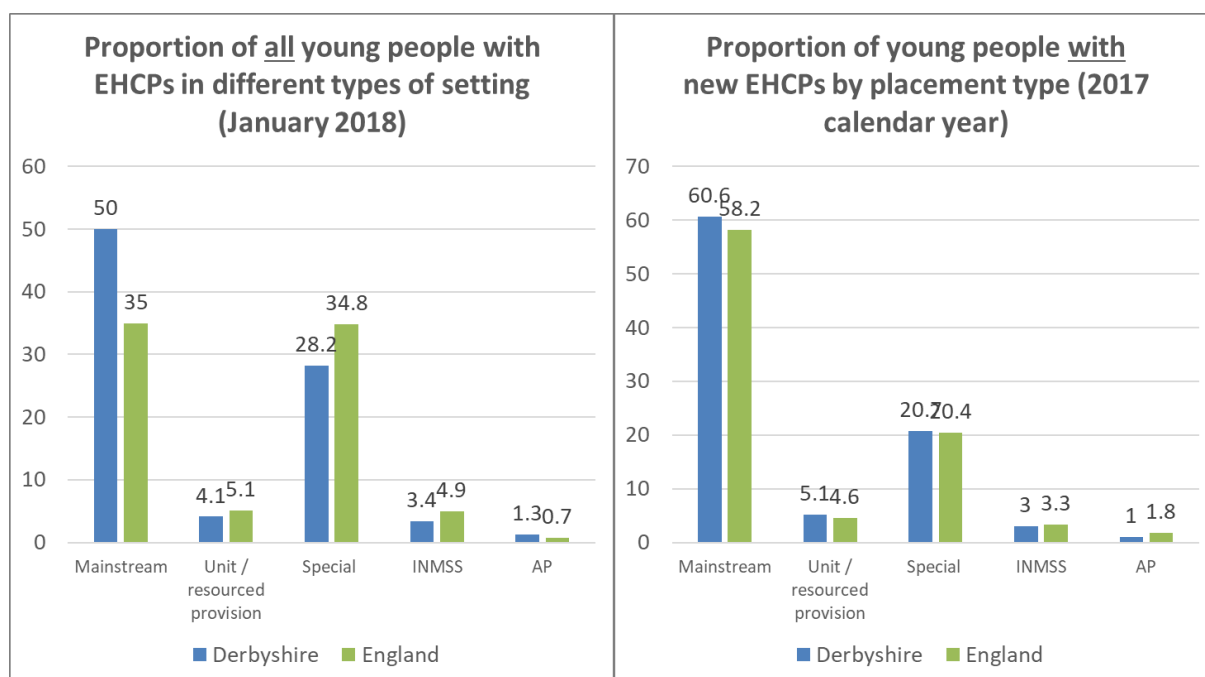
Furthermore, progress and achievement data from the end of the 2017/18 academic year suggests that, not only does Derbyshire place a higher proportion of pupils with EHCPs in mainstream schools, but that pupils with EHCPs in Derbyshire achieve better educational outcomes than their peers nationally:

- in the early years, a higher proportion of children with EHCPs achieved a good level of development, and the gap between children with EHCPs and other children was smaller, than was the case nationally and in similar local areas;
- at Key Stage 2, a higher proportion of pupils with EHCPs achieved the expected standard in reading, writing and maths than their peers nationally and in similar local areas, while those pupils also made more progress and the gap to their peers without SEN was smaller;

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[12] *Statements of SEN and EHC plans: England, 2018*, Department for Education

- at Key Stage 4, a higher proportion of pupils with EHCPs achieved grades 9-4 in English and maths, and achieved better Attainment 8 and Progress 8 scores, than children with EHCPs nationally and in similar local areas, while here again the gap between pupils with EHCPs and their peers without EHCPs was smaller in Derbyshire than was the case nationally and in similar local areas.

The picture is slightly different when we consider only new EHCPs made in the last twelve-month period (which, at the time of the review, was the 2017 calendar year). In 2017, 60.6% of young people with new EHCPs in Derbyshire were placed in mainstream schools, which is closer to the national average of 58.2%. This figure for Derbyshire has dropped from 72.3% in 2015 and 74.4% in 2016. The proportion of young people with new EHCPs placed in special schools in Derbyshire (20.2%) is also similar to the national average figure (20.4%). Our evidence suggests that this may reflect the introduction of GRIP funding: this is likely to have influenced the reduction in numbers of new EHCPs, and will have meant that some pupils in mainstream schools who would previously have had EHCPs may now be supported through GRIP funding.

We note two further points about this overall picture. The first is that, despite the data providing indications of the strength of inclusion in Derbyshire, the data also suggests some areas where inclusion is less strong. As noted in the introductory chapter, rates of permanent exclusion from mainstream schools in Derbyshire are higher than the national average – 0.04 at primary and 0.24 at secondary, compared to 0.03 and 0.20 nationally. Published data also suggest that the majority of pupils who were permanently excluded in Derbyshire had an identified special educational need – 48% were at SEN support, while 13% had an EHCP. This suggests that there may be issues about the timeliness of early support to prevent exclusions, and inconsistencies in how needs are understood and identified.

'Right offer: universal support.'
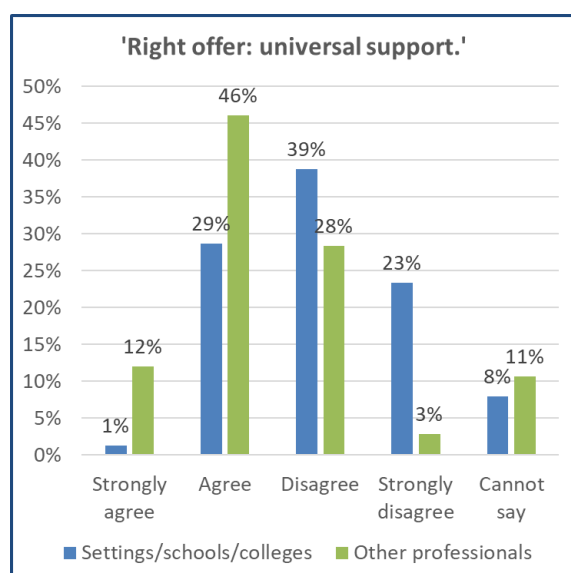
This mixed picture presented by the data was echoed by providers and by parents. The chart (left) shows the responses from providers (those working in settings, schools and colleges) and professionals (those working in central services) to the statement, 'There is currently a clear, consistent and effective offer of universal support for children and young people with SEND and other high needs in mainstream education settings, schools and colleges.' The chart shows that 62% of providers disagreed that there was a consistent and effective universal offer for young people with high needs in Derbyshire. When we ask similar questions in strategic high needs reviews in other local areas, we often receive a more positive view of mainstream inclusion from those settings, schools and colleges involved in delivering it. Our evidence suggests that this reflects the views of mainstream colleagues that inclusive work in Derbyshire is under pressure and is not consistent across the county. We know, from our national research, that the pressures on mainstream inclusion are part of an overall national trend. Nevertheless, Derbyshire schools fed back that these trends were being exacerbated by:

- funding pressures (Derbyshire stands to gain from the introduction of the mainstream national funding formula, but this means in the short-term that mainstream school budgets are tight);
- issues about access to additional support (as described in chapter three); and
- challenges at key transition-points (primary-secondary, but also infant-junior, from the early years, and post-16).

These mixed messages about the consistency of inclusion across the county were backed up by parents. In the workshops and their responses to the online survey, many parents described positive examples of inclusion support provided in mainstream schools. Where this was working well, parents valued having staff, both SENCOs and leaders, who were committed to inclusion, knowledgeable about their child's needs and strategies for supporting them, and were prepared to be flexible and make adjustments to ensure their child had equitable access to mainstream school. Parents also described less positive examples, however. By contrast, in these instances, parents identified issues around:

- a lack of understanding, expertise and training, particularly around "less obvious" disabilities and needs – awareness and understanding of autism was highlighted as a significant concern by parents;
- a lack of willingness or understanding of how to make reasonable adjustments and be flexible in meeting a child's needs;
- inflexible behaviour and discipline policies, that could disproportionately affect children with SEND, particularly those with communication & interaction needs; and
- as a result, many instances of children being out of mainstream education, either on a short- or longer-term basis, missing valuable portions of their education.

On the latter point, it is noteworthy that, as of October 2018 when we were given this data, there were over 700 school-age children in elective home education (EHE) in Derbyshire. Again, growth in the numbers of pupils in EHE is part of a national trend. Internal data suggest that pupils with EHCPs account for a greater proportion of those in EHE (6.5%) than they do within the overall pupil population in mainstream schools (between 2-3%). Feedback from professionals responsible for EHE suggest that the reasons for increase in numbers of pupils in EHE relate not to parents making positive choices about EHE, but often due to a lack of confidence in and frustrations about the support available in mainstream schools and, in some cases, encouragement from schools to parents to move their child into EHE. (We note that some pupils moving into EHE have come from special schools, often those outside Derbyshire where a placement has broken down.)

Overall, there was a strong argument from parents, providers and professionals about the need to develop a more explicit offer of support and capacity-building, and a more consistent set of expectations, for inclusion in mainstream schools in Derbyshire. An important part of this will be supporting SENCOs as a network – SENCOs are a key part of the SEN workforce across the county, but in a large county like Derbyshire most SENCOs will be the only SEN professional in their school. Having an explicit offer of induction, support, supervision and professional networks was seen as an important way to support SENCOs as a key professional group within the Derbyshire system, and to build mainstream inclusion capacity.

Derbyshire has a broad and comprehensive offer of targeted inclusion support, but there is an opportunity to refocus the offer and maximise its value

Derbyshire currently have a wide-ranging offer of support services designed to support education settings, schools and colleges around inclusion. In our national research, we have highlighted the importance of this tier of support within local systems, particularly in terms of being able to address needs before they reach crisis-point, to build inclusive capacity, and to avoid unnecessary demand being placed on more specialist and statutory forms of support. We also know that many local areas have had to reduce or entirely cut their offer of targeted support as a result of funding cuts and budget pressures. This risks exacerbating pressures on specialist services. As we noted in the introductory chapter, Derbyshire invests a greater proportion of its high needs resources in targeted inclusion support than the average for local areas across the country. It is a strength of the local system that Derbyshire has chosen to sustain a wide-ranging offer of targeted services.

Furthermore, in our visits, workshops and through the online survey, we gathered a lot of positive feedback on specific services, in terms of the quality and value of their support. Many settings and schools commented positively on the education inclusion support from SSSEN (Support Service for SEN), Autism Outreach (which is commissioned from two special schools), the Behaviour Support Service, the Early Years SEN Service (EYSEN), the Sensory Impairment Support Service, portage home-visiting, as well as other services such as early help, CAMHS and SaLT.

There were, however, four main concerns raised.

1. **The quality of some support services was variable** – while there was a lot of positive feedback on individual services, there were also dissenting voices who commented that quality across and within services was variable, and dependent on the individual support lead a school or setting was allocated.

2. **A lack of coherence and risks of duplication** – schools particularly, but to some extent early years settings as well, reflected on a lack of clarity about which service they should be referring to when seeking support for pupils with multiple needs. Leads for those services also noted that there was an increasing blurring of responsibilities and caseloads – for example, a significant proportion (estimated at over 50%) of children supported by SSSEN and the Behaviour Support Service have autism.

3. **A lack of consistency in how needs are met across services** – different services have developed at different times and in response to different sets of circumstances. As a result, there is not consistency in criteria, phase and geographical coverage, operating models (whether a service offers direct work with children, capacity-building, or purely advisory work) and capacity. An obvious point to draw out here is that SSSEN, which focuses on cognition & learning, and the Autism Outreach Service both have the remit to provide support across the county (indeed SSSEN only covers primary schools, following a decision to delegate the equivalent funding to secondary schools), but Autism Outreach has the capacity of 3.8 full-time equivalent, while SSSEN has 69.

4. **The need to join up the offer of education inclusion support with the targeted support offered by other agencies** – we have described the work taking place around *Future in Mind* and the review of early help elsewhere in this report. We would only underscore here the importance placed by parents and providers on ensuring that targeted support offered by education, health and care services form a coherent and integrated set of support pathways, providing holistic support to children and families.

Three main gaps in the current offer of support were also identified by parents and providers.

1. **Autism** – access to the Autism Outreach service currently requires a child to have a formal diagnosis of autism. This criterion was introduced in order to manage demand for the service. Nevertheless, colleagues we engaged reflected that this meant support for pupils with autistic traits, some of whom may in the future receive a formal diagnosis, but some may not but may still have communication & interaction needs, were left without an obvious form of support.

2. **SEMH** – in chapter two, we described work that was underway to strengthen the offer of SEMH support, particularly in the space between what schools offered and more specialist CAMHS services, through the *Future in Mind* agenda. Nevertheless, it is important that we reflect the strength of views expressed to us by schools about the need to develop a more comprehensive offer of mental health support in schools. The concerns put forward focused on a need for training and capacity-building around mental health in schools, and a lack of capacity to provide support before a child reached crisis-point and was at risk of being excluded.

3. **SEN support** – Ofsted and CQC have commented that, in many of the local areas they have inspected, this group of pupils can be poorly served by local inclusion support. The colleagues we engaged in Derbyshire reflected that the criteria for existing support services often precluded schools getting early support for pupils who did not have EHCPs.

These messages are reflected in the findings from our survey, as shown in the chart (below). Providers and professionals were asked to respond to the statement, 'There is currently the right offer of targeted education, health and care support (e.g. access to specialist professional advice, outreach support) for children and young people with SEND and other high needs in the local area.' Following a similar pattern to other questions we asked in the survey, 57% of professionals (working within central support services) agreed with the statement, but 68% of providers disagreed with the statement.

Reflecting on these findings, providers and professionals considered that there was an opportunity to consider how the current offer of support could be refocused on current priorities and shaped into a more consistent offer, while continuing to offer coverage across the county and across the four main categories of need.
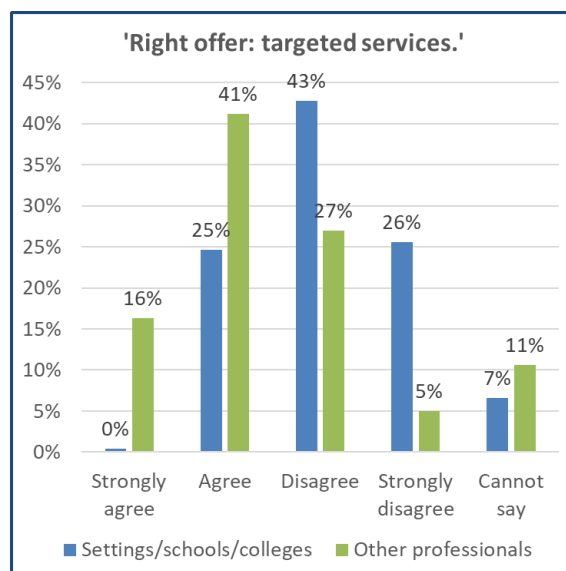
'Right offer: targeted services.'

Recommendations

Recommendation 4.1: Continue to develop, support and strengthen inclusive capacity in mainstream education settings

We suggest that a key focus of the new high needs strategy is sustaining and fostering inclusive capacity in mainstream settings, schools and colleges across Derbyshire. There is an opportunity to coproduce this with SENCOs and leaders from across mainstream education providers. The feedback we have gathered suggests that this approach should include:

- agreeing clear expectations of what support should be provided within mainstream schools;
- a clear offer and rolling programme of induction, support, supervision and professional development for SENCOs and SEN leads, linked to whole-school improvement activities for leaders and governors;
- a specific focus on building understanding, confidence and capacity in supporting young people with communication & interaction, specifically autism, and SEMH needs; and
- re-establishing a consistent framework of SENCO networks across the county, potentially on a locality basis, providing opportunities to share information, develop SEN practice across a key part of the SEN workforce, and provide real-time feedback and suggestions.

Recommendation 4.2: Refocus the offer of targeted services in a more holistic, strategic way so that they provide a coherent, consistent and responsive offer across the county

In the chapter on overarching messages, we described how there were several areas of the current continuum of support, services and provision where there were opportunities to develop more of a "strategic blueprint" for how they should be delivered in the future. The current offer of targeted services is a key area where this is needed. This is not to criticise existing services, or to question the reasons they have been configured in the way that they have been. Instead, it is to recognise the fact that the services that make up the current offer have developed at different times and to respond to different priorities. There is now an opportunity to take a step back and consider how resources available to support targeted inclusion services could be utilised in a way that offered a more coherent and consistent offer of support across the county, and the how the focus could be re-balanced to reflect priority areas, notably autism and SEMH.

As an initial step in this direction, the colleagues we engaged during the review considered that there would be value in exploring ways of bringing existing services together to consider a more holistic and person-centred, rather than service-specific offer. There was particularly strong support for this approach from mainstream school leaders. This

would reflect the fact that many young people known to the individual support services have multiple areas of need, and would help to focus support more on what each individual young person required rather than whether they fitted the criteria for one service or another. In taking forward the new strategy, consideration should be given to how services might work together in this way in instances where a single service is not necessary best placed to support a young person. Our discussions with service leads suggested that there may be interest in exploring ways to develop a more consistent model of delivering support (balancing direct work, advisory work, and capacity-building) and having a single route of referral for requests for support for young people with needs that crossed several areas or were not clear-cut. (It was emphasised that sensory impairment services should be treated separately, but should retain close links with support services for young people with profound and complex needs.)

Chapter five: Developing responsive, effective local specialist provision

Key findings

The role of the enhanced resource schools

The ERSs are a form of specialist provision, specifically for pupils with EHCPs, which are located within mainstream primary and secondary schools. In other local areas, these provisions may be called resourced provisions, resource bases or SEN units. The way in which the provision is arranged (the proportion of time pupils may spend in smaller groups compared to mainstream classes) and the full role of the provision (whether there is an explicit role in providing support through outreach to other mainstream schools, as opposed to solely supporting children on the roll of the unit or ERS) can vary. In Derbyshire, there are four broad types of ERS based on the needs of pupils in which the ERS was set up to specialise:

- autism;
- physical impairment;
- hearing impairment; and
- a wider range of SEND (these ERSs have been set up in areas in which there is not easy access to a special school, such as the south of the county and the High Peak).

It is noteworthy that Derbyshire has a smaller proportion of young people with EHCP placed in units or resourced provisions (this is the national definition, which would include the ERSs) than is the case nationally. As shown by the chart below, of all young people with EHCPs maintained by Derbyshire in January 2018, 4.1% were placed in units or resourced provisions, compared to 5.1% nationally.[13] The data also show that Derbyshire placed a higher proportion of young people with new EHCPs made during the calendar year 2017 in units or resourced provisions (5.1%) than was the case nationally (4.6%).
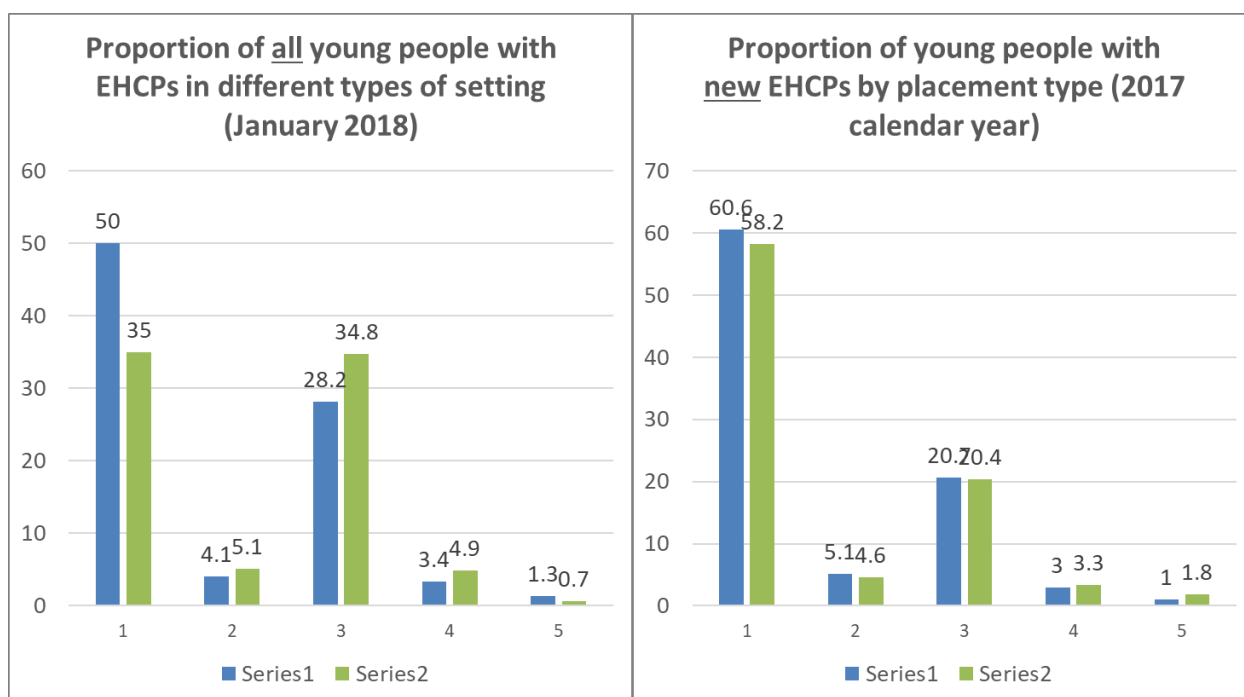
[13] *Statements of SEN and EHC plans: England, 2018*, Department for Education

A key role for the ERSs

In our national research and our strategic reviews in other local areas, we would argue that this tier of provision plays a crucial role in the continuum of SEND support, services and provision. Specifically, it can ensure that there is a broader range of pathways for young people and choices for families, providing a mix of the curriculum offered by mainstream schools, the flexibility to utilise different learning environments, and additional specialist expertise. This can ensure that young people who would benefit from aspects of being in a mainstream school and close to their local community are able to do so with the additional support they need to enhance their learning.

During our strategic review in Derbyshire, these views were very much echoed by strategic leaders, commissioners and professionals working within and with the ERSs. Colleagues recognised that the ERSs played a crucial role in enabling young people to benefit from attending a mainstream school that could offer additional expertise in supporting young people with specific needs. Colleagues considered that this was particularly important in a large, rural county like Derbyshire. In particular, the pro-active approach that had been taken to develop ERSs as hubs of expertise in areas of the county where there was not easy access to a local special, such as the south and the High Peak, was welcomed.

The evidence we gathered suggests that, were the ERSs not in place, particularly those specialising in autism and those for a broad range of SEND, the young people placed in ERSs in Derbyshire would otherwise require placements in specialist provision. Specifically, professionals working in the ERSs described the range of needs of the pupils they were supporting, the fact that there was perceived to be some overlap between the needs that were being met by the ERS and by special schools, and the fact that some pupils did move on to a special school later in their education. This would suggest that the ERSs are playing a crucial role in ensuring that the Derbyshire SEND system remains one that is supportive of inclusion and in avoiding placing an unsustainable pressure on places in special schools. This does, however, also require that the ERS role is clearly articulated, differentiated from other services and provisions, and understood by commissioners, other schools, services, and parents. During the review, and as we describe below, we found that this was not always the case.

There is the need to revisit and redefine the role, specialisms, support pathways and locality offer of the ERSs

We noted above that the ERSs in Derbyshire specialise in autism, a broader range of locality SEND, hearing impairment and physical impairment. The ERSs relating to these specialisms have developed at different times, reflecting different priorities and models of support. In some areas of need, there have been attempts to ensure that there are consistent models of support across different localities – for example, developing a coherent primary and secondary pathway of support in a locality by having a primary and secondary ERS (these are also called Autism Resource Centres, or ARCs). As strategic leaders, commissioners and professionals working in the ERSs noted, however, the ERS offer within Derbyshire and across localities has developed organically, and the current pattern of provision does not necessarily follow an overall strategic rationale for meeting needs consistently and equitably across the county.

Specifically, the feedback provided to us suggested that there is not an explicitly articulated model and pathway of support that informs the work of the primary and secondary autism ERSs. We found that the primary ERSs described their focus in terms of providing an alternative learning environment for young people with more complex autistic needs, whereas some, but not all, of the secondary ERSs defined their role more in providing pathways for young people with less complex autism who, with the right support and over time, could access the majority of their learning in a mainstream classroom. Primary ERS colleagues in particular described that the pupils they were supporting currently were thus more likely to move into special school provision after Year 6 than to move into a mainstream school or secondary autism ERS. Primary and secondary colleagues agreed that these were two distinct interpretations of the role of an autism ERS: the "alternative learning environment" model and the "integrative" model. Colleagues agreed that there should be a role for both, but argued that the question of which of these models the autism ERSs were intended to be had not been articulated explicitly. In future, the rationale may be that the primary model continues to be more of an alternative learning environment and the secondary more of an integrative model, with secondary-age young people supported in more specialist settings, such as more specialist secondary ERSs or "hubs" in special schools. Colleagues agreed that there was currently a gap for secondary-age young people who would benefit from a curriculum akin to that offered in a mainstream school but who required an alternative learning environment. Secondary colleagues agreed that there was the need to define the areas where the model of support

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between the primary and secondary autism ERSs should be consistent. At the same time, however, they argued that it should not be a given that pupils in a primary autism ERS should automatically transition to the secondary autism ERS. There are a range of ways in which the pathways for autism and other specialisms could be designed. The strong steer we had from ERS colleagues was that this needed to be explored with ERS colleagues and other professionals, informed by detailed analysis of pupil needs and pathways, and a new offer articulated explicitly.

Furthermore, a question was also raised during our review about the equity of the offer for pupils with hearing impairments and physical impairments. In relation to hearing impairment, there are currently ERSs for infants and juniors, primary- and secondary-age pupils in the Amber Valley locality, and for primary- and secondary-age pupils in the Chesterfield locality. This raises a question about the equity of access for pupils in other localities, and what are the respective roles of the Hearing Impairment Service and the hearing impairment ERSs. A similar set of questions arose during the review around physical impairment, where the offer of support is linked to ERS provision (which is teacher-led, direct work) in some localities and to peripatetic services (which is more of an advisory offer) in others.

Overall, ERS colleagues argued that their specialisms, the needs that they catered for, their models of support and their role overall were not well understood by other schools, parents, and some officers in the SEN Service. They reported that decisions about placements of children in the ERS and those with EHCPs placed in the mainstream school at times felt "ad hoc", with overlap between the two. They reported examples of children with more complex needs than those in the ERS being placed in the mainstream school, where the main difference appeared to be whether a child's parents was aware of and understood the role of the ERS and had expressed a preference for the ERS to be named on their child's EHCP. Overall, from professionals, there was a strong argument for:

- articulating what the current and future offer of ERS provision should be across localities;
- ensuring that this was equitable, based on county-wide and locality needs;
- ensuring that there was a planned set of pathways for young people placed in the ERSs across phases; and
- ensuring that the role of the ERS was well understood by SEN officers in the first instance so that they can provide appropriate advice to families, but also understood by families, schools and other professionals.

The evidence and feedback we gathered suggested the following as some starting principles for a consistent and equitable locality offer.

- **Autism** – evidence suggests that there is strong and ongoing need for ERS provision for primary- and secondary-age pupils with autism. This includes current placements in the ERSs and recent trends, feedback about the needs of pupils being placed in the ERSs, and information about the needs of pupils placed in INMSSs. In relation to the latter, we know that 43% of young people currently placed in INMSSs have communication & interaction as a primary need (36%, or 49 have an autism diagnosis), and 54% of these young people are of secondary age.[14] This adds weight to the argument that, alongside the more integrative ERS model, there may be the need to develop a pathway or ERS model for secondary-age young people with autism who would benefit from being able to access a more flexible, alternative learning environment. (We note, too, that 36% of young people with communication & interaction needs placed in INMSSs are aged 16 and over.)

- **"Area ERSs"** – given the rurality of Derbyshire and the constraints on developing new specialist provision or expanding the capacity of existing special schools, it would appear sensible to continue to maintain "area ERSs" in localities where there is not easy access to a special school. These provisions tend to be larger than average ERSs or units, which provides greater flexibility to meet the needs of pupils from the locality through a combination of mainstream curriculum, flexible learning approaches, and specialist support. (Specifically, parents and providers in the High Peak considered that there was a lack of ERS provision in the Glossopdale area.)

- **Hearing Impairment and physical impairment** – our review suggests that there would be value in considering the different roles played by the ERSs specialising in these needs and the peripatetic services within the

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[14] This evidence chimes with the findings of a recent report compiled by members of the Education Psychology Service in Derbyshire, which looked at the profile of pupils with EHCPs placed in independent provision.

Sensory & Physical Support Service. This should be done to ensure that there is an equitable, efficient and needs-led offer for all pupils with hearing or physical impairments across the county.

There was also a strong steer from ERS colleagues that the overall picture of needs and the ERS offer across the county needed to be shaped by regular, strategic engagements between strategic commissioners and lead professionals from the ERSs and host schools. Colleagues considered that, at present, such engagements were rare, and needed a more strategic focus. As a result, ERS colleagues reported that the ERS sector felt fragmented, with professionals being disconnected from one another and from other services and provisions.

The lack of understanding of the role of the ERS is leading to the host schools being seen as "the local SEN school" and placing them under considerable pressure
A final point raised by ERS colleagues was that the most significant challenge facing them was not the increased complexity of pupils placed in the ERS, but the pressure of the "host" mainstream school attracting disproportionate numbers of pupils with SEN. Through our workshop with ERS colleagues and our follow-up visits, the message that the schools hosting ERS provision were coming to be seen by parents and by other mainstream schools as "the local SEN school" to which more complex pupils with SEND should go was put to us very strongly. ERS colleagues argued that this was exacerbated by the inconsistency in approaches to inclusion in mainstream schools (described in chapter four) and the challenges of getting access to support before a child reached crisis-point (described in chapter three).

The role of special schools

There is the need to revisit what the special school offer in Derbyshire should be in light of current and future needs
There is a strong offer of special school provision in Derbyshire. All ten state-funded special schools within the county were judged by Ofsted to be good or outstanding at the time of the review. Furthermore, there is a strong and established culture of partnership and collaborative working among the special schools (and the support centres, which we discuss later in this chapter). As we described in relation to the ERS provisions, the offer of special school provision in Derbyshire has developed through a range of phases and initiatives, with different schools commissioned to provide for different types of needs at different times. The current special school offer in Derbyshire includes special schools with a specific focus on cognition & learning, so-called "area special schools" set up to provide for a broad range of needs, those with a specific focus on autism, and those with a focus on SEMH. In recent years, "hubs" have been developed within some special schools for pupils with high-functioning autism and challenging behaviour. This is one group of pupils who have been represented among those placed in INMSS provision, and the development of the hubs has been an attempt to ensure that there is local provision that those pupils can access.

As with the ERSs, however, while the offer of provision has developed and been adapted over time, there has not been an opportunity to take an overarching and strategic view of what the overall offer of special school provision across the county should be at present and how it may need to be refined in response to future trends. This was a point acknowledged by strategic leaders and commissioners, but also one that was put across strongly by special school leaders. The latter argued strongly that the needs of the young people that they were supporting had changed considerably, but that the offer of special school provision, and, as we describe below, the underpinning day-to-day processes, had not necessarily kept pace with these changes.

This view is corroborated by evidence that we gathered during the review. First, the published data provides some support for the view expressed by Derbyshire special school leaders that the needs of the pupils being placed with them were changing. As the chart below shows, pupils placed in Derbyshire special schools are more likely to have communication & interaction (including autism) identified as their primary need.[15] This is particularly the case with autism: 37.6% of pupils in Derbyshire special schools have autism identified as their primary need, compared to 28.5% nationally. This, taken together with the fact that Derbyshire pupils with SEN in mainstream schools are less likely to have communication & interaction identified as their primary need supports the argument put forward by parents that there is inconsistent understanding of and approaches to support the needs of pupils with autism in mainstream

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[15] *Special Educational Needs in England: January 2018*, Department for Education

schools. The implication of this is that a higher proportion of pupils with autism are educated in special schools than in mainstream in Derbyshire.

Another good indicator of the changing nature of needs of pupils requiring specialist provision is the cohort of pupils placed in the INMSS sector. This sector includes many schools that specialise in very complex, so-called "low-incidence" forms of SEN. The numbers of pupils with these needs are small, such that it would not be sensible or efficient for each local area to have their own provision, and thus the INMSSs tend to operate on a regional basis, taking placements from many local areas. This often means that pupils have to travel further from their local area, in many cases having to access residential facilities at the school in question, which is why these are sometimes referred to as "out-of-area" or "out-of-county" placements. In some instances, these can be the right placements for pupils with very complex needs. In other instances, however, placements in this sector have to be sought due to gaps in local provision and/or a family's experiences of placement breakdowns in local mainstream or special schools.
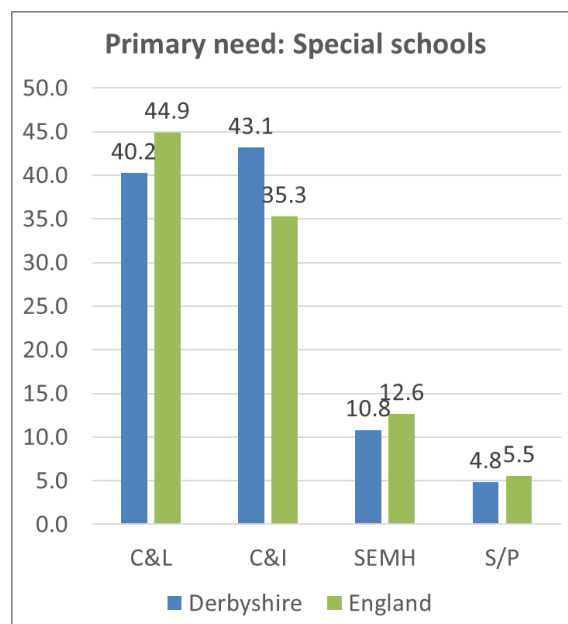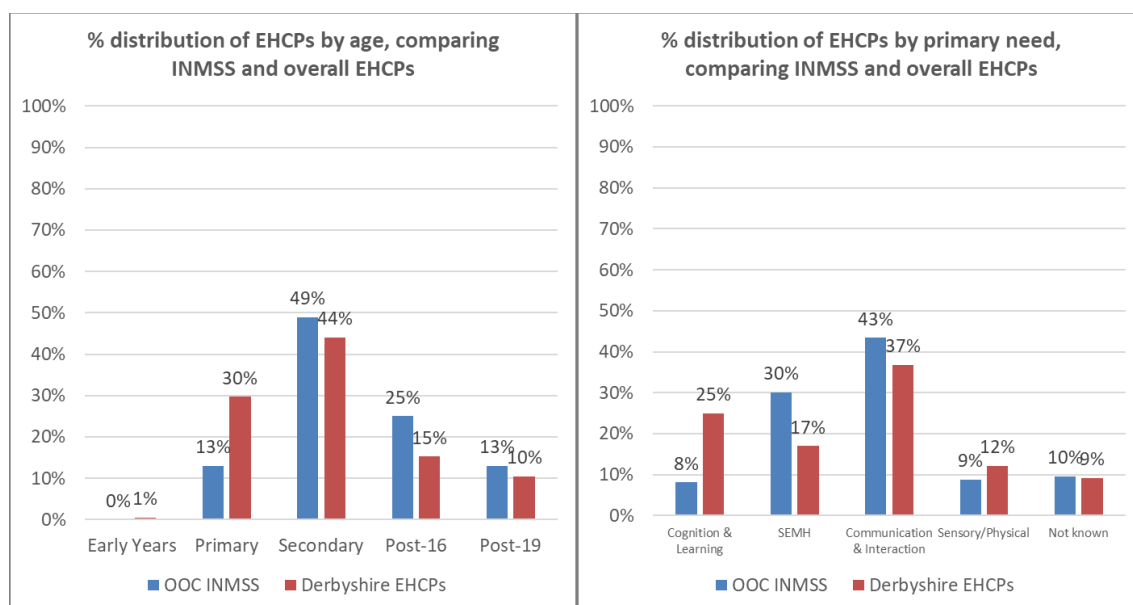

Considering the cohort of pupils placed in INMSSs provides some important evidence about the needs that are not being met currently by the continuum of local services and provision and how that offer, particularly in local special schools, could be strengthened to meet those needs.

- **The data we have had suggest that there are 136 young people with EHCPs made by Derbyshire placed in INMSS provision**. This represents 4% of all young people with EHCPs in Derbyshire, which is lower than the national average of 5.9%.

- **The overall numbers are not high by comparison to the national average, and the trend does not suggest these numbers are rising exponentially**. Derbyshire placed 3.5% of all young people with EHCPs in INMSSs in 2016, 4.3% in 2017, and 4% according to recent published and internal data. Furthermore, Derbyshire placed 3% of young people for whom it made new EHCPs during the 2017 calendar year in INMSSs, compared to 3.3% nationally.

- **Currently, £5.7m from the high needs block is spent on placements in INMSSs, at an average cost of just under £44,000 per pupil**. Colleagues were keen for the new SEND and high needs strategy to focus on ensuring that placements made in the INMSS sector were done for the right reasons, and for high needs block resources to be used wherever appropriate and possible to support solutions to enable young people to be supported in local provision.

- As shown in the charts below, which are taken from internal LA data, **we know that young people placed in INMSSs are more likely to be older than the overall cohort of young people with EHCPs**. For example, only 13% of young people placed in INMSSs are of primary age (compared to 30% of young people with EHCPs in Derbyshire provision), but 49% are of secondary age (compared to 44% in Derbyshire provision), 25% post-16 (compared to 15% in Derbyshire provision) and 13% post-19 (compared to 10% in Derbyshire provision).

- **The right-hand chart below also suggests that young people placed INMSSs are more likely to have communication & interaction or SEMH as their primary need** – 43%, or 59 young people, have communication & interaction as their primary need, while 30%, or 41 young people, have SEMH as their primary need. These figures are proportionately higher than young people with EHCPs in Derbyshire provision. These figures correspond to the findings of research carried out by the Educational Psychology Service into the needs of young people placed in the INMSS sector. This study found 76% of young people in INMSSs had autism, 79% had challenging behaviour, and 59% had both. The study also found that 41% of placements into the INMSS sector involved a child moving directly from a mainstream school into the INMSS sector. Placement

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breakdowns, lack of capacity in special schools (rather than dissatisfaction with the offer), a lack of therapeutic services, and little capacity to develop support for children who it would be hard to accommodate within the existing cohorts in special schools were often cited as the reasons for these placements. Special school leaders also noted that the needs they found it most difficult to meet were:

- o the needs of children with combinations of complex needs, including communication & interaction and mental health needs;

- o children requiring more intensive adult support to manage social interactions and regulate their behaviour; and

- o children with high-functioning autism who required a very bespoke social environment combined with a more academic curriculum.

% distribution of EHCPs by age, comparing INMSS and overall EHCPs

Age	OOC INMSS	Derbyshire EHCPs
Early Years	0%	1%
Primary	13%	30%
Secondary	49%	44%
Post-16	25%	15%
Post-19	13%	10%

% distribution of EHCPs by primary need, comparing INMSS and overall EHCPs

Primary need	OOC INMSS	Derbyshire EHCPs
Cognition & Learning	8%	25%
SEMH	30%	17%
Communication & Interaction	43%	37%
Sensory/Physical	9%	12%
Not known	10%	9%

This does not suggest that Derbyshire simply requires more specialist provision for autism. As noted above, there seems to be a lack of consistent understanding of autism in mainstream schools across the county, which may be contributing to demand for pupils with autism to be placed in specialist settings. Developing more specialist provision for pupils with autism without addressing these underlying causes could simply exacerbate this trend. Instead, the evidence gathered here suggests that there would be value in thinking about two ways in which the offer of specialist provision might need to be reshaped in the future.

1. First, there would be value in thinking about how the special school offer could be developed to be able to support pupils with more complex combinations of needs, which may include autism, complex social and sensory needs, and the need for smaller, more adapted learning environments.

2. Second, there would be value in considering the offer of specialist SEMH provision within the county, given the high proportion of young people with SEMH placed in INMSSs. The current offer of specialist SEMH provision currently goes up to Key Stage 3. Our evidence suggests that the 15% of young people with SEMH placed in INMSSs are in Key Stage 4. This may reflect that some of this need is being met through the support centres. Given that 78% of pupils with SEMH in INMSSs are of secondary-age or older, we suggest that there would be value in thinking about the shape of the offer of local SEMH specialist provision, as well as the role of the support centres and the commissioning of INMSSs for highly specialised placements.

Overall, as shown in the chart below, there was a strong view among providers that there was not currently the right offer of specialist provision in Derbyshire: 70% of providers disagreed or strongly disagreed that there was currently the right offer of specialist provision, while professionals in central services were split on this question (43% agreed while 45% disagreed). It should be noted that there was a strong theme running through the responses, particularly from mainstream schools, that there was insufficient special school provision in Derbyshire. While it is the case that

Derbyshire places a smaller proportion of children with EHCPs in special schools and has proportionately fewer special school places than is the case nationally, this is not necessarily something that strategic leaders should aim to change.[16] In part, this is because one of Derbyshire's strategic aims is to foster inclusion and ensure young people with SEND are well supported in mainstream schools. The fact that Derbyshire has a higher proportion of young people with EHCPs in mainstream settings (50% compared to 35% nationally) and a lower proportion in special schools (28.2% compared to 34.8% nationally) is a significant feature of the inclusive local system and one strategic leaders wish to maintain.

There is the need to involve special school leaders more directly in decisions about placements of young people with the most complex needs and in shaping the overall special school offer at a strategic level

While Derbyshire places a smaller proportion of pupils with EHCPs in INMSSs, and the rate has reduced in the last year, our evidence suggests that some of these placements have been made not because they were judged by professionals or chosen by parents as the right placement, but due to a lack of places or gaps in local provision. This suggests that, with a different, more flexible and joined-up multi-agency approach, there may be scope to consider what alternative bespoke placements and packages of support could be developed to support young people with the most complex needs within Derbyshire.

Right offer: specialist SEND provision.'

- Strongly agree: Settings/schools/colleges 2%, Other professionals 9%
- Agree: Settings/schools/colleges 14%, Other professionals 34%
- Disagree: Settings/schools/colleges 37%, Other professionals 34%
- Strongly disagree: Settings/schools/colleges 33%, Other professionals 11%
- Cannot say: Settings/schools/colleges 15%, Other professionals 11%

■ Settings/schools/colleges ■ Other professionals

At present, special school leaders do not have a means to come together as a group and with other agencies to consider what could be done to find a local alternative where a child may have to be placed in the independent sector due to a lack of suitable provision. In our national research, we have described models developed in areas such as Manchester that seek to empower special school leaders to consider how they could provide more bespoke packages of support. These models involve providing special school leaders with some additional resource (from what would otherwise be spent on out-of-area placements), and with input from other agencies, to develop alternatives that avoid pupils having to be placed in the independent sector and away from their local community where this is not judged to be the most appropriate placement for that young person. There was strong appetite for developing such an approach in Derbyshire that would enable special school leaders and other partners to consider alternative bespoke packages of support that could utilise the expertise of local services and schools. Our discussions with special school colleagues and strategic partners suggested this might have two elements.

a. **A complex placements partnership** – this would be a meeting of special school headteachers (or those with delegated decision-making responsibility) that would take place half-/termly, as appropriate. The partnership would then look at cases of pupils where an INMSS placement was being considered or where a pupil was coming up to a key transition point and, with the support of other agencies, would consider if the resources that might have to be found to pay for the pupil's placement could be used to create a bespoke, local alternative package of support. Some of these discussions take place already, through central complex placements panels and parts of the work of the SEND commissioning hub. Our suggestion is that this discussion needs to be broadened out to include special schools, and for the process to be designed so as to empower special school leaders to be able to use resources to consider and develop alternative packages. (We note that this will also require stronger support for the reintegration of pupils from special schools to mainstream schools, to create the capacity within special schools to support young people who would otherwise have to be placed out-of-county and/or in the independent sector due to a lack of local alternatives.)

b. **A strategic engagement about shaping the future offer of specialist provision in Derbyshire** – at the same time, there would be value in having a strategic engagement with special school leaders (and potentially as

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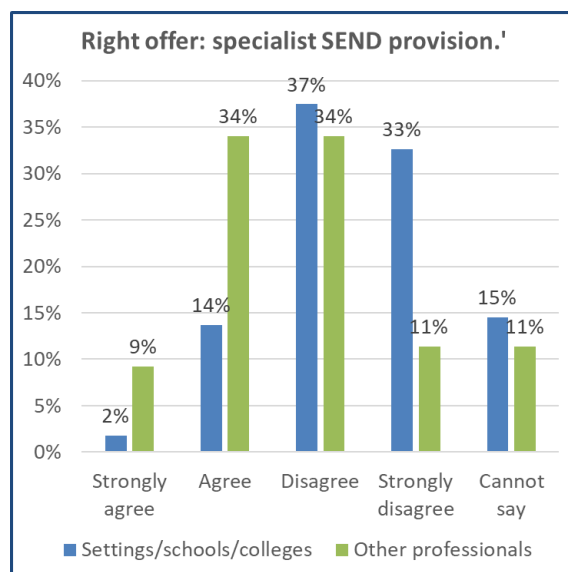
[16] Our analysis of the number of high needs placed commissioned in special schools relative to the pupil population suggests Derbyshire commissions 46 pre-16 special school places and 52 post-16 special school places per 10,000 pupils, compared to 80 pre-16 special school places and 80 post-16 special school places nationally.

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part of this also involving other specialist SEND services and providers, such as the ERSs) to share intelligence and shape projections about anticipated future needs and how services might be arranged to meet those needs. We think there would be value in linking this to the work we recommended is done around a revised role for the SEND commissioning hub in chapter two. The idea here would be to combine the work of analysing trends with intelligence from key professionals and providers, and developing a clear and shared understanding of anticipated future trends and how the system would be supported to shape its offer to meet those needs effectively.

The ambition here would be to enable local special schools to meet the most complex needs of children and young people in Derbyshire, and to reduce placements in the independent special school sector where these were not the most appropriate placements for the pupil – in other words, in instances where a placement in the independent sector had been sought due to gaps in local provision rather than because the pupil had such a specific set of needs that they could only be met in a highly specialist, sub-regional setting.

There is the need to strengthen some of the core day-to-day processes that relate to special schools, particularly admissions and funding

Special school leaders argued strongly that the point about the local system not having kept pace with the changing nature of needs in special schools also applied to some key day-to-day processes. There were two in particular that special school leaders highlighted.

1. **Admissions** – special school leaders' view was that there was a disconnect between their work and the locality SEN teams. They recognised that the locality model of the SEN Service worked well for mainstream schools, but considered it was less appropriate for special schools given that the latter admit pupils from multiple localities across the county. Specifically, special school leaders considered that the process for considering and making a placement for a child with an EHCP in a special school needed to be redesigned. They argued strongly that there was a lack of understanding of their offer and specialisms, of how they organised their phases and classes, and how they planned their curriculum, which meant that they were often consulted on placements that they could not accommodate. They also argued that there was a lack of dialogue, and found the process of multiple schools being consulted on whether they could meet the needs of a pupil frustrating. They noted that planning for transition for young people who were likely to move into special school sometimes took place very late, and could be planned for in a more pro-active way.

2. **Funding** – special school leaders argued that, since an exercise to benchmark and update special school funding in 2014-15, the profiles used to determine special school funding were now out-of-date and in need of revising. Special school leaders felt only the funding relating to pupils with severe learning difficulties (SLD) actually covered the costs of the support the schools needed to put in place. They also considered that the move from panel moderation of requests for agreeing or updating funding to a process whereby two other special school headteachers were consulted had not worked well. They described examples where the recommendations of the special school headteachers providing moderation had been overruled by a central decision, which suggested that the process was not being run as a peer moderation exercise but through central decision-making. In terms of capital funding, special schools leaders noted that some buildings and facilities were in need of some work to continue to be fit for the needs of the pupils they were currently accommodating. Leaders would welcome a means of being able to access capital funding to put in place creative solutions to meet a wider range of more complex needs, but, as noted above, considered that they needed to have a formal means of being involved in discussions about trends around out-of-county placements and Tribunal cases so as to be in a position to say what the special schools could put in place to avoid such instances in the future.

The role of alternative provision

There is growing pressure on local inclusion services and alternative provision in Derbyshire

Demand for AP in Derbyshire is growing. Internal data suggests the average number of pupils supported in AP at any one time has been rising steadily over the last three years: from 214 in 2016-17, to 229 in 2017-18 and to 253 in 2018-

19. While permanent exclusion is not the only reason for placements in AP, we know nationally and within Derbyshire a significant proportion of pupils placed in AP have been excluded permanently. The rate of permanent exclusion in Derbyshire is higher than it is nationally, and has been rising, as illustrated by the charts.[17] The chart on the left shows that the rate of permanent exclusion (the number of permanent exclusions as a percentage of the total number of pupils for each phase or type of school) in Derbyshire has been above the national average in the primary phase for the last two years (0.03 and 0.04 in Derbyshire in 2015/16 and 2016/17, compared to 0.2 and 0.03 nationally). The Derbyshire rate for the secondary phase has been consistently above the national average for the last three years (rising from 0.19 in 2014/15 to 0.24 in 2016/17, compared to a rise of 0.15 to 0.2 nationally during the same period). (While there have been no permanent exclusions from special schools in Derbyshire in the last two years, compared to a national rate of 0.08 and 0.07 nationally, the rate of fixed-term exclusions in Derbyshire special schools is higher than the case nationally, as shown in the right-hand chart below.)
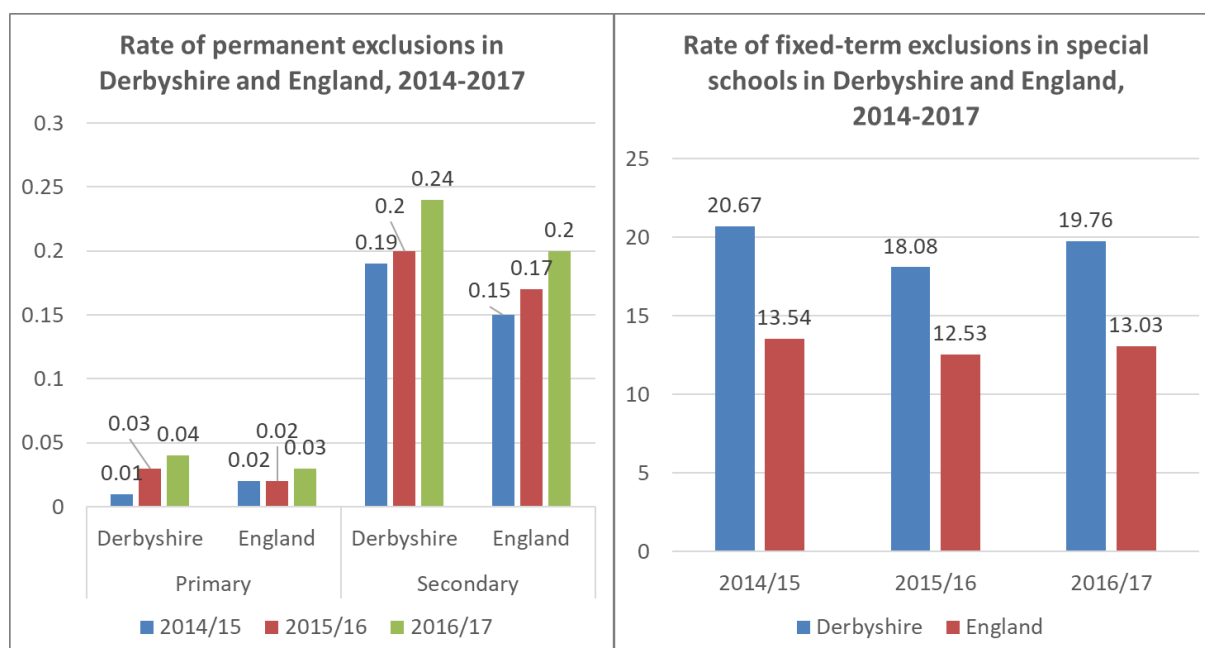
Studying the data in more detail, it is important to note that pupils with SEND are disproportionately represented among the cohort of excluded pupils. As the underlying data published alongside the national figures show (see the chart below to the right), 60% of pupils permanently excluded in Derbyshire in the 2016/17 academic year had an identified special need – almost half (48%) were on SEN support and more than one in 10 (13%) had an EHCP. The same data show that rate of permanent exclusion among pupils on SEN support (0.48) and with EHCPs (0.57) was higher than for pupils with no identified SEN (0.05). The same pattern was also seen for pupils with one or more fixed-term exclusion: the rate for pupils with EHCPs (10.36) and on SEN support (5.5) was higher than for pupils no identified SEN (1.3).

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[17] *Permanent and fixed-period exclusions in England: 2014 to 2015, 2015 to 2016,* and *2016 to 2017,* Department for Education

This chimes with a picture we heard during the fieldwork about the fact that the pupils placed in the support centres in Derbyshire were increasingly more likely to have SEND and require longer-term placements. The combination of increased numbers, a changing profile of need, and the longer duration of placements was putting capacity within the support centres under pressure. This in turn was reducing the capacity available for shorter-term, turnaround placements and to reintegrate pupils into mainstream settings.

Colleagues connected with the support centres whom we engaged reflected that there was a lack of formal processes and support to reintegrate pupils into mainstream schools after a placement in AP, but that there were children currently in the support centres who could make that transition successfully. The lack of reintegration routes was compounding capacity issues. Colleagues connected with the support centres reflected that due to the pressures on mainstream school accountability, curriculum and funding, and the

Proportions of pupils permanently excluded during AY2016/17

fact the support centres were not in a position to offer the same breadth of curriculum that would count towards mainstream school progress measures, there was oftena lack of ownership on the part of schools of pupils placed in AP and increasing pressures to exclude pupils. They recognised that these were pressures seen nationally and affecting other local areas, but also noted that there were practical actions that could be taken locally to ensure local AP was used effectively and equitably. They argued strongly that there needed to be a different model of organising how AP was used, based on fostering individual and collective responsibility on the part of mainstream schools for the pupils placed in AP, in terms of their placement, their outcomes, and their reintegration and/or progression.
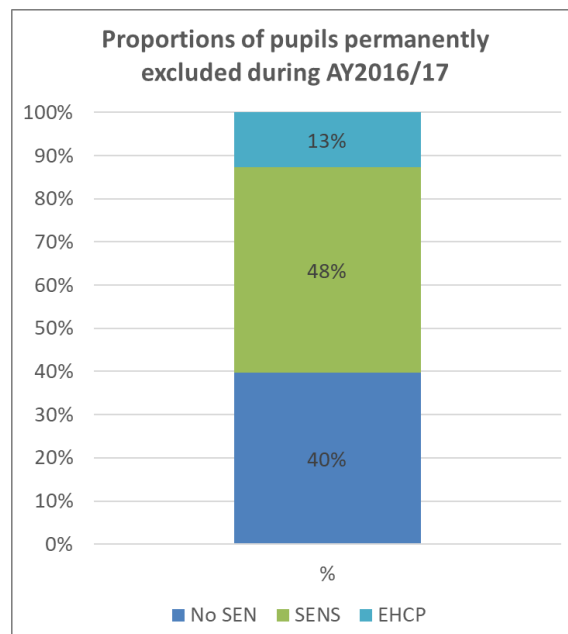
There is the need to consider the pathway for pupils who are excluded or out of school to ensure that they are in receiving appropriate, high-quality education and able to make a swift transition back to mainstream school or an alternative setting where appropriate

We heard some strong messages during the review about the need to consider the pathway of support for pupils who are out of school due to exclusion, specifically the respective roles of the Inclusion Pathways Team (IPT) and the support centres. At present, the role of IPT is intended to be to provide education to pupils from the sixth day after a permanent exclusion and support pupils' transition into a Support Centre or back into a mainstream school. Concerns were raised that this work is not always joined up with the work of the support centres. Internal data suggests that IPT achieves a high rate of reintegration of pupils back into mainstream schools – 47% of the 251 pupils supported during the 2017/18 academic year, with 8% of pupils moving into one of the support centres and the remainder going to special schools or moving out of the local area. On average, pupils are supported by IPT for a period of four months (the most common is up to three months, with 57% of pupils progressing on from IPT within this timeframe). While some other providers expressed concerns about whether pupils supported by IPT were in full-time education and whether IPT is effective in getting pupils back into mainstream schools, the data provided to us does not bear out this picture or concerns. Instead, this suggests that there is the need to develop a stronger and more coherent continuum of support, drawing on the role of IPT and the support centres, so that there is a strong integrated offer of inclusion support and provision for pupils who are at risk of exclusion or have been excluded.

As with other forms of specialist provision, there is the need to revisit and redefine the role of AP in Derbyshire

As the chart below shows, the majority of both providers (61%) and other professionals (50%) who responded to our survey disagreed that there was currently the right model for AP in Derbyshire. In some instances, this reflected a view that the *quantity* of provision that was available was insufficient. As we know from our national research on AP, such views can reflect a lack of understanding of the factors that drive demand and pressures on AP, how it is used, the finite resources that are available for local AP within the high needs block and how these are related to school budgets. There was certainly a strong theme in the messages we received from schools that there was insufficient AP and there simply needed to be more provided. Put together with some of the messages around inconsistent approaches to inclusion and the trend data on rates of permanent exclusion (and the fact pupils with SEND are heavily represented within that cohort), we would suggest that there is the need to foster a stronger sense of individual and collective responsibility on the part of mainstream schools for pupils placed in AP and how local AP can be used equitably and effectively to meet the needs of local pupils.

The evidence we gathered also suggested that there is the need to redefine the role, capacity and offer of AP provided through the support centres. First, as noted above, the support centres were set up to provide short-term placements and preventative support, but increasingly they are becoming long-term alternative specialist settings, with reduced capacity to provide the turnaround and preventative provision originally envisaged. Second, there are some differences in the distribution of places in AP across the different localities, with far less capacity available in the Support Centre serving the south of the county than the centre and northern localities.[18]
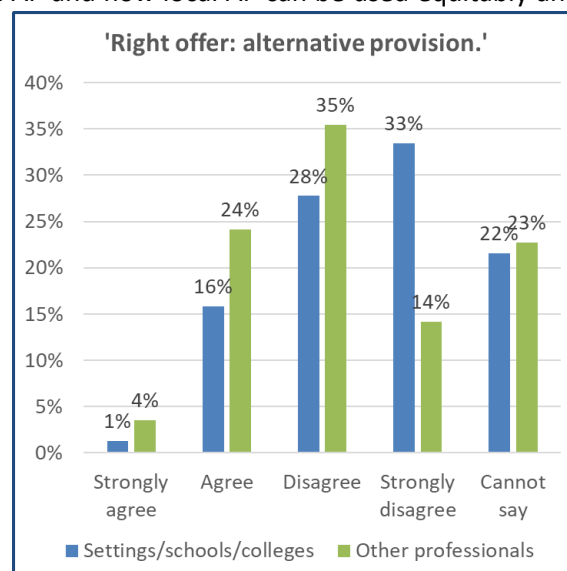
'Right offer: alternative provision.'

Recommendations

Recommendation 5.1: Rearticulate a clear offer of ERS support based on current and future needs that is equitable across localities and consistent across phases

We have described above a starting point for defining a clear and equitable offer of ERS support across the county. Within each of the categories of need or needs in which the ERSs specialise in the future, it is vital that there are clear criteria, models of support and pathways, which are coherent (if not necessarily identical) across phases. Furthermore, it is crucial that the roles of the ERSs are defined clearly and distinct from what is expected from mainstream schools and settings, targeted services, and other forms of specialist provision. The role of the ERSs needs to be clearly described and understood by professionals in central services, including those supporting parents to express their preferences for types of placements, as well as by other providers and families themselves. Lastly, there should be a formal process established for routine strategic engagements with ERS leads and strategic commissioners to ensure the offer remains coherent and is informed by and responsive to changing local needs.

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[18] Internal data suggest that the south of the county has had between 7% and 8% of the places commissioned in AP over the three years between 2016-17 and 2018-19, compared to 33-42% in the north-east and 50-59% in the Amber Valley area.

Recommendation 5.2: Rearticulate a clear and flexible offer of special school provision across Derbyshire, and ensure the offer and core processes are informed by and responsive to current and future needs

As we have described in the chapter, the special schools in Derbyshire have a well-established partnership and there is an opportunity to build on this, linking that partnership more formally into shaping strategic decisions about the SEND system and the role of specialist provision more broadly. Part of this is around redefining the offer and specialisms of special schools individually and collectively, and ensuring this is understood by all professionals and those involved in the Derbyshire system. We suggest another part of this should be around developing formal mechanisms that put special school leaders collectively in a position to develop creative solutions to support young people with the most complex needs who might otherwise have to be placed out-of-county, and to be involved in the strategic planning and shaping of the future offer of specialist provision so that it responds to current and future needs. These points relate to our overarching theme about the need to refocus existing services and provision based on a "strategic blueprint". Another of our overarching themes relates to the need to ensure that the core systems and processes that govern the day-to-day running of the local SEND and high needs system are working consistently effectively. This relates to the special school sector, and specifically the need to strengthen the processes that govern placements and funding in special schools so that these are seen to be fair, equitable and effective.

Recommendation 5.3: Work with school and AP leaders within localities to develop responsibility-based models of local inclusion support and AP in order to strengthen pathways, reintegration and the equitable use of local AP

With the publication of Edward Timpson's review of exclusions and proposed changes to the Ofsted school inspection framework, we would suggest that there is an opportunity to explore with mainstream schools and AP providers in Derbyshire a more partnership-focused and responsibility-based approach to the use of AP and inclusion support. The aim should be to engage school and AP leaders within localities in discussions about how to ensure an appropriate balance of inclusion support, preventative services, turnaround and more specialist provision, and how schools could work together to ensure this was used equitably. The aim here would be to make a change from AP being seen as a resource provided centrally for individual schools to use, to a key part of the education system in a locality for which all schools have an individual and collective responsibility to ensure that it is used effectively and equitably to support pupils from that local community. This would present a good co-production opportunity, but also one that would help to strengthen partnerships and collaborative working within localities, which would also help to address some of the issues around rising pressures on AP, the pathways into and out of AP, and the offer within AP itself. This should be done in the context of considering the overall SEMH continuum, across universal, targeted and specialist services, and across health, care and education services.

Chapter six: Preparation for adulthood

Key findings

Preparing young people for adulthood needs to be an underpinning principle of all support, services and provision, across all ages, within Derbyshire

Throughout the review, and from every group of stakeholders and partners to whom we spoke, there was a strong message about the need for preparation for adulthood in its broadest sense – not just post-16 or post-19 transitions, but planning for long-term outcomes for young people – to be central to the future high needs strategy in Derbyshire. From the young people to whom we spoke, there were a set of clear themes when we asked them what they aspired to in the future and what they valued. Being able to work and be independent were central to their aspirations for the future. Young people saw these as valuable in order to be able to earn a living, to avoid being dependent on others, to be independent and able to pursue their own interests (owning a home, having friends, pursuing their passions), and for self-esteem (doing something you like and feel is important). As one young person put it, 'At the moment, I have always relied on others, but in the future I want to rely on myself.' The young people we spoke to also described a wide range of career pathways that they would be interested in pursuing. These included careers in catering, IT, the car industry, the digital industry, politics, animal care amongst others.

Many professionals questioned, however, whether conversations about how young people might pursue these aspirations were taking place consistently, and how information about these aspirations was being captured, integrated into plans of support for young people, and collated to inform the offer of support at county level. The consensus among strategic and service leaders was that:

- while there were pockets of good practice in supporting young people into adulthood, there was not yet a shared, overarching vision for preparing young people for adulthood and what they could aspire to;

- there was not a clear, shared set of underpinning aspirations for young people with high needs and SEND – as one service lead put it, 'we have high aspirations of what traditional services can provide and low aspirations of what young people can achieve' – the consensus was that this needed to be reversed;

- there was not yet a well-established, systematic culture of enabling the young people themselves to express their aspirations and using this to inform planning – as a result, professionals and providers felt the voice of the young person themselves was sometimes missing from discussions about their future, and instead decisions were influenced by what their parents may want or have come to expect for them; and

- professionals and providers were not consistently having "realistically ambitious" conversations with young people about their futures – ambitious in terms of what a young person would like to go on to do, but realistic in terms of being grounded in the practical steps they could take to pursue a career in an industry in which they were interested.

'Right offer: preparation for adulthood.'
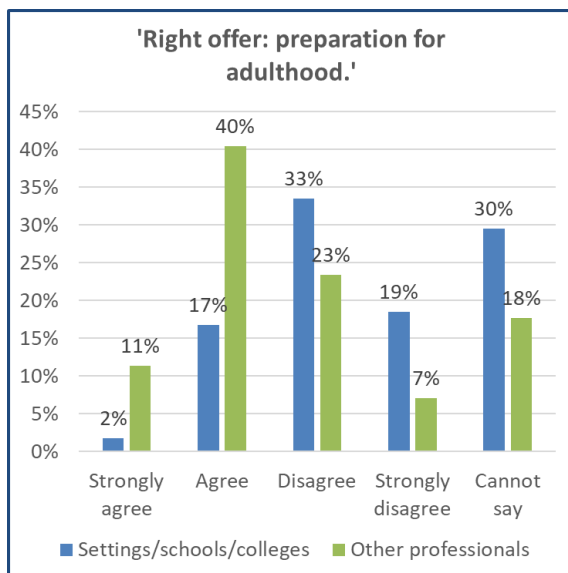
In our survey, we asked professionals and providers if there was currently the right offer of support in preparing young people with SEND and high needs for adulthood. As the chart shows, 52% of professionals agreed with this statement, but 52% of providers disagreed. There were also a high proportion of "cannot say" responses (30% of providers, 18% of professionals). The responses suggested these often came from those working with younger children, who may be less likely to feel confident saying that the support they have provided has prepared a young person successfully for adult life. Nevertheless, colleagues also suggested that this indicated a weakness in the local system in that often services were not in a position to know whether the support that had been provided had been effective.

Achieving this will require arrangements for capturing young people's aspirations, defining long-term outcomes with them, and planning support to be strengthened

Part of the reason colleagues gave for wanting there to be a bold and ambitious vision for young people with SEND and high needs was that it would prompt not only a shift in culture, but would require a recalibration of systems and processes for planning support for young people. There was consensus that four main areas would need to be strengthened.

1. **Capturing systematically the aspirations of young people, collating these and using them to shape individual support plans and the overall offer of support** – there was broad consensus that this was not done systematically at present. As a result, young people were not always in a position of being able to shape plans about the support they received and their long-term aims. Providers expressed some concerns about the consistency and quality of EHCPs, particularly the fact that outcomes were not always captured and expressed in concrete, specific, person-centred ways. Capturing information about young people's aspirations early, but specifically before they start Key Stage 4, should be central to local processes, and should inform individual packages of support as well as broader strategic planning of local pathways.

2. **Providing families with effective, early advice about opportunities and pathways, as well as about what support could (and could not) be offered, and having "realistically ambitious" conversations with young people and their parents about long-term aspirations** – providers, professionals and parents agreed strongly that this was needed.

3. **Developing a robust and early transition planning process for young people likely to require some ongoing support from adult services after they turn 18** – there is work in train to address this, but the consensus was that there is not yet a well-established process for identifying young people likely to require some support from children's and adult services to make the transition to independent adult life or who may require some ongoing social care support.

4. **Enabling professionals to draw on a range of support options to plan bespoke packages of support** – there was broad consensus among parents, professionals and providers that some planning processes started too late that often meant there was a lack of time to develop creative, flexible and personalised packages of support. Parents fed back that they often met with resistance when they asked about bespoke packages of support, and commissioners reported instances where SEN officers had recommended placements in specialist post-16 institutions due to a lack of local alternatives. This feedback suggests that there is the need to broaden the menu of options from which SEN officers can draw, but also ensuring that planning starts sufficiently early and is informed by discussions with the young person, their family and other services working with them, in order that the most appropriate packages of support can be put in place.

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Achieving good long-term outcomes for young people will also require a broader, more joined-up and jointly owned offer of education, employment and care pathways

At the same time, achieving good long-term outcomes for young people will require the current offer of support for young people making the transition to young adulthood and adult life to be strengthened. The feedback we gathered suggested that there are two ways this should be done. First, this will require key aspects of the offer to be strengthened.

- **Education** – the evidence we gathered during the review suggested that there is currently a disjointed offer of education for young adults with SEND and high needs, namely those aged 16-25. Published data and feedback from providers suggest that Derbyshire has fewer young people with EHCPs moving into college than is the case nationally (3.4% in further education colleges, compared to 11.7% nationally in January 2018). Feedback also suggested that the offer of support in schools, particularly special schools, and the offer in college is markedly different. Leaders from both sets of providers agreed that there was not a coherent vision and set of pathways that would help young people make that transition. (One special school has sought to develop a more clearly demarcated post-16 offer, so as to make the decision about where pupils continue their education post-16 more of a deliberate choice.) Overall, the evidence suggested that the current offer of post-16 education pathways was disjointed, and would benefit from closer joint working between schools, colleges and other providers to foster timely transition planning and more graduated transition from school to college and beyond.

- **Employment** – the offer of pathways into the world of work is developing in Derbyshire. For example, published data shows increasing numbers of young people with EHCPs in supported internships (eight), traineeships (one) and apprenticeships (six) in January 2018 compared to previous years, albeit from a low base. Given the value young people placed on moving into work, we would suggest that a key ongoing focus should be broadening the range of pathways for young people to move into the world of work. Colleagues suggested that this could be done by collating information about young people's aspirations and then approaching specific local employers with a concrete ask about providing pathways into work for an identified cohort of young people. Colleagues also argued that Derbyshire County Council needed to play a key role in this, as a significant local employer, by acting as a beacon of good practice in supporting employment opportunities for young people with SEND and high needs. These aims would be consistent with those of Derbyshire's disability employment strategy, launched in 2017.

Care – colleagues considered the offer of social care in Derbyshire was too heavily focused on day-care, and, responding to the feedback from young people, needed to focus much more clearly on fostering independence and resilience, and supporting young people in their own communities. Second, this will require the offer within individual services to be much more integrated and joined-up. As we noted above, concerns were raised during the review about inappropriate placements being sought due to a lack of bespoke local alternative options. The evidence we gathered suggested that there is a lack of understanding within individual services about what other services are able to offer, and a lack of co-ordinating capacity and processes for bringing together elements from different services to offer bespoke packages of support to give young people greater choice.

This is all the more important as the data we have gathered during this review suggest that numbers of young people with EHCPs aged 16+ have increased and are likely to continue to do so. Furthermore, published data suggest that, while Derbyshire's young people with SEN achieve at levels similar to their peers with SEN nationally at Key Stages 2 and 4, fewer Derbyshire young people with SEN overall (EHCPs and SEN support) aged 19 achieve level 3 qualifications, and fewer young people with EHCPs achieve level 2 qualifications relative to their peers nationally. In 2017, Derbyshire's disability employment strategy noted that:

- a disabled person in Derbyshire is eight times more likely to be unemployed than a non-disabled person, which is larger than the gap nationally (a disabled person is five times more likely to be unemployed);

- in 2015/16, only 1.7% of adults with learning disabilities known to adult care in Derbyshire were in employment, compared to 5.8% nationally;
- in March 2017, 3.59% of Derbyshire County Council's workforce declared a disability, compared to population survey data that suggests closer to 12.7% of the LA's workforce may have a disability (these figures should be treated with caution, however, since they do not account for people who may choose not to declare a disability).

Recommendations

Recommendation 6.1: Set out a shared vision about the aspirations and opportunities that should be open to all young people with SEND and high needs in Derbyshire

The colleagues we engaged during the review, and specifically those from across education and care services we brought together to focus on the theme of preparation for adulthood, argued strongly that partners across Derbyshire should set out an unapologetically ambitious vision for young people with SEND and high needs. They argued that this should include the core principles and expectations that young people with SEND and high needs should:

- have the same opportunities and take part in the same rites of passage as their peers;
- expect that they will have the opportunity to move into the world of work, and in most cases paid employment, when they move into adult life;
- be able to live as independently as possible; and
- have the opportunity to live within and be an active part of their local community, with strong networks, friendship groups and family around them.

Colleagues recognised that every young person would have different needs and aspirations, and would make their own choices. The aim here was not to *prescribe* what young people should aspire to, but rather to set an overall ambition for the local system within which young people could form their aspirations, exercise their choices and pursue their goals. Colleagues note that setting aspirations for young people to move into independent adulthood and paid work would shift the culture of support, and would necessitate professionals having very different conversations with young people and their families – conversations focused on long-term outcomes and ambitions. Colleagues also noted that this would require the local system itself to be clear on what good preparation for adulthood would look like in Derbyshire, and what outcomes would indicate whether this was being achieved.

Recommendation 6.2: Develop explicit processes for planning long-term outcomes and pathways for young people, and embed these in young people's plans and the day-to-day work of all services and provisions

Colleagues argued that a bold vision for preparing young people for adulthood would require key processes to be strengthened, specifically:

- capturing systematically the aspirations of young people, collating these and using them to shape individual support plans and the overall offer of support;
- providing families with effective, early advice about opportunities and pathways, as well as about what support could (and could not) be offered, and having "realistically ambitious" conversations with young people and their parents about long-term aspirations;
- developing a robust and early transition planning process for young people likely to require some ongoing support from adult services after they turn 18; and
- enabling professionals to draw on a range of support options to plan bespoke packages of support.

Recommendation 6.3: Develop a broader and more integrated offer to widen the range of pathways open to young people with SEND and high needs

This review has identified areas within existing support pathways where there are opportunities to strengthen the current offer. These include:

- **within education** – fostering greater connections between schools and colleges, so that there is a coherent pathway and approach to support across all post-16 and post-19 education providers that is preparing young people for adult life, not just for the next transition;
- **concerning employment** – continuing to develop a range of pathways into the world of work for young people with SEND and high needs, including engaging individual employers (large local employers, the Council and others) to develop offers for specific, identified cohorts of young people, and with the LA acting as a leading employer of young people with high needs; and
- **in relation to care** – bringing together existing options, ensuring this is well understood within SEN services, and refocusing support more around supporting young people's independence and resilience.

This offer must not, however, be seen as a fixed set of pathways into which young people should fit. Instead, these should be seen as part of a broad and flexible menu of support that could be used to support a young person to make the transition to adulthood. This will require that this is agenda is driven forward at senior leadership level within the LA, but also that there is capacity to collate and co-ordinate the offer, and to be pro-active in engaging employers, working with providers to shape a more joined-up set of education pathways, and to help draw together support from children's and adult social care. It will also require a commitment from services to work together to ensure professionals working with young people and families understand the overall offer, not just what is offered by their service.

Conclusion

Overarching themes from this strategic review

Local systems of support for children and young people with SEND and high needs are necessarily complex. The needs of young people that the system is seeking to support are varied, highly specific to each young person and their family and community context, and constantly changing. What is required to support young people successfully and to adapt to changing demands on local services requires contributions from a range of different professionals and agencies, all of whom have other, equally important priorities to manage and equally significant pressures with which to contend. As is well known, and as we have detailed in our national research, demands on local systems in terms of how they support young people with SEND and high needs are increasing and financial resources are stretched increasingly thinly. This is the context in which the colleagues who have contributed to this review of high needs in Derbyshire are operating.

Within this, the review has found positive developments that should be built upon. As we noted at the outset, there have been a number of promising ideas that have been developed in the context of the previous strategy that need to be retained, in some cases refined, and built upon. The review has also heard some strong messages from colleagues about how the day-to-day experience of working within the system in Derbyshire, particularly the need to strengthen communication, create a culture of professionals working together to find solutions, rather than one that colleagues perceive can be unnecessarily adversarial and focused on gatekeeping, and ensure swift, timely and effective access to consistently effective support. The findings in this report are set out around six overarching themes, under which we have made a total of 17 recommendations. Put simply, these focus on what we called out the outset of this report three key "building blocks":

- embedding core systems and processes – concerning things like the identification of need, assessments, plans, reviews, placement decisions, funding, access to support and commissioning of services – so that they are working consistently effectively and transparently across the county;
- ensuring that there is a "strategic blueprint" providing clarity about current and future needs, how these are to be met and the role of specific services and provisions in doing so; and
- encouraging services to work together in ways that enable young people to articulate a set of meaningful, long-term aspirations for adulthood and to pursue those successfully.

In short, the key messages from this review support the importance of partners working together in a spirit of co-production – sharing and solving problems transparently and collaboratively – ensuring that there is a strong, shared vision and strategic plan for how the system will support young people with SEND and high needs, that the core systems that underpin the system work smoothly and effectively, and young people achieve good long-term outcomes.

The future direction of travel

Few of the recommendations we have made require fundamental reorganisation of services – although there are some implications for how some services are arranged and how some provisions are commissioned to ensure these match current and anticipated future needs. We recognise that the context for this review is one where there remains considerable pressure on public finances – the budgets of councils, CCGs, schools, settings and colleges. We also recognise that there is limited scope for increasing resources in the high needs block, and little prospect of the quantum of high needs block resources available in the medium term.[19]

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[19] Derbyshire previously re-baselined the high needs block to reflect what was being spent on supporting young people with additional needs. The current formula for distributing high needs funding to local areas is significantly weighted to past spend, which is protected against sudden reductions. Nevertheless, this means it is unlikely that Derbyshire will receive more resources in the high needs block unless there is a significant overall increase in funding for high needs at national level.

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As such, we recognise that where the local system in Derbyshire is facing challenges, the solutions do not lie in simply creating more services or more provision. Instead, the solutions must come from more systemic approaches, which recognise the interconnections between different parts of the local system – across the age-ranges, between mainstream and specialist, between early support and statutory provision, between education, health and care. Such solutions must necessarily take a "whole system" perspective, must foster shared understanding, collective ownership and collaborative work, and must be pro-active in responding to trends and building capacity so that the system is well equipped to support young people across the county.

This is easier said than done, and it would be misleading to suggest that there are guarantees that the pressures being experienced by the system and on high needs resources in Derbyshire can be avoided altogether. There is work ongoing to make the case to national government about what is needed to address the root causes of these pressures. In the meantime, however, our work nationally and with colleagues in Derbyshire shows that there are ways of operating and embedding effective, system-wide approaches to supporting young people with SEND and high needs at local level. As we have set out in this report, these approaches will require:

- a shared ethos and strategic blueprint for how the local system will support young people with SEND and high needs;
- a commitment to working transparently, formatively and co-productively with families and partners;
- collective leadership, oversight of the local system, and ownership of high needs resources;
- a commitment to inclusion and a pro-active approach to build capacity for inclusive practice across mainstream settings and universal services;
- effective, responsive, flexible and sharp commissioning of targeted services and specialist provision to enable and equip providers to responding to changing needs; and
- a forensic and rigorous approach to targeting, avoiding or planning to redress instances where more specialist services or placements have been required when more less specialist solutions could have been put in place as an alternative.

In a Derbyshire context, the aim must be to create a more flexible, responsive system that provides the right support for young people, families and providers at the right time. The ambition must be to create some "headroom" in the system, but seeking to build the capacity and put in place pro-active solutions to meet the needs of some young people at less specialist and more cost-effective level. This "headroom" within the local system and its high needs resources could then be used to continue to strengthen approaches focused on early support and prevention and on building capacity for inclusion across mainstream and universal services. In practice, this might include:

- building mainstream capacity by supporting the development of effective inclusive practice, providing swift access to additional support when it is required, and developing a strong, holistic offer of targeted support and inclusion services to ensure a high proportion of young people with SEND and high needs are and continue to be well supported in mainstream schools in the future;
- strengthening the process for reintegrating young people placed in specialist settings (special schools, ERSs and AP) into mainstream schools to ensure that specialist provision is in a position to respond swiftly where placements are required and is in a position to meet the most complex local needs;
- empowering special school leaders to work collectively and with partner agencies to put in place alternative bespoke solutions to avoid the need for out-of-area placements where these may not be necessary and where local alternatives could be developed, so as over time to reduce the number of young people placed outside local, state-funded provision where this would not be the appropriate placement (there are currently more than 130 school-age children placed outside local, state-funded specialist provision; the evidence we have gathered suggest the ambition might be to reduce this to 70-80 over time);
- likewise, fostering collective responsibility among schools for the use of AP within their locality, and shift the balance of AP towards more preventative and turnaround provision, but with appropriate capacity for longer-term placements where required, in order to reduce exclusions and unnecessary longer-term placements in AP, and ensure the system was in a position to use resources to foster inclusion and preventative support; and
- focus on progression and transition for young people post-16 and post-19, with the aim of increasing the numbers of young people moving into college at 16, routes into work / employment post-16 and post-19.

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There are a number of ways this could be achieved. In setting out our recommendations, we have deliberately not gone into the territory of stating what proportion of the high needs block should be spent and where. These are rightly decisions for local leaders to take together, in a spirit of co-production. What we have done, however, is set out alongside this report a pack summarising the analysis we have done of the available national and local data concerning current needs and what the future trends may look like based on these. The pack we have developed sets out:

- numbers of young people with EHCPs (which we expect will remain largely around 3,000, with a slight decrease in line with the local 0-25 population), as well as those requiring support from the high needs block (e.g. through GRIP);
- the breakdown of this cohort of young people with EHCPs by age (which we suggest could move towards a position where roughly a third of young people with EHCPs are in the primary phase, the secondary phase, and in the 16-25 cohort);
- the profile of placement types (where we anticipate a small growth in post-16 and post-19 placements, but largely steady proportions of young people with EHCPs in mainstream and special schools); and
- the profile of primary need (where the data suggests an increase in the proportion of young people with communication & interaction needs, but where we also know future trends are likely to be based around complex combinations of needs, including communication & interaction, emotional wellbeing and mental health, and cognition & learning).

The analysis we have offered is not in the form of a set of predictions. Instead, we have developed a set of analyses that draw on current trends and strategic priorities, and make a set of transparent assumptions about how this could develop in the future. The aim is to provide a point-of-comparison by which leaders of the local system in Derbyshire could check if they are largely where they expected to be at a given point in the future, or whether the assumptions underpinning these analyses may need to be revised. We hope that this helps to inform the planning of services and the commissioning of provision, so that the whole continuum can respond swiftly and effectively to current and future needs, thus helping to create the "headroom", flexibility and pro-activity in the local system required to provide early support and avoid the need for more specialist and statutory provision further down the line.

Next steps

One of the things that was most valuable to us when carrying out this review was the spirit of co-production and willingness to work collaboratively that we were able to draw upon during each of the phases of our work. Young people, parents and carers, practitioners and strategic partners have been unstinting in the generosity with which they have contributed ideas and suggestions, as well as constructive critiques, to the review. This report contains 17 recommendations. The strategic planning framework, that has been (co-)produced to be read alongside this report contains 23 actions that partners across Derbyshire have helped to shape and have committed to taking forward. Taken together, the findings, recommendations and actions captured through this review represent an ambitious agenda – suitably aspirational, but nonetheless ambitious in its scope. This aspirations and ambitious that underpin this agenda cannot be accomplished by any one agency, actor or aspect of the local system in Derbyshire. Making progress on these aims and goals will require the collaborative work of all partners who have been involved in this review. It will require genuine, informed co-productive working to become the norm across all activity aimed at supporting young people with SEND and high needs within the local system. In the strategic planning framework, we have set out some of the ways in which colleagues can be engaged in shaping how this review is taken forward and its recommendations implemented, how they can be kept informed about and connected to developments across the system, and how partners can collectively maintain oversight and leadership of the system.

Taken together, we hope that this report, the strategic planning framework, and our underpinning analysis provide an accessible summary of the wealth of material and feedback we have gathered during this process, as well as a practically oriented roadmap for continuing to foster effective support for young people with SEND and high needs. Most importantly, however, we hope that through the review we have provided a means for colleagues to reflect on how the local system in Derbyshire supports young people with SEND and high needs, some of ideas that can be taken

and adapted from other local areas, and how to continue to foster a spirit of collaboration, partnership and co-production in taking this important agenda forward.

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Strategic review of high needs provision in Derbyshire

Final presentation to the SEND Strategic Board

23 May 2019

Project commissioned by **Derbyshire County Council**

Project undertaken by **Isos Partnership**

Aims of the project

1 To <u>gather evidence</u> and views on the current needs, trends and likely future demands for support, services and provision.

2 To <u>shape options and recommendations</u> for meeting the needs of young people and their families in Derbyshire in the future.

3 To <u>work collaboratively, iteratively and in a spirit of co-production</u> with partners to identify key findings, shape options and build consensus.

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The approach to the review

Phase 1: Where are we now?

In-depth evidence quantitative and qualitative gathering

(Sept-Nov 2018)

Phase 2: Where do we want to be?

Testing key findings and shaping recommendations through co-productive workshops

(Nov-Jan 2019)

Phase 3: How do we get there?

Developing a roadmap for how the recommendations are put into practice over the next two years

(Jan-April 2019)

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Our six review themes

1. **Co-production with parents / carers and young people**

2. **Partnership working and joint commissioning across education, health and care**

3. **Identification, assessment and access to support**

4. **Building inclusive capacity in mainstream schools and settings, and providing targeted support for inclusion**

5. **Developing responsive, effective local specialist provision**

6. **Preparation for adulthood**

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FINDINGS AND RECOMMENDATIONS

Co-production with families	EHC partnership working	Identification, assessment & access	Building inclusive capacity	Specialist provision	Preparation for adulthood

Findings	• There are <u>strong, co-productive relationships</u> with parents and young people. • Likewise, <u>young people with SEND are well-represented</u> on youth councils at county and district level. Nevertheless, there is both the necessity and opportunities to build on these relationships through <u>new co-productive activities</u> to <u>broaden engagement with parents and young people</u>.
Recs	1. Build on existing strong strategic relationships with parents of young people with SEND by <u>broadening strategic engagements and participation</u>. 2. Identify and develop <u>specific co-production projects</u> with parents (local offer, mainstream). 3. Develop a framework / network for <u>engaging young people</u> in strategic initiatives.
Actions	1. We will map out existing groups for parents of children with SEND and bring these into <u>a strong and broad parent and carer network</u>. 2. We will work with DPCV and other parent groups to consider and agree how existing funding should be used to <u>foster participation</u> in collaborative, co-productive working of parents and carers of children with SEND. 3. We will launch a <u>network for engaging young people</u> with SEND.
Outcomes	1. Increased <u>rates of participation</u> from parents and young people. 2. Parents and young people are more <u>involved in shaping strategic developments</u> across the local system.

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FINDINGS AND RECOMMENDATIONS

| Co-production with families | EHC partnership working | Identification, assessment & access | Building inclusive capacity | Specialist provision | Preparation for adulthood |

Findings	• A number of <u>positive developments</u> have been taken forward in relation to joint working across agencies. • Concerns about some of the <u>pathways of support</u> (emotional wellbeing and mental health, early help). • Need to re-launch the <u>SEND commissioning hub</u> as the vehicle for strategic joint commissioning. • Need to ensure <u>consistent messages about the local SEND system</u> from frontline professionals across agencies, and to re-articulate how agencies will contribute to EHC assessments and plans.
Recs	1. Revisit the purpose of the <u>SEND commissioning hub</u> – focused on taking a system-level view of current and future needs, and how these are met through joint commissioning. 2. Identify some specific <u>priorities for joint commissioning</u> – SEMH, C&I, autism. 3. Continue to work with <u>frontline professionals</u> to ensure consistent understanding of SEND.
Actions	1. We will re-launch <u>SEND commissioning hub</u>. 2. We will refresh <u>individual placement commissioning</u>. 3. We will ensure there are clearer processes across education, health and social care (children's and adult) that set out how we agree they should be involved with <u>EHC assessments, plans and annual reviews</u>. 4. We will continue to communicate the "core" messages about how the SEND system seeks to meet needs. 5. We will develop arrangements for enabling <u>strategic liaison</u> between education, health and care colleagues.
Outcomes	1. There are a <u>clear set of pathways</u> in place for areas identified in the first twelve months as priority areas. 2. Feedback shows that the right agencies are contributing in the right way and at the right time to the <u>EHC assessment, planning and review process</u>. 3. Evaluation evidence shows that newly designed, jointly-commissioning services and pathways are delivering <u>better outcomes</u> and <u>more timely support</u>.

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FINDINGS AND RECOMMENDATIONS

Co-production with families	EHC partnership working	Identification, assessment & access	Building inclusive capacity	Specialist provision	Preparation for adulthood
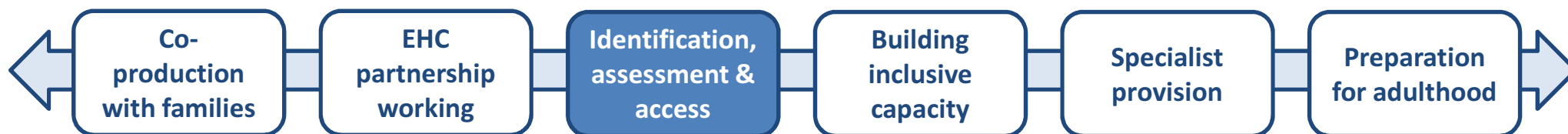
Findings	• **Information** – it depends on whether you know what you are looking for; need for strategic overview. • **Access to support** – strong concerns about processes for accessing support – feels overly adversarial, focused on gatekeeping – particularly GRIP. • **Assessment** – concerns about the quality of assessment, specificity of plans and outcomes, meaningfulness of engagements with families, annual reviews, contributions from agencies, capacity.
Recs	1. Update and refine the local offer to provide a clear overview, introduction and practical tool for parents, providers and professionals. 2. Address the concerns raised about the day-to-day operation of GRIP so that it delivers swift, pupil-centred high needs support for schools consistently effectively. 3. Refine core processes related to EHC assessments and plans to address concerns about consistency, quality and specificity of outcomes.
Actions	1. We will continue to refine and improve the local offer. 2. We will ensure that we have the right operating model, processes and capacity within our SEN services. 3. We will relaunch an updated and improved GRIP process. 4. We will revisit how we arrange top-up funding. 5. We will strengthen the way data on the local SEND system are captured and collated.
Outcomes	1. The local offer provides a clear introduction, a strategic overview of and accessible navigable tool. 2. Local SEN services provide effective and timely assessments, plans and reviews. 3. EHCPs and plans relating to GRIP and EYIF support are of a consistently high quality. 4. Providers and parents consider that the GRIP and EHC processes are timely, fair and transparent.

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FINDINGS AND RECOMMENDATIONS

Co-production with families	EHC partnership working	Identification, assessment & access	**Building inclusive capacity**	Specialist provision	Preparation for adulthood

Findings	• Derbyshire has some of the <u>hallmarks of an inclusive local system</u>. • This is <u>not consistent</u> across the county, and inclusion across Derbyshire is coming under pressure. • Derbyshire has a broad and comprehensive offer of <u>targeted inclusion support</u>, which is highly regarded. There were concerns about variable quality, duplication and the lack of a consistent, joined-up offer.
Recs	1. Continue to develop, support and strengthen <u>inclusive capacity</u> in mainstream education settings. 2. <u>Refocus the offer of targeted services</u> in a more holistic, strategic way so that they provide a coherent, consistent and responsive offer across the county.
Actions	1. We will co-produce a set of <u>clear expectations</u> about what <u>good mainstream inclusion</u> should look like in all schools across Derbyshire and we will shape an <u>offer of training</u> for SENCOs / SEN leads and for whole-school improvement with a focus on inclusion. 2. We will re-establish and re-launch <u>SENCO networks</u> on a non-traded basis. 3. We will work with SENCOs and others to define a <u>core offer of targeted support</u> and mechanism for requesting support.
Outcomes	1. Derbyshire continues to be an <u>inclusive local education system</u>. 2. The Derbyshire offer of <u>targeted inclusion support services</u> is achieving its strategic aims. 3. Pupils with SEND in Derbyshire make <u>good progress</u> and achieve <u>good development outcomes</u>.

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FINDINGS AND RECOMMENDATIONS

Co-production with families	EHC partnership working	Identification, assessment & access	Building inclusive capacity	Specialist provision	Preparation for adulthood

Findings	• <u>ERS</u> – key role, but opportunity to redefine the "core ERS offer". Ensure ERS role is clearly understood. • <u>Special schools</u> – opportunity to revisit and redefine the "core special school offer", enable special schools to be part of strategic planning and complex needs placement decisions. Strengthen core processes. • <u>AP</u> – need to redefine the pathway of support for pupils at risk of exclusion / requiring AP, and foster school responsibility for pupils placed in AP in light of the Timpson Review recommendations.
Recs	1. Rearticulate a clear offer of <u>ERS</u> support based on current and future needs that is equitable across localities and consistent across phases. 2. Rearticulate the offer of <u>special school provision</u>, ensure the offer and core processes are informed by current and future needs. 3. Work with school and AP leaders to develop <u>responsibility-based models of inclusion support and AP</u>.
Actions	1. Using projections data and intelligence, we will map out and define the core principles of the offer of the <u>specialist provision</u> that should be accessible in each locality across Derbyshire. 2. We will develop a <u>collaborative process</u> for considering potential out-of-area placements and developing bespoke, local alternatives. 3. We will work with special schools to develop <u>new funding and admissions processes</u>. 4. We will work with school leaders in localities to develop <u>new, responsibility-based models of decision-making</u>, responsibility and funding for pupils placed in AP to ensure a rich and effective offer.
Outcomes	1. Derbyshire continues to be an <u>inclusive local education system</u>. 2. There is a reduction in <u>out-of-county placements</u> and <u>transport costs</u>. 3. There is an <u>equitable offer</u> of specialist provision by locality in place. 4. There is a <u>reduction in exclusions</u> and indicators that children are exiting mainstream ed. inappropriately.

FINDINGS AND RECOMMENDATIONS

Co-production with families	EHC partnership working	Identification, assessment & access	Building inclusive capacity	Specialist provision	Preparation for adulthood

|	
Findings	• Preparing young people for adulthood needs to be an <u>underpinning principle of all support and services</u>. • Achieving this will require arrangements for <u>capturing young people's aspirations</u>, framing "realistically ambitious" goals, defining long-term outcomes with them, and planning support to be strengthened. • It will also require a more <u>joined-up and jointly owned offer</u> of support for young people moving into adult life across all agencies involved – education, care, health, employers and others.
Recs	1. Set out a <u>shared vision</u> of the opportunities to be open to all young people with SEND and high needs. 2. Develop <u>explicit processes for planning long-term outcomes and pathways</u> for young people, and embed these in young people's plans and the work of all services. 3. Develop a <u>broader and more integrated offer</u> of pathways open to young people with SEND and high needs.
Actions	1. We will co-produce a <u>shared strategic vision</u> for enabling young people with SEND to make a successful transition to adult life. 2. We will collate, map and develop the <u>existing offer of post-16 pathways</u>. 3. We will strengthen processes for <u>capturing young people's aspirations and planning the support</u> that young people with SEND may need to make a successful transition to adult life.
Outcomes	1. Young people in Derbyshire move into <u>good destinations</u> after they complete their formal education. 2. The processes for capturing a <u>young person's aspirations</u> are embedded and driving decisions and the planning of services.

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With many thanks to all those who contributed to the review.

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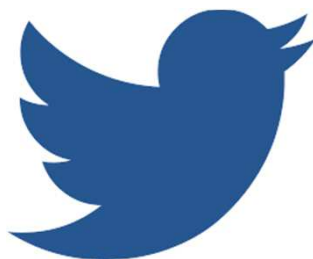
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healthwatch
Derbyshire

Carers Report

Understanding the quality of life for carers in Derbyshire

Date: June 2019
Author: Hannah Morton
Job Title: Insight and Intelligence Manager

CONTENTS

1. Thank you

Healthwatch Derbyshire (HWD) would like to thank all participants who gave their time to talk to us about their experiences of health and social care service in Derbyshire in relation to the quality of life for carers. We also extend our thanks to the many groups and services who supported and cooperated with this engagement activity.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all patients, family, friends and carers who have experienced health and social care service in relation to dementia care but nevertheless offer a useful insight. It is important to note that the engagement was carried out within a specific time frame and therefore only provides a snapshot of patient experience collected at that point in time. They are the genuine thoughts, feelings and issues that patients, families, friends and carers have conveyed to HWD.

The data should be used in conjunction with, and to complement, other sources of data that are available.

3. Background

HWD is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

HWD was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England.

The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

According to Derbyshire Carers Association (2019):

"There are over 120,000 people providing unpaid care for loved ones in Derbyshire. Established in 1988, Derbyshire Carers Association supports carers who look after a friend or family member who, due to illness, disability, mental health problems or an addiction cannot cope without their help and support.

"Many people who are supporting someone do not see themselves as a carer but as relatives or friends. Caring for others can be complex and demanding, physically taxing and mentally draining. Carers often become so focused on the person they care for that they forget to look after themselves. To keep going it is essential that carers look after their own health and well-being."

For more information around Derbyshire Carers Association, please visit: https://derbyshirecarers.co.uk/

4. Rationale for the report

To ensure a diverse range of individuals are able to share their views on local health and social care services, HWD undertake targeted pieces of work, paying specific attention to those who may otherwise struggle to be heard.

Derbyshire County Council (DCC) carry out the biennial Survey of Adult Carers in England (SACE) which seeks the opinions of adult carers, caring for an adult 18 and over, on a number of topics that are considered to be indicative of a balanced life alongside the unpaid caring role. The survey is designed to help the adult social care sector understand more about how services are affecting carer's lives.

On a national level, the SACE has suggested very little movement in terms of improving outcomes for carers and shown a steady decline in the last five years in overall satisfaction on what was, in survey terms, already at a low level. Locally, the SACE has also reflected a gradual decline in satisfaction, which was hard to unpick given the tick box nature of the survey, leaving DCC with some gaps in their knowledge and understanding of carers' quality of life.

As a result, between January and March 2019, HWD engaged with carers both in, and not in, receipt of services to explore their views and experiences around the themes of the SACE. The information presented will help DCC to understand the challenges faced by carers and how they can best plan and respond to them across the system.

5. What we did in brief

To collect consistent information across the county, a series of questions were developed to provide a framework for discussions with carers, which were based around the topics of the SACE and indicators of a balanced life alongside caring.

Our engagement team visited various groups and services between January and March 2019, in order to gather the views and experiences of carers.
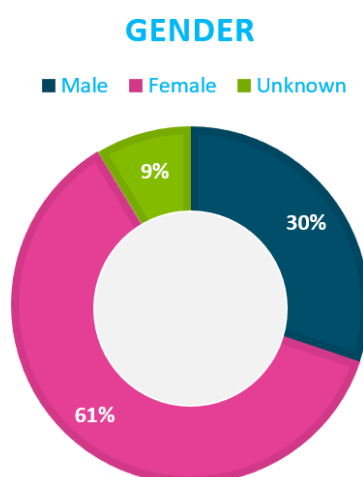
In total, we spoke to 428 carers about their experiences, and we did this in a number of different ways.

1. Through visiting groups and events which enabled us to get in touch with carers
2. Phone calls
3. Home visits.

5.1 Who we spoke to

The following charts provide the demographics of those who took part in our engagement:

5.1.1 Gender:

Our engagement team worked very hard to talk to both male and female carers, however only 30% of respondents were male. According to Carers UK, women are more likely to take on a caring role, there are 6.5 million unpaid carers in the UK and 3.34 million (58%) are women.

5.1.2: Age
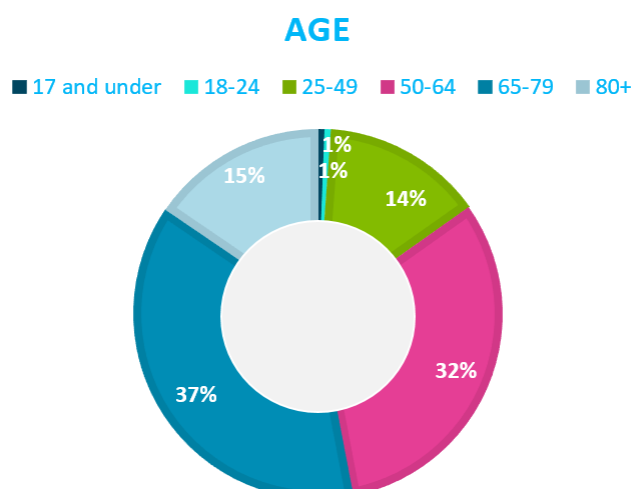
As mentioned within the rationale for this report, we were tasked to engage with adult carers. The biggest age group was 65-79 with a total of 131 carers.

5.1.3 Where do you live?

WHERE DO YOU LIVE?

- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
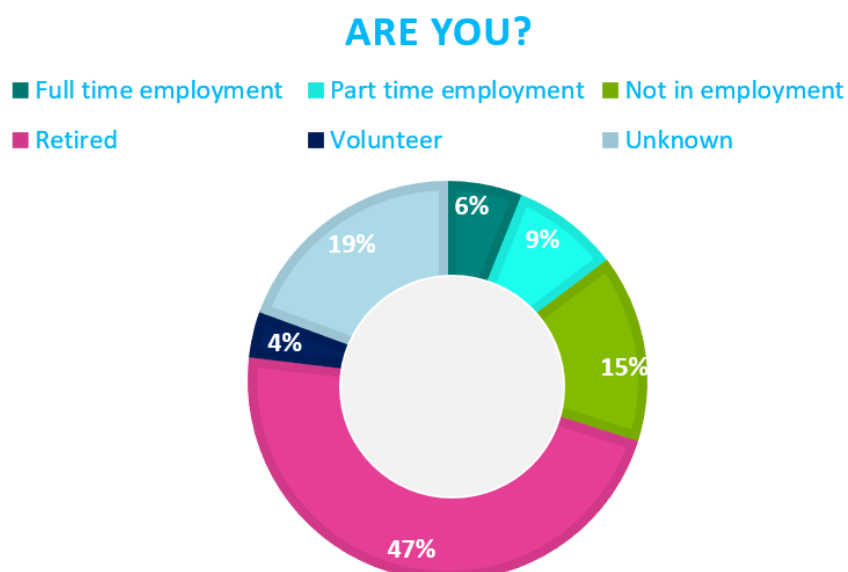- Erewash
- Glossopdale
- High Peak
- North East Derbyshire
- South Derbyshire

District	%
Amber Valley	11%
Bolsover	4%
Chesterfield	15%
Derbyshire Dales	3%
Erewash	21%
Glossopdale	4%
High Peak	10%
North East Derbyshire	0%
South Derbyshire	32%
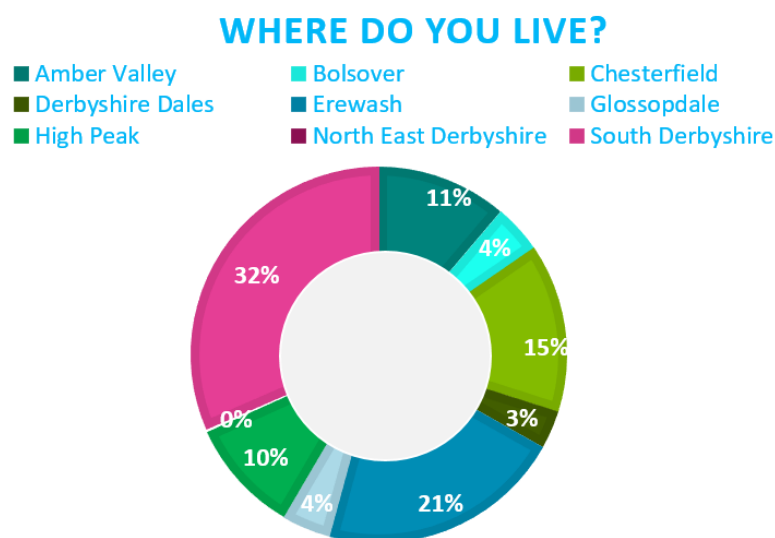
Our engagement team worked very hard to ensure they reached carers from each district across Derbyshire.

5.1.4 In addition to your caring role do you work in a paid or unpaid role?

ARE YOU?

- Full time employment
- Part time employment
- Not in employment
- Retired
- Volunteer
- Unknown

Status	%
Full time employment	6%
Part time employment	9%
Not in employment	15%
Retired	47%
Volunteer	4%
Unknown	19%

The majority of the carers we spoke to were retired, however 6% were in full time employment and a further 9% were in part time employment.

6. Key findings

- The role of a carer impacts negatively on an individual's quality of life
- Carers have had to make sacrifices in order to care for their loved one, for example having to give up work completely or reduce their hours
- Most carers felt their health was affected, due to not having the time to book/attend appointments and for some, their caring responsibilities had impacted upon their mental health
- Being a carer is a 24/7 job and this should be acknowledged by professionals
- A huge proportion of carers explained they had very little, or no time at all for themselves and felt they had no control over their daily lives
- Social contact and the ability for carers to have a 'break' was often reduced due time, finances and unpredictability of the cared for
- Peer support was described as invaluable and many carers felt support groups should be promoted more
- Mental health carers explained they did not know where to go for support, which was often made worse because of the stigma of mental health and people not wanting to talk about it
- Many carers explained difficulties of finding the right information at the right time and felt a 'one stop shop' would be a huge benefit
- Majority of the carers we spoke to had not had a carer's assessment, many carers were not aware that they were entitled to an assessment of their needs
- A number of carers felt the assessments were focused more towards caring for people with a physical illness and not a mental illness
- Carers want professionals to take the time to listen to them and offer support when it is needed
- A high proportion of carers explained they did not feel their views or opinions were considered or valued by professionals. However, carers of people living with dementia felt very involved within their loved ones care
- A large proportion of carers were unaware of their rights, and were unsure how to find out about them.

7. What people told us

7.1 Quality of life for carers:

Most carers explained that their quality of life had reduced or changed as a result of their caring role.

7.1.1 Work commitments

A large proportion of carers were retired (47%), however some explained that they *had* to give up work completely or reduce their hours to be able to care for their loved one.

A number of carers explained, they were unable to juggle both work and their caring role, especially when the health of the person they cared for began to deteriorate, causing their caring role to increase and it was simply no longer possible for them to carry on working.

Sample of comments:

- "I didn't have the time to do both, so I had to give up work, I would like to still be in work"
- "I still work and have altered my job so I can work from home on a computer when I have a free hour or so"
- "I had to give up work to become a carer."

7.1.2   Impact on health

Most carers explained that their caring role had a negative impact on their health. This varied from physically not feeling very well, but just not having the time to book a doctor's appointment so symptoms persisted and also, the impact on carers mental health due to their caring responsibilities.

A number of carers explained they had experienced anxiety and depression as a result of their caring role and had received prescription medication to help manage their mental health.

One carer explained that following a hospital admission she still had to arrange everything at home, "Even when I was ill I still had to be a carer 24/7, I had to put myself second."

When she was discharged home she received no further help or support as her husband was at home, despite explaining to staff that her husband had mental health issues and would be unable to care for her. As a result a family member had to take unpaid leave from work to be able to care for her. The carer felt that if her husband had a physical illness there would have been support put in place to help back at home.

Sample of comments:

- "I don't always have the time or opportunity to look after my health or go to my doctors, it would be good if you could have joint appointments to speak about your health when you take your partner for their appointments, just to see if you are OK"
- "Many carers are isolated as a result of being a carer and feel alone which affect your mental health. Being a carer is 24 hours a day, it is exhausting and debilitating and affects your health, you cannot find the time to look after

yourself. An acknowledgement of what carers do on a daily basis and how that impacts of you should be a priority for the local authority"
- "I am tired all of the time, physically and mentally"
- "If their health drops, so does yours, especially your mental health"
- A number of mental health carers explained there could be "emotional blackmail" from their loved ones at times as, "… they do not realise how upsetting they are being"
- "There is no recognition of how caring impacts our health, you are constantly worrying about the person you are caring for, who cares for us?"

7.2 Caring responsibilities

Some carers had been caring for a loved one for several months, whereas others had been caring for 20+ years.

In terms of the length of time spent caring each day varied considerably, but it was a common consensus that being a carer was a 24/7 job, even when a carer is not physically performing a caring act, they are still worrying or thinking of their loved one. It was also felt that this is something that should be acknowledged by professionals.

The responsibilities varied, some carers explained their role is often prompting and promoting self-care, whereas other carers undertake personal care for example bathing and toileting. Majority of the carers explained they have to do *all* of the cooking, cleaning and household tasks.

Sample of comments:

- "You are always on alert unless you fall asleep from exhaustion and then you do not sleep properly"
- "It is 24/7, even when I awake in the night, I worry about what the noise is that awoke me, has he fallen? Is he OK? When the phone rings you worry that is it because he has fallen, even when they are at day care or respite there are constant calls and worry"
- "He would never have a wash or shave if I didn't tell him and remind him, he would have no idea if he smells or not"
- "Mental health carers do not have to do personal care but have to manage the household and bear the responsibility for everything"
- "I make and cancel appointments for the person I care for, I help them to attend appointments and to get out and about. I cook, clean, organise everything and pay the bills, I basically make sure everything runs smoothly"
- "I know I have it easy compared to someone who lives with a dependant relative, but this person is just a former colleague. I feel obliged to continue supporting her because she had no-one else."

7.3 Carers time to self

A huge proportion of carers explained they had very little, or no time at all for themselves and some explained they felt guilty when they did. The majority of carers said they had no control over their daily lives, as everything revolved around the person they care for.

A very small number of carers had support from family and friends, which enabled them to get a couple of hours per week to themselves.

One carer explained, "Even though I have family I feel isolated, especially in the evenings. As a carer your role is to help the individual in the home … we are constantly on call and going out is a big thing and sometimes day to day routines can become mundane. Having family members to help out makes such a difference, it is essential to have a strong supportive network. That said, there can be an assumption made that carers are OK and coping if they have family support. It is really difficult for me to get the support I need as professionals are not linked up, I feel passed through the system. Sometimes there is too much information and it is just too overwhelming to take in, or sometimes there is not enough information and I don't know where to go for what I need."

Sample of comments:

- "I just used to go out once a month to the hair dressers"
- "In the little time I have for myself, I do very little as I am tired all the time. I lie on the sofa and watch TV if I can stay awake"
- "As a carer you can feel very alone … attending the carers support group is a lifeline where I am not alone in my struggles, I can be in a place where people can understand what I am going through and everyone shares tips to help me out"
- "My partner goes to day care once a week, but I cannot use that time for myself as I find myself using it cleaning up and sorting things out for his return"
- "My life is gone, I look out the window at my neighbours living their lives, coming and going and think why can't I do that?"
- "I feel as though I have no control over what time I do have spare, and how I use it. This is because partly society doesn't value my care, contribution or respect it."

7.4 Social contact

7.4.1   Impact on social contact

Many carers explained the difficulties of maintaining social contact with friends and family due to their caring role.

Some carers explained that since they took on the role of caring for their loved one, they are often unable to maintain social contact mainly due to time, finances and unpredictability of the cared for.

Some carers explained, that in order for them to go out with friends (regardless of how long for), they would need someone to look after their loved one, which costs money and not all carers can afford this.

Sample of comments:

- "My life was turned upside down, we used to get asked to do things all of the time, but not anymore as we had to keep cancelling at the last minute as my husband was not well enough to go"
- "It is very difficult to sometimes accept invitations to events. Just as I am ready to leave the house with my husband, he can change his mind and refuse to go with me. Just in the last few months, I have either missed nights out, or had to go on my own… If I do go on my own, I then spend the evening worrying"
- "Caring impacts on my ability to have a social life due to the unpredictable nature of the person I care for, and so it is hard to make plans to meet new people"
- "I just don't have the time, I don't see how I can find the time, caring is isolating it is all-consuming, its constant, you rely on people visiting you, it is like you are a prisoner"
- "My friends have vanished, meeting up with friends is difficult as you are restricted by your caring role, friends are not always able to meet when you are available"
- "The difficulty for me is because I run out of time as I am caring and I have no energy left so I do not want to go out as I am tired."

7.5 Carers support groups

Peer support was described by many carers as 'invaluable'. Many carers explained that through attending support groups, they were able to have open and honest conversations about their feelings, share experiences and advice.

One carer said, "I have been coming to [named] carers groups for a few years and it is very valuable, talking is a really good thing as you get to learn from other carers and share experiences. I need these times to spout off and I really value the time, I feel free here to share my feelings as other people who are not carers do not understand. The benefits of carers groups should be promoted more."

Many carers felt support groups should be promoted more, as many carers are unaware of local groups. One person explained, "If the GP can remind you about an appointment they could also let you know about support groups or mention them to carers during their appointments to check they know what is available in their area."

Although many carers are aware of the benefits of attending support groups, many are unable to do so due to time, finances and unpredictability of their loved ones. It was suggested by some carers to have more availability and flexibility of respite care as most carers just want 'a few hours' to themselves.

Furthermore, according to one carers groups, Derbyshire Carers are hoping to introduce a befriending service and all carers felt this was a very good idea and was something that, "Should have happened years ago and should be available for all carers if they need it."

Sample of comments:

- "It makes you feel not so alone, others will have experienced the same thing and know what I am going through"
- "I attend a carers group specific to mental health, and this peer support is invaluable. It is only once a month, but the people who attend are very understanding as they have similar experiences"
- "Just an hour or so (of respite) once every couple of weeks would have made our lives so much better"
- "There is day care but it is from 10-3 which is of no use to us, I just want a couple of hours once a fortnight, it would do us both good to be in different company"
- "It is a catch 22 situation, you need to make sure there is some care for the looked after people so carers can attend a group and not have to worry"
- "It is a place where you can talk about anything or nothing, which is exactly what we need"
- "The group is the only social activity which I share with people. Otherwise, I don't socialise with anyone apart from whoever comes to the house wanting something from me"
- "Services that run side by side may help, perhaps we could have activities that run alongside one another."

7.6 Information and support

7.6.1   Finding information and support

Carers explained they found out about the information and support available to them predominantly by word of mouth, whilst other carers explained that if they needed any particular information they would ask their GP.

As previously mentioned, carers groups were again highly commented on especially in terms of guest speakers from different organisations.

Many carers explained they would like to have a 'one stop shop' where carers could ask a question, or share a concern in which a worker would find answers and/or information on their behalf. Most carers explained that they simply do not have time to be making numerous phone calls, research and chasing people up.

A number of carers felt that GP surgeries could do more to provide information and support to carers for example, "GP's know which patients are carers, they should check with them and let them know about things or signpost them to organisations that would be able to help."

In addition, mental health carers felt they received 'very little or nothing' from their GP with regards to information and support.

Most carers were not aware of the Carers in Derbyshire website and Facebook page, with many explaining they prefer to receive information in person or they do not have access to the internet.

Sample of comments:

- "The pressure of caring and supposedly knowing everything is often too much to bear"
- "Information sharing amongst the support group, or people you meet by chance is good to some degree, but then it is bad if you are not able to get out and about. It may also mean that finding the right information comes down to luck which is not how it should be"
- "They (professionals) often do not even tell you things when you ask a direct question, let alone offer you other things that may be helpful"
- "We haven't got time to keep ringing people up who are never in or work, or they are part time. We want to make one phone call, and then for someone to take all of our details of what we want, and then someone would get back to us with the information they have found"
- "Mental health carers often feel lost and do not know where to go and this is made worse because of the stigma of mental health and people not wanting to talk about it"
- "I don't see a lot on it (website), what is on it for people caring for adults, what is available for parent carers?"
- "I have seen the Carers in Derbyshire Facebook page. I have looked at their posts over the past month and realistically there is nothing posted which would really help or interest me."

7.7 Difficulties obtaining information and support

Many carers explained their struggles of finding the right information at the right time.

From the carers we spoke to, the most difficult types of information and support to obtain were:

1. Benefits and entitlements
2. Deterioration of a loved one
3. Breaks and respite (particularly more difficult for self-funders)
4. Social activities
5. Aids and adaptions.

In addition, carers also felt additional barriers were put in place which could prevent carers being able to access the information and support they required for example:

1. Having to complete or search things online
2. Spending long periods of time waiting on the phone
3. Needing to make numerous phone calls, to various people/organisations

4. Completing lengthy documents.

Sample of comments:

- "The main gap in information is about the benefits you can get for being a carer and how to apply for it. There are also things you can get from your council which you are not told about and are not widely advertised or promoted"
- "If carers are self-funding they have to do it all themselves (research care) but they do not know what to look for and so this can cause additional stress"
- "Reliable and caring carers (who are paid) is a massive gap, I am happy to pay but no one wants to give me a break so I continue even though I am near to breaking point myself"
- "Some carers do not always feel supported as their loved ones deteriorate, it was expressed that more information is needed to prepare the carer, so they know what to expect"
- "It (breaks and respite) is all kept very hidden and almost secret so you do not find out about it"
- "I found it hard to find out about activities and support for my father to do to keep him entertained and getting some enjoyment from life"
- "The hardest things to find has been information that is reliable and up to date about arranging home care, you do not know where to look or who to ask, no one recommends anywhere and it is so hard to find someone or a company that is reliable and safe"
- "You get no help with all the forms, I have never had to do anything like this before so dealing with this and the shock and upset of my husband's diagnosis was almost too much, do people not realise or have no sympathy?"

7.8 Carers assessments

Majority of the carers we spoke to had not had a carer's assessment, those who had explained of the small financial benefit of doing so. However, many carers were not aware that they were entitled to an assessment of their needs.

Carers who had undergone an assessment explained they did not like having the assessment over the phone and would much prefer it to take place in person.

A number of mental health carers felt the assessments are "biased" towards caring for people with a physical illness and not a mental illness.

In addition, a number of carers explained the importance for the worker/professional undertaking the assessment to have some knowledge and understanding around the condition for example, mental health and to understand how needs made fluctuate and therefore this should be taken into consideration during the assessment.

Sample of comments:

- "The assessment made a difference in that I got some money, but I got nothing else, no information, no signposting and no support"
- Derbyshire Carers do not attend the groups or encourage us to apply for an assessment, they used to be very good and they used to meet up with you personally"
- "I would like to have the option to do carers assessments face to face rather than over the phone"
- "You and the person you care for could be in a good place at the time of the assessment, which means that you could be allocated a lower amount. But as with the nature of mental health, the situation of the person you care for and your personal needs could change dramatically from day to day"
- "I haven't arranged a new one yet, it is a couple of years since I had one with Think Carer which was totally clued up on mental health. I keep forgetting to making an appointments as I am so busy"
- "I have had a carers assessment but it did not lead to me being referred anywhere to services for any help for either of us, so in many ways it was a waste of time. They did say I can ring them if I ever need any help or if things change. It built up my hopes but then there were no services to meet my needs or any money to pay for them"
- "Nothing seemed to apply on the form they went through, I would like the assessment to take more into account that you are caring for someone with mental health."

7.9 Encouragement and support from professionals

7.9.1   Community mental health teams

Experiences varied, some carers had positive experiences to share and felt they were listened to by mental health professionals, whereas others felt they had to become "experts".

Carers want professionals to take the time to listen to them and offer support when it is needed.

One carer explained, they received very little support from mental health services when their son first became ill, the family were willing to pay privately for a psychiatrist so they didn't have to wait so long. However, they were told that if they did pay privately, their son would not be able to access other NHS help or social care support. As a result, their son waited for months to be seen and they felt that if they were seen sooner he may not have had long term mental health issues. The carer said, "He used to run his own business and employ people, now he will never work again as he has never stabilised or got the correct medication that works for him". The family had no knowledge of mental health and felt they were expected to become "experts" and have never received any support from services.

Sample of comments:

- Psychiatrists are generally calm and listen well and tend to be more responsive and effective at making good decisions and taking adequate measures regarding medication, but again sometimes they can be negative and misunderstand the patient"
- "He (the psychiatrist) is OK but you only spend a few minutes with him and I do not have time to talk about how being a carer is making me worse and I am worried I will get very ill again and have to go to the Radbourne unit for months like I did a few years ago. I wish they could provide more help for me to take my mind off how low I feel"
- The groups felt that, "Professionals need to understand that mental health caring is not a 9-5 job, it is 24/7 and professionals need to be aware of this … support from professionals at groups would be beneficial, workers on the ground (support workers) seem to understand the support carers need but this gets held up further up the ladder"
- "Professionals rely on the carers to be resilient and persistent and to know everything, we are not experts. Mental health carers are concerned for people who do not have a carer."

7.9.2 GPs

There was an agreement amongst a number of carers that GPs do not have the time to really listen to their patients. One carer explained that when her husband deteriorated and became incontinent it took her around four months to be offered help, she said, "I had to go to the GP in tears before anyone would listen to how much I was struggling.".

Some carers explained how they felt it had become more difficult for them to book an appointment for themselves or their loved one, and how the wait had got much longer in the past few years. In addition, a number of carers felt that GP appointments were not very flexible for carers, and their caring responsibilities were not taken into consideration when booking appointments. One carer explained she only got an appointment to fit around their caring responsibilities when they asked to talk to the practice manager.

In addition, a number of carers felt that GPs could do much more in terms of signposting people to support. It was explained that in the beginning carers can generally cope but as time goes by and their loved one deteriorates, this is when carers may begin to struggle and feel help is harder to find.

Sample of comments:

- "No one asks how I am feeling"
- "We knew what was wrong but it took several visits before we were listened to"
- "They [GP appointments] are not flexible at all"
- "They never think about other help you may need, they just think about whether to write a prescription or not."

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7.9.3   District nurses

There was generally quite negative feedback around the delays and that some nurses did not turn up for appointments. There were also some concerns from carers around the lack of thoroughness and continuity.

Sample of comments:

- "… or sometimes not even turning up at all"
- "They only do the bare minimum"
- "Nurses will only do what is on their sheet, they will not do anything that may have arisen after the visit was booked"
- "People with long term complex chronic conditions like to see the same person but this does not happen very much anymore."

7.9.4   Social Care

Several carers explained they have received a lack of help and support from social care services, and carers did not always feel listened to.

A group of parent carers felt there was not enough support for people with a learning disability and it was felt that once their child reached 25, support was reduced.

One carer explained, "The social worker was very critical of me and I didn't know why, I raised a concern and I now have no contact with them. I feel I have been let down by them, I am willing to pay for support but I just want help choosing and arranging it as I have never had to do anything like this before and it is hard when you are having to learn new things when you are over 75 years old. I do not think social services realise how hard it is, I have enough on with keeping myself and my husband going, let alone learning new things and arranging care. I am also living with cancer and I think social services could be more understanding of this. Yes we have money, but we still need help too."

Sample of comments:

- "They just refer you to places and you have to arrange everything yourself, most carers do not have the time, energy or expertise to arrange care whether for respite or permanent"
- "They seem to think that when you reach 25 your child no longer needs any help, our child will always need help, it is not something they will grow out of"
- "You seem to get new workers all of the time and then have to repeat everything. Why do workers not read out my child's care file as he has been linked with the council for over 30 years, why should I have to repeat everything?"

7.10   Involvement and consultation

7.10.1 Carers feeling involved

A high proportion of carers felt they had very little interaction and involvement with health and care professionals and explained how they felt their views and opinions were not considered or valued. This was particularly the case for carers of people with a long term condition or mental health.

Three carers spoke about when their loved ones medication was changed and how this affected them, they all explained they had tried to raise concerns but they were not listened to. As a result two of these people ended up hospitalised whilst their medication was changed.

It was believed that carers are not always encouraged by professionals to be involved due to confidentiality and data protection.

However, on the other hand, carers of people living with dementia felt very involved within their loved ones care.

Sample of comments:

- "Carers should have a chance to meet with mental health professionals on their own about their loved ones, as they know how thing have been really happening"
- "Why didn't they listen to us? I raised this lots of times and they just ignored me … I felt helpless, because of this my husband ended up going back into hospital. What a waste of resources"
- "Professionals need to really listen to carers as they spend most of their time with the cared for person so they will have a lot to contribute about how the person has been, or if the treatment or medication is working"
- "It feels like luck if you get someone who wants your input"
- "My husband cannot express himself, so I have to speak for him at appointments. I have been told by professionals that they do not want to hear it from me. I feel as if I am wasting my time as they do not listen to me"
- "My wife had dementia, I felt I was always involved right from the beginning, I felt an equal partner and maybe more than because my wife did not really understand what was happening to her"
- "I have always been allowed into appointments and have been involved in discussions as my mother does not remember or understand what is happening."

7.11 Carers breaks

7.11.1 Time for carers

There were mixed definitions of what a 'break' is. Some carers explained a break was going away for a few days, and for others it was just a few minutes to themselves. It was felt the key to a break would be to 'forget about caring'. However, many carers explained this would be almost impossible.

Sample of comments:

- "I would just like to be able to have a chat on the phone without interruption, that would be a break"
- "I would like a regular break to get myself together and maybe have a coffee with a friend"
- "I would like to be able to have a walk in the fresh air"
- "Just a day to myself would be wonderful, but I know that will never happen"
- "There is not a lot I would want to do away from my wife, I just wish we could do more things together like we used to."

7.11.2 Difficulties in having a break

There were a number of reasons as to why carers did not always have a break, or they did not have as many breaks as they would like. It was explained, that as a carer it is very difficult to 'admit you need a break' as some feel it could mean they are not coping. Two carers explained they had to reach crisis point before they asked for a break. However, some carers explained that being a carer really does impact on their own health and wellbeing, and it is important for carers to have some space for self- care.

Affordability and the cost of respite care also appeared to be a barrier for many carers having a break. In addition, a number of carers explained the stress of finding the right place or suitable care for their loved one. One carer explained, they were unsure whether their loved one would require support in a care home, or nursing home. They felt it had been assumed that carers know the difference.

Sample of comments:

- "Having a break is very important, especially when you are caring for someone with dementia because you cannot always have a conversation or laugh like you used to do as they are no longer the person you met or married"
- "I work longer hours than most people who work, and so I need a holiday too but it can never happen as I get a pittance for looking after my husband and saving the government so much money"
- "You have to fight to get respite care and even then the decision is based only on what the person on the phone translates it as, or from the paperwork, so most people are just turned down."

7.12 Carers rights

A large proportion of carers were unaware of their rights, with many asking, "What are our rights?" Many carers explained they would not know how to find out about their rights, or have the time to be searching.

Some carers explained they are unable to fill in the required forms which acts as a barrier and therefore more support should be provided to carers to ensure they are able to complete the required documentation. In addition, a number of claims have to be

completed online in which also acts as a barrier especially for older carers who have never used a computer or accessed the internet.

One carer explained she had contacted South Derbyshire District Council with regards to council tax reductions, and the worker said, "If people do not ask about a reduction, then we do not tell people." Carers felt that staff should be trained to provide consistent and correct information about reductions for carers and eligibility.

Carers felt they got 'a raw deal' from authorities, and many felt that in order to get what they need and are entitled to, they had to be assertive.

Sample of comments:

- "Carers would like clearer, simpler information about their rights and not having to constantly chase and fight for them"
- "They (the forms) are long and complicated and I can hardly see them"
- "It is hard to keep your head straight to get things sorted, so a lot of the time you do not bother and try to manage without"
- "I am not that type of person, so I struggled for six years and it was only when my husband got a chest infection that someone eventually did a home visit that they realised what I had been doing and coping with, that I started to get help. If that had not happened, I do not know where I would be now"
- "It [council tax reduction] is not advertised enough, it is an entitlement and we should not have to ask and beg for it"
- "We have to prove everything from our side, we should not have to do this as we are spending time caring for people and saving the government money"
- "Most of the stress comes from fighting for, and chasing what you are entitled to, we do not need this on top of losing our husbands right in from of us day by day."

8.0   What should happen now?

1. Consider the option for carers to have face to face assessments and to ensure carers are signposted to support/relevant services following their assessment
2. Ensure that the worker/professional undertaking the carers assessments has good knowledge and understanding around caring for someone with mental health, learning disabilities, end of life etc
3. To ensure carers receive the correct level of support to effectively care for their loved one and also look after their own health and well-being
4. To have more information about what carers are entitled to (i.e. carers rights), this should be in an easy to understand format
5. Raise awareness of the 'Carers in Derbyshire' website and ensure there is plenty of information about local services and support for carers
6. Work to create a 'one stop shop' for advice and signposting
7. Ensure information around carers breaks and respite is readily available
8. Promote local support groups and the benefits of peer support

9. Look to develop services/groups for carers and the cared for, that run side by side one another
10. Ensure that carers are always involved (where possible) in the care and treatment of the cared for.

9.0 Response from service provider/commissioner

Derbyshire Carers Association (DCA): DCA welcome this report from Healthwatch, it confirms many of the issues we raise awareness of on an ongoing basis. We have written this response based on figures from our service which we hope will address the highlighted issues and show our commitment to continually improve the service that we provide.

	What should happen now?	Response:
1.	Consider the option for carers to have face to face assessments and to ensure carers are signposted to support/relevant services following their assessment	At DCA we recognise that some carers would prefer to have a carer's assessment completed face-to-face as opposed to via telephone. The DCA aims to complete assessments in the most appropriate way for individual carers so that they can feel comfortable and valued. For this reason we offer options for home visits, office visits, outside visits at mutually agreed venues and telephone assessments. There is extremely high demand placed on the service. Last year we completed 2185 assessments. The vast number of assessments are done face to face and we offer choice in this matter. Whilst ensuring the assessment is both meaningful and effective.
2.	Ensure that the worker/professional undertaking the carer's assessments has good knowledge and understanding around caring for someone with mental health, learning disabilities, end of life etc.	At DCA we ensure that all of our assessment workers are extremely knowledgeable. Firstly, we actively advertise for staff who have prior experience in social care. All new assessment staff receive a thorough induction and a graduated period of shadowing of experienced staff. They are also supervised by experienced Team Leaders who will identify any gaps in working knowledge and ensure these are addressed by peer-mentoring and attendance at external courses run by Derbyshire County Council.

		Our triage team thoroughly understand the competencies of team members and can allocate assessments to the most appropriate worker for each unique situation. Senior management also regularly quality check assessments to ensure the content is comprehensive and accurate. The Think Carer team have transferred to DCA with their wealth of knowledge. We also have other members of staff who are mental health trained via health and social care with ongoing mandatory training continually available. Experience of staff is broad, coming from careers in nursing / care; hospice care; supporting people with life limited conditions and end of life; A range of social work backgrounds; occupational therapy and physiotherapy and SW management working with a broad spectrum of health conditions and disabilities. We have staff specifically trained in various disciplines to support the needs of carers. Possibly more importantly, there is a high ratio of staff who are themselves informal carers, with empathy and understanding of carers needs. Staff retention at DCA is high, with the same staff working with carers for many years.
3.	To ensure carers receive the correct level of support to effectively care for their loved one and also look after their own health and well-being	Alongside carer's assessments, DCA aim to provide a range of training opportunities for carers, including first-aid and manual handling courses. Last year we offered 15 training opportunities and 176 carers learned valuable skills in manual handing and first aid. We also regularly offer respite activities throughout Derbyshire, striving to reach as many communities as possible. We offered 28 activities variable numbers from 6 at pamper session to 35 carers on a trip, attended these in the previous year. All of these opportunities are advertised through our three-monthly newsletter, groups, carer support teams and website. Additionally, DCA commenced a service in May introduced a telephone befriending service. This allows isolated carers the chance to talk to a volunteer once a week, providing a much needed opportunity for social contact. At present there are 4 volunteers speaking to 9 carers, with further5 volunteers being trained with 6 more carers awaiting allocation. We will continue to develop

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			and offer these opportunities in the foreseeable future additional lottery funding has been awarded which will fund the additional growth. It is important to note that there are legitimately estimated 130,000-200,000 carers in Derbyshire, some of whom may not be aware that they are carers, so it is extremely challenging to ensure that all carers know what support is available. Nevertheless, we will continue to ensure that we are supporting as many carers as possible. The DCA Young Carers service provides the opportunity for carers to transition to adult services, having support 24/7. The young carer's service is in year 2 and increasing carer awareness within education and health settings. Sharing the message of talking together to reduce the stigma some young carers feel and offering opportunities to reduce caring responsibilities. Carer support staff with a cohort of 35 carers share their experiences to year 3 nursing students at Derby University aiding their understanding of carers and their experience and knowledge We attend all living well clinics to meet with carers at the earliest point after diagnosis of dementia to offer information and advice about the range of support services available for carers to improve their caring journey, we have attended 30 living well groups these vary attendance per session of 4 – 12 carers. We also send out evaluation forms after every assessment and low-level intervention. These forms invite carers to give us feedback on how we can improve the services which we provide.
4.		To have more information about what carers are entitled to (i.e. carers rights), this should be in an easy to understand format	DCA aim to provide information on carer entitlements in a range of formats. Our website provides information on entitlements such as benefits, carer assessments, personal budgets and respite. This information is also available if carers have queries and wish to call DCA or visit our offices instead. In addition to this we are encouraging GP surgeries to sign up to the Carer's Pledge. This asks surgeries to ensure there is accessible, quality information (provided by DCA) available to carers. So far 45 surgeries have signed up to the pledge.

		We are currently reviewing the pledge and will be working with the CCG to gain greater support to get practices to sign up.
5.	Raise awareness of the 'Carers in Derbyshire' website and ensure there is plenty of information about local services and support for carers	We should thank DCC for their commitment to carers throughout Derbyshire evidenced by the resource they have made available It is vital this continues because of the contribution made by them to the health and social care system. This is not the case across the country and were it not so it would have a negative impact on health and social care. DCA actively promote the Carers in Derbyshire website. In fact, one of our board members, a carer himself had initial involvement in the design of the website. The team use this website with carers to view up to date information. It's one of many sources of valuable information for carers. We are aware from speaking to Carers that many do not access the internet or would choose to.
6.	Work to create a 'one stop shop' for advice and signposting	DCA aims to provide a single point of access for advice and signposting for Carers in Derbyshire. Derbyshire County Council have commissioned DCA as the lead provider of carer assessments and support services in the county. Adult Social Care, GPs and other voluntary organisations regularly refer carers to DCA for support. To this end, Adult Social Care have installed a liaison worker within the DCA office to ensure effective sharing of information and a smooth referral process. This way carers can easily be referred when they are identified during assessments of the cared-for. The health liaison team are also currently increasing our outreach to hospitals and GP surgeries. In the previous year we signposted carers on to relevant services, and provided information, advice and guidance Carers services are provided by many agencies both statutory and voluntary sector as well as private agencies. We would aim to liaise with all partner organisations to achieve best outcomes for Carers.
7.	Ensure information around carers breaks and respite is readily available	DCA sends a newsletter 4 times per year outlining upcoming respite opportunities. This information is also made available on the DCA website and shared by all the staff team when they are working with carers. We will continue to consider new ways of raising awareness of the activities on offer. We

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		have profiled carers in the last year with a royal visit to the DCA from Princess Anne. We've also taken opportunities for radio interviews and press releases.
8.	Promote local support groups and the benefits of peer support	DCA understand the value of peer support groups and we believe they are a fantastic way for carers to support one another and socialise. We currently support 16 peer support groups with 150 - 200 carers attending monthly in total. On the DCA website and in our newsletters a full list of details including contact details for each support group is available. We can also provide this information over the phone and in person at our offices and during events. We are developing new support groups in areas where previously none existed, constantly looking for new opportunities to increase these across the Derbyshire footprint
9.	Look to develop services/groups for carers and the cared for, that run side by side one another	It is important to note that the objective of the DCA is to provide support and respite opportunities for carers specifically. The aim of respite being that carers can take time away from their caring responsibilities. We understand however, that carers may want to take part in activities alongside their cared-for and we will consider the practicalities of such a service. We are keen to reduce perceived barriers and enable carers to access as much as possible whilst also getting the right venue and levels of support in place to ensure a safe environment and enjoyable activity contusive to everyone's needs.
10.	Ensure that carers are always involved (where possible) in the care and treatment of the cared for.	This is key factor in all we do and a priority element in the carer's assessment and support plan. It's essential that carers have a voice and the value of that is critical in coproducing any documentations. The carers are the experts in their own caring role. DCA can signpost carers to formal advocacy services, so that their voices can be heard when important decisions are being made. The team linked with Derby university ae using various mixed method approaches to evaluate and review the carers over the next 2 years , a carers reference panel will be consulted to maximise involvement in planning and shaping future carer services

		"This report has highlighted many important issues for carers, many of which DCA have been advocating for over 30 years at the local and national level. To supplement this report and provide additional insight, DCA in collaboration with the University of Derby is soon to begin conducting its own evidence-based evaluation of the value of impact of carers' services. This will look not only at the services provided by DCA, but also by other statutory and voluntary organisations. This evaluation will allow service providers to determine how to make best use of their limited resources to continue to meet the needs of carers in the future."

Derbyshire County Council (DCC): Derbyshire County Council welcomes the findings of the Healthwatch Carers Engagement Report. The content builds on what we have learned from carers through previous engagement and provides us with additional narrative which expands on the results of the 2018 Survey of Adult Carers in England (SACE). The findings will be used to inform the refresh of the Carers Strategy in 2019 and Derbyshire County Council are committed to working with key partners as part of Joined up Care Derbyshire to develop and improve support for carers through the strategy and multi-agency action planning.

Recommendation (What should happen now?)	Response
1. Consider the option for carers to have face to face assessments and to ensure carers are signposted to support/relevant services following their assessment	Carers already have the option of a face to face assessment or review. Due to the increase in the number of carers referred for a carer assessment/review and the volume of carers awaiting a carer assessment, the commissioned carers service from Derbyshire Carers Association (DCA) is required to adopt a proportionate approach to assessment as laid out in the Care Act 2014 Statutory Guidance. The guidance recognises that assessments may, 'where appropriate' be carried out over the phone, in writing or online. DCC are aware nevertheless, that telephone assessments are unpopular with many carers and are working on ways to maximise capacity within the service whilst meeting the preferred methods of intervention. All carers are routinely signposted to relevant services and support as part of the support plan

	process following assessment. Access to good quality information, advice and signposting are crucial to carers and this is at the forefront of the Council's approach.
	Carer support can take many forms and does not automatically translate into funded services or a carer personal budget, rather this is one aspect of a range of support planning options. The Care Act 2014 introduced a national eligibility criteria for carers and this is used to determine support planning outcomes and in some situations, the provision of formal care and support to the person relying on care and support will meet the carer's eligible needs.
	Action
	DCC will work to ensure that carers are given clear options as to the method of assessment, to ensure assessment and review is carried out in a meaningful, personalised manner.
	DCC will continue to identify ways in which the commissioned service can meet the needs of an increasing number of carers and adopt a proportionate approach, without compromising practice and the offer of meaningful, effective support.
	DCC will examine how information can be improved to ensure carers are clear of their rights and the support that is available.
2. Ensure that the worker/professional undertaking the carer's assessments has good knowledge and understanding around caring for someone with mental health, learning disabilities, end of life etc.	Workers from both DCA and DCC are routinely provided with training to equip them with the knowledge and skills to support a range of carers.
	DCA have been working in close partnership with Derbyshire Hospices and Helen's Trust, in order to provide appropriate and timely support to carers who are supporting those at the end of life.
	DCC acknowledge that the support offer for mental health carers could be strengthened. Development work with mental health carers and partners is a priority for the commissioned service in 2019.
	Action:

	DCC will continue to ensure that all services provided or commissioned by the Council are responsive to a range of carers needs specifically any in relation to the needs of the person cared for., i.e. mental health, learning disability end of life. DCC and DCA will work alongside carers to identify how the service can be more accessible and responsive for mental health carers and how the mechanisms for feedback can be developed and refined.
3. To ensure carers receive the correct level of support to effectively care for their loved one and also look after their own health and well-being.	The day to day reality of carer's lives mean that they regularly cross the boundaries of the health and social care system. It is recognised through the Carers Action Plan 2018-2020 and the NHS Long Term Plan, that it is essential that all carers are recognised and supported by public services and that raising awareness and best practice across the system is crucial to ensuring carers receive the correct level of support to care for their loved ones. DCC are committed to ensure that all carers in Derbyshire have access to the support, advice and information to best meet their needs and it is hoped that these national policy commitments will strengthen the local priorities in this respect. Adult Social Care and Health (ASCH) have also deployed a community care worker within the DCA carers centre, who acts as a conduit between DCC and DCA to ensure effective sharing of necessary information and facilitate coordinated, joined up responses to those families who also receive support through the Council and ASCH. **Action:** Improving the awareness and identification of carers will be one of the priorities within the refresh of the Carers Strategy and action planning will consider how best practice can be improved across the system through JUCD to ensure that all services respond proactively to support carers. DCC are also considering how to work with partners beyond health, social care and local government to raise awareness of caring among the wider population to build carer friendly

	communities and this will be one of the priorities of the revised Carer Strategy. The impact of caring on a carer's health and wellbeing is well documented and the commissioned carer's service will continue to strengthen partnerships to provide practical routes to wellbeing, increase carer resilience and promote the benefits of 'self-care' solutions.
4. To have more information about what carers are entitled to (i.e. carers rights), this should be in an easy to understand format.	Promoting carers rights is an ongoing area of development and importance across the system. **Action:** DCC will work closely with carers to ensure that information explaining their rights and entitlements is provided in an understandable format and to explore new ways in which these can effectively be communicated to them. The refresh of the carer's strategy will enable DCC to work with a range of partners to consider how carer's rights can be promoted and upheld throughout the health and social care system. The Carers in Derbyshire website and other carer publications which have been developed by DCC, will be reviewed to ensure there is clear, helpful information provided about carers rights. https://www.carersinderbyshire.org.uk/carers-rights
5. Raise awareness of the 'Carers in Derbyshire' website and ensure there is plenty of information about local services and support for carers	It is disappointing that many carers were not aware of the Carers in Derbyshire Carers in Derbyshire website Facebook Twitter and newsletter as these have been co-produced with carers and viewed as one of our recent successes in supporting carers based on the feedback we have received directly from carers and professionals. **Action:** DCC will request that a link to the Carers in Derbyshire portal is on all partner websites across the health and care system. Promotional merchandise has been developed and this will continue to be distributed widely. Carers are now routinely invited to sign up to the e-newsletter as part of their carer

	assessment and it is hoped that this will help to promote and share the website, Facebook and twitter throughout carer communities.
6. Work to create a 'one stop shop' for advice and signposting.	DCC recognise that obtaining the right information at the right time is a high-ranking and ongoing priority for all carers and a vital area of investment in effectively supporting carers. DCC have therefore commissioned a single point of access to provide information advice and guidance as part of the carers contract with DCA, so it is unfortunate that some carers are either not aware of this service or do not perceive this service to be a 'one stop shop' where they can find the information they need. **Action:** DCC will work with carers and DCA to consider how we can raise the profile of this vital service and ensure that carers use the service in order to obtain the information they need, when they need it.
7. Ensure information around carers breaks and respite is readily available.	DCC recognise that a break from caring is another high-ranking and ongoing priority for all carers and a vital area of investment in effectively supporting carers. It is widely understood how difficult it can be for some carers to accept their need for a break and this is often for a variety of complex reasons. DCC have commissioned a service from DCA which provides different opportunities for carers to take a break and provide information about accessing respite for loved ones. DCA issue almost 2000 carer personal budgets per year to enable carers to take a break from caring. DCC also provide breaks and respite for carers through the provision of support for the cared for person in line with the statutory duties outlined in the Care Act 2014. https://www.carersinderbyshire.org.uk/carers-respite-service **Action:** DCC will continue to work with carers, Council staff and DCA to ensure that carers have the right information and opportunities to access a break from caring.

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	DCC is exploring new ways to provide breaks for carers, through technology, innovation and increasing the recognition of carers in local communities and the wider society. DCC will work with commercial partners and organisations who can offer free or discounted breaks to carers and continue to promote Timeswap as a support option for carers.
8. Promote local support groups and the benefits of peer support.	DCC recognise that peer support is a further high-ranking priority for many carers and a vital area of investment in effectively supporting carers, accepting that this can be difficult for some carers to access on a regular basis. DCC is committed to expand the diversity and range of peer support opportunities for carers across the county. This is a requirement of the commissioned service provided by Derbyshire Carers **Action:** DCC will carry out further engagement with carers to understand what peer support means to carers and consider how some of the barriers to accessing peer support can be removed for working carers, isolated carers and those who cannot easily leave the person depending on them. DCA have been exploring new ways to provide peer support for isolated and rural carers through the provision of phone-based peer support and the development of new support groups in partnership with pan-Derbyshire organisations. https://www.carersinderbyshire.org.uk/carers-directory
9. Look to develop services/groups for carers and the cared for, that run side by side one another.	DCC understand that some carers feel there is an assumption that they want to have a break away from the person who depends on them and as a result, there are limited peer support opportunities which also offer support to the cared for adult. We know it is important for many carers, to share the opportunity to get out with their loved one and many have increased peace of mind knowing the person they care for is close at hand.

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	Action: DCC and DCA will continue to explore how they can strengthen partnership working with other services and organisations. For example, Dementia Support Service; Parkinson's Society, in order to increase capacity and be able to provide support to the cared for person whilst keeping the focus on supporting the carer.
10. Ensure that carers are always involved (where possible) in the care and treatment of the cared for.	DCC recognise that carers are crucially important to how we plan and deliver health and social care in Derbyshire and how their collective contribution is not only vital in sustaining and improving the health and wellbeing of those they care for, but also strengthens the health and social care system across Derbyshire. DCC understand the importance to carers of feeling valued, respected and involved in the care and treatment of their loved ones. **Action:** Improving the recognition and respect of carers will be included as one of the priorities within the refresh of the Carers Strategy. Associated Action Plans will consider how best practice can be improved across the system through JUCD to ensure that carers feel they are listened to and their views are appropriately taken into account.

10.0 Your feedback

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

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3) Since reading this report:

a) We have already made the following changes: …………………………………………………

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b) We will be making the following changes: ………………………………………………..

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Your name: …………………………………………………………………………………………….

Organisation: …………………………………………………………………………………………….

Email: …………………………………………………………………………………………….

Tel No: …………………………………………………………………………………………….

Please email to: helen@healthwatchderbyshire.co.uk or post to: Freepost HEALTHWATCH DERBYSHIRE

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