



**EVERY
CHANGE
for EVERY
CHILD**



Tower Hamlets Self-Evaluation Framework for SEND

June 2021

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Introduction

Vision

Our vision is for every one of Tower Hamlets' children and young people with special educational needs and disabilities (SEND) to lead a fulfilling life, to be as independent as possible, and supported to learn, thrive and achieve by their families, services and local communities. Tower Hamlets is committed to implementing the 2014 SEND reforms within the local area by working with children and young people, their families, and partners across the borough in support of this agenda.

This document provides a self-evaluation of the local area's work on this agenda, identifying strengths and areas that require further development. The Self-Evaluation (SEF) should be read alongside [The Tower Hamlets SEND Strategy](#), launched in 2018 and refreshed in 2020, which outlines the direction for supporting children and young people with SEND in Tower Hamlets and for their families up to 2024.

We want a flexible and responsive SEND system that strives for continuous improvement, and we have worked as a local system since 2014 to do better to meet the needs of children and young people, and this SEF builds upon previous work including the joint reviews carried out in October 2018 and May 2019, and our SEND Joint Strategic Needs Assessment (JSNA) completed in September 2019. Leaders are committed to visible, strategic leadership, accountability and to improve communication and transparency, working closely in partnership with young people and parents.

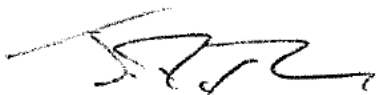
Our local leadership

The pressures of the Pandemic have been severe in our borough, with amongst the highest rates of COVID-19 in the country, the increased impact associated with our demographics and the proportion of Black, Asian and Minority Ethnic residents, and tragic deaths including amongst our young people with SEND and the professionals working to meet their needs. And those pressures have highlighted the strengths in our local system such as the close working between schools, health and social care colleagues to meet the needs of isolating children assessed as Clinically Extremely Vulnerable, but this has also identified weaknesses such as the severe delays in completing Education, Health and Care Plan (EHCP) assessments and diagnoses for Autism Spectrum Disorder (ASD). We are now only at the start of our recovery from COVID-19 as we seek to bounce back as a partnership, with children and young people now back in school and college, and health providers in particular are only now able to move back to business as usual with their service delivery and performance reporting.

In the autumn of 2020 with new leadership, the Council, and the Clinical Commissioning Group (CCG) took stock of the local SEND system and the extent to which partners are meeting the needs and improving the outcomes of children and young people with SEND. That meant listening carefully to the views of children, young people, parents, and carers; looking with honesty and rigour at our data on outcomes and performance; and consulting with all those involved across our local system. The conclusion was that we needed to make SEND a core and a higher priority for the Council, for the CCG and for our partners in order to drive the level of improvement necessary to build upon our considerable local strengths and to recover ground lost during COVID-19. That prioritisation has already resulted in a higher level of support and challenge from the Health and Wellbeing Board, our Tower Hamlets Together (THT) partnership, and the leaders of the Council and CCG, with increased resources being committed by both Council and CCG, as well as a strengthening of our SEND Improvement Board and our Improvement Plan.

We know our strengths and our deep sense of commitment to our SEND children and their families is reflected in the strength of the partnership arrangements that are in place centred upon our SEND Improvement Board reporting frequently to the Health and Wellbeing Board and its' sub group, THT. THT is our health and social care partnership, bringing together partners across statutory, community and voluntary sector services. It sets out the partnership priorities across the borough and supports the delivery of these, including identifying where additional resource is needed. The priorities in our SEND strategy are also within our THT priorities. Our partnership includes close working relationships with young people and parent representatives. We are constantly seeking to improve our services for, and engagement with, our SEND children and their families and we have a clear vision for that improvement journey.

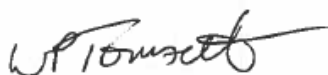
James Thomas, Director of Children's Services



Selina Douglas, Managing Director at Tower Hamlets, Newham, and Waltham Forest Integrated Care Partnership (TNW ICP), part of North East London (NEL) CCG



Warwick Tomsett, Joint Director of Integrated Commissioning



Cllr Asma Begum, Lead Member for Children, Youth Services and Education



Executive Summary

The local area has clear strategic plans in place with the overarching *Tower Hamlets Plan: Our Borough; Our Plan* whose main objective is to build a stronger, more inclusive, and fairer Borough by providing a better deal for children and young people. The [Every Chance for Every Child](#) strategy is committed to every child being healthy, happy, safe, and successful.

The local Safeguarding Children Partnership provides strong leadership and senior leaders and managers are vigilant around safeguarding children and young people with Special Educational Needs and Disabilities.

As the SEND Improvement Board has bounced back from the most severe period of the pandemic, we have refreshed our shared understanding of our local system. In order to sustain that clear understanding, we will continue to value our high level of engagement, joint working and co-production with our Independent Parent Carer Forum (PCF), Our Time Youth Forum, and both parent and young SEND Ambassadors so that our local understanding of our service delivery is rooted in hearing the experiences of children, young people and parents. We have improved our line of sight to key data in respect of outcomes and performance although we know we have more to do here, and we are planning to refresh our SEND JSNA in September 2021. We are strengthening our approach to quality assurance so that we have a more systematic and detailed understanding of the quality of professional practice and multi-agency working that will enable us to address areas of weakness, and a more systematic approach to appraising inclusive practice in schools and adherence to the SEND Code of Practice.

As a local system, we are proud of our existing core strengths, that we are committed to sustaining and building upon, most notable of which are:

- We are proud of the attainment and achievement of children and young people with SEND in our schools across Tower Hamlets, who have achieved consistently better than national averages; and this includes education outcomes for Children Looked After (CLA) with SEND.
- Pupils with SEN in Tower Hamlets are well engaged with their education and school attendance and exclusion figures have been better than national averages since 2016.
- Across Tower Hamlets there is a broad spectrum of educational provision for SEND, with high quality mainstream settings, resource bases and satellite provision in mainstream settings; through to high quality special schools and alternative provision; excellent leadership and teaching is at the heart of our offer to our SEND children.
- Partners work closely together to identify needs early across our Early Years (EY) provision and there is proactive engagement with families.
- Much joint work has been effectively delivered in order that families remain known to services, to ensure that no child with additional needs is missed. There are effective processes ensure that vulnerable children with additional needs, including those where there are safeguarding concerns, are kept under scrutiny by services.
- Seeking, listening to, and working with the voices of service users is a significant area of strength. Co-production with service users contributes to a strengthened governance system, lower levels of tribunal activity and embedding better quality commissioning.
- Joint commissioning arrangements are well established and benefit from an integrated commissioning team.
- Specialist services are providing effective support to children and young people with SEND, including Children with Disabilities (CWD), the Virtual School, the Youth Justice Service, the Tower Hamlets Education Safeguarding Service (THESS), and the Community Learning Disability Service (CLDS) for young people aged 19-25 with a learning disability.
- Children, young people, and families with SEND have been clear with us that they want their needs considered alongside, not separate from, the needs of all children. This spirit of inclusion is being

championed by our strategic partnerships and is actively informing our service development and planning, including building stronger partnerships with those responsible for housing, planning, parks, and play.

And we are clear about our priorities for improvement:

- Our urgent recovery plan to address delays in EHCP assessments is overseen by the Mayor, Lead Member and Chief Executive of the Council, and there is real progress but still some way to go in ensuring timely assessments for new referrals at the same time as resolving a COVID-19 backlog.
- Our recovery plan will then extend to strengthening our oversight of annual reviews through improved recording and monitoring, quality assurance and focus upon key points of transition.
- Work to strengthen our line of sight to all the data we need, including improved tracking of outcomes as well as service processes.
- The identification of needs in EY settings needs to be communicated more clearly to primary schools.
- Bouncing Back from COVID-19 includes a specific focus upon driving up the take up of 2-year-old places.
- Work to strengthen the consistency of inclusive practice in all our schools and settings particularly with regards to Sensory Impairment (SI), ASD and Social, Emotional and Mental Health (SEMH) needs.
- To further improve our partnership work including a co-production approach, to revise our ASD pathway, reduce delays for diagnosis and put in place earlier support.
- Co-production becoming more systematically embedded as our approach, at an individual level in respect of assessments, plans and reviews, and at a strategic level with young people and parents as part of our commissioning cycle and key improvement initiatives, such as currently in respect of the commissioning of therapies.
- Recognising that we are an outlier for the numbers of children receiving an EHCP, we will work with partners and parents to ensure that needs are met effectively at an earlier stage.
- Continued joint commissioning work to identify and address sufficiency of specialist education provision and specialist placements.
- Joint commissioning to address key gaps in provision such as Speech and Language Therapy for children in the EY.
- Transition pathways to adulthood need to be clearer and commence at an earlier age for all young people with SEND.
- Strengthening the professional development offer, to ensure a baseline understanding of the SEND Code of Practice across the children's workforce, and to support staff in schools, settings, and specialist services to meet special educational needs and the needs of those with disabilities.

The impact of the Pandemic

Since March 2020, every service and every setting has had to operate differently in response to the COVID-19 pandemic and its impact. Waiting times for some services, such as ASD diagnosis, have increased and in other areas services, like the Child and Adolescent Mental Health Service (CAMHS), have increased their capacity to deal with increased demand. Whilst continuing to monitor our compliance against the SEND Code of Practice as normal, we have also been mindful to consider what impact the COVID-19 context has had on our ability to remain compliant. For instance, as part of our drive to ensure the most vulnerable with SEND were able to continue accessing education, Special School staff working directly with clinically vulnerable children were prioritised for early COVID-19 vaccination as part of the local authority's (LA) local definition of priority group 2 i.e. frontline health and social care workers.

Set out below are just some examples of the ways in which services and settings have flexed and sought to respond to children and young people's needs in the extraordinary context of COVID-19.

Support for 0-5s

On 19 March 2020, NHS England instructed Health Visiting and School Nursing Service providers to restrict service delivery to facilitate the redeployment of health visitors and school nurses to the COVID-19 pandemic response. However, in Tower Hamlets the decision was taken not to redeploy our health visitors and school nurses, unless a need was subsequently identified. Although these services were still constrained by moving to mostly virtual contact with children and families in the earlier stages of the pandemic.

After initially closing to most pupils during the first national lockdown, all early education and childcare settings remained open from July 2020 and continued to provide the support and early identification usually offered to vulnerable and newly vulnerable children. Where families were unable to attend, they remained in regular virtual contact with our Children and Family Centres. However, the take up of early learning places for two-year-olds has reduced, with more families at home. All eligible families are invited to attend regular stay and play sessions in our Children and Family Centres.

All Children and Family Centres have been open for face-to-face support for vulnerable and newly vulnerable families since September 2020, building upon a more limited offer that had remained in place. All families are contacted regularly by Children and Family Centre staff and are invited to attend a wide range of virtual sessions. As there has been no local redeployment of health visitors, 2-2 ½ year reviews continue to take place in Children and Family Centres, with infection control measures limiting adults to the parents and the health visitor. The plan is to return to fully integrated approaches as soon as possible.

Short Breaks

During the Pandemic we have worked closely with internal and commissioned services, between Children's Social Care (CSC), Education, and the CCG to ensure delivery of services can continue. In some examples, this has been adapted to reflect the national requirements, whilst maximising support to parents during a challenging period of lockdown and, in some instances, the requirement to shield. For instance, the Tower Project Holiday Scheme continued to run a service and put in place a replication of the school 'bubble' system to maintain and ensure a service could continue. This remains in place presently. Contact occurred with parents before every weekend session to ensure a risk assessment was undertaken, and children could continue to attend. Befriending providers responded to the pandemic by moving to virtually delivered sessions to ensure that the children were able to maintain relationships with their befrienders, and those sessions occurred throughout. As soon as face-to-face could occur, personal protective equipment (PPE) was provided to facilitate this. The CWD service supported all providers with PPE and vaccinations, once available, to ensure short breaks could occur.

Virtual School

During the COVID-19 period, the Virtual School has linked with all its physical schools and settings who have CLA on an EHCP to oversee their safeguarding arrangements and support carers requirements for home educating children due to the Pandemic. This has included supporting bids to the Department for Education (DfE) for increased digital devices in all our specialist providers to meet need and promote education continuity and engagement.

The Behaviour and Attendance Support Service (BASS)

The support provided to pupils with EHCPs through online and remote learning has been monitored throughout the Pandemic via the schools' DfE return and daily/weekly contact from the Attendance Welfare Service. The third lockdown from 4 January 2021 to 8 March 2021 showed that although take up of vulnerable children places at school was low, there was a high level of engagement with online learning and the work done to close the digital poverty gap for families had a positive impact on this. Now that schools have re-opened, pupils with EHCPs need

frequent ongoing support and monitoring to minimise the impact of the disruption caused by the Pandemic to school attendance. The high levels of transmission and infection in Tower Hamlets, and high proportion of Black, Asian, and Minority Ethnic families at increased risk resulted in increased parental anxiety, particularly where families had several vulnerable adults living in the home. This is still having some impact upon primary school attendance.

The Support for Learning Service (SLS)

In March 2020, the service was redesigned for remote delivery to ensure a continuity of service offer for all children on the SI caseload. The team carried out appointments by phone, email, video calls and video conferencing; used socially distanced face-to-face contacts only when no suitable alternative was available. The service has had particularly positive feedback from parents of children with a SI. Feedback was captured by the Sensory Support team during summer 2020, which reflects this.

Tower Hamlets GP Care Group

Tower Hamlets GP Care Group are the local providers of the Integrated 0-19 Service, which includes the Family Nurse Partnership (FNP), the Health Visiting Service (HVS) and School Health and Well-being Service (SHWS), who are the local school nursing service. Guidance has been developed to support 0-19 staff when they are unable to contact families during the COVID-19 crisis and it replaces the Unseen Child standard operating procedure. All attempted contacts whether via telephone or attempted home visit must be recorded on the child's EMIS record.

Support for Clinically Extremely Vulnerable Children

Tower Hamlets' family-focused, multi-agency shielding support for clinically extremely vulnerable children was established at the point of the first lockdown and went well beyond ambitious national shielding programme requirements (mobilising a new, large programme within days), enabling us to support some of the UK's most vulnerable families through a deeply challenging experience. We quickly delivered excellent support to the families of these children, made calls to all 801 families with clinically extremely vulnerable children in the first lockdown, helped families connect to local services, distributed digital devices and gave out age-appropriate play-bags to children and their siblings. We were able to tell the right children to start shielding again on the day of the policy announcement, and support continued throughout the second lockdown. We provided regular webinar opportunities to families of children with SEND to address their concerns and help them to feel prepared for their children's return to school. The support programme was nominated for a Health Service Journal partnership award, reflecting the agile, coordinated work done at pace between the Council, GP Care Group, and the Community and Voluntary Sector.

Partners have worked closely and tirelessly together throughout the Pandemic, with strategic leaders meeting frequently in the Children's Silver group as part of the borough's co-ordinated and structured response. Despite all the efforts to maintain support in such exceptional circumstances, we have listened carefully to the voiced experiences of children, young people, and parents, and we know that for many this has been an exceptionally difficult time. Virtual support is not always a sufficient replacement for in person support. Families have felt the pressure of taking more responsibility for full time care. We have seen a steep rise in mental health needs, particularly for adolescents. And so we are now working closely as a partnership to plan and deliver recovery plans that address those additional needs.

Self-Evaluation

Section A: Timely identification of need

Strengths

Identification of need starts from pre-birth. **The local area has effective oversight of the opportunities for the early identification of need in the EY and takes advantage of these from new-born screening through to working with EY settings.** We have a good understanding of the coverage and quality of local delivery of national antenatal and new-born screening and immunisation programmes and take appropriate and proactive action to engage commissioners of those programmes in improvement activities. Prior to the Pandemic, in areas where levels of coverage for screening tests were below ‘acceptable’ levels, the local area worked with national commissioners to address these through the local Health and Wellbeing Board. What levels are deemed acceptable or otherwise are predetermined by NHS England performance targets. New post pandemic arrangements have yet to be established.

The local area sets clear expectations of the offer to children with SEND from specialist community Public Health nursing (health visitors and school nurses) through the commissioning process for these services. In addition, the local area also commissions the FNP to promote the health, wellbeing and self-efficacy of vulnerable young prospective mothers and fathers. The HVS offers The Maternal Early Childhood Sustained Home visiting (MECSH) program, which is a structured program of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. This strategic focus on early support for families results in above average coverage of the five universal contacts (plus an extra 3-4 month developmental review commissioned by the LA) with the HVS or the FNP, increasing the opportunity for identifying additional needs and intervention through early help.

While the Pandemic had a significant impact on the ability of the SHWS to deliver a service, in contrast, a universal offer was maintained to Tower Hamlets families by the FNP and the HVS albeit with in-person contact replaced by remote video (Zoom) or telephone assessment and review. As the Pandemic progressed this moved toward a ‘blended offer’ – with all ‘Universal Plus’ and ‘Universal Partnership Plus’ (i.e., targeted offer to families with identified additional needs) being offered face to face visits at home or at a Children and Family Centre) with other visits being delivered virtually (via Zoom or by telephone) unless the practitioner identified a ‘compelling need’ for an in-person face-to-face review.

Table 1 - Coverage of universal contacts in the EY in Tower Hamlets, London, and England, 2019-2020

2019-20 Data	Antenatal contact	New Birth Visits (NBV)			6-8 - week reviews by 8 weeks	12-month reviews		2-2½ year reviews completed	
		NBV within 14 days	NBV >14 days	NBV total		by 12 months	by 15 months	2-2½ year review	2-2½ year review (inc. ASQ-3*)
England	/	86.8%	10.7%	97.5%	85.1%	77.0%	83.6%	78.6%	92.6%
London	/	92.6%	4.8%	97.4%	75.8%	65.3%	79.7%	73.6%	91.1%
Tower Hamlets	667	92.8%	5.6%	98.5%	93.3%	70.6%	92.8%	91.5%	98.9%

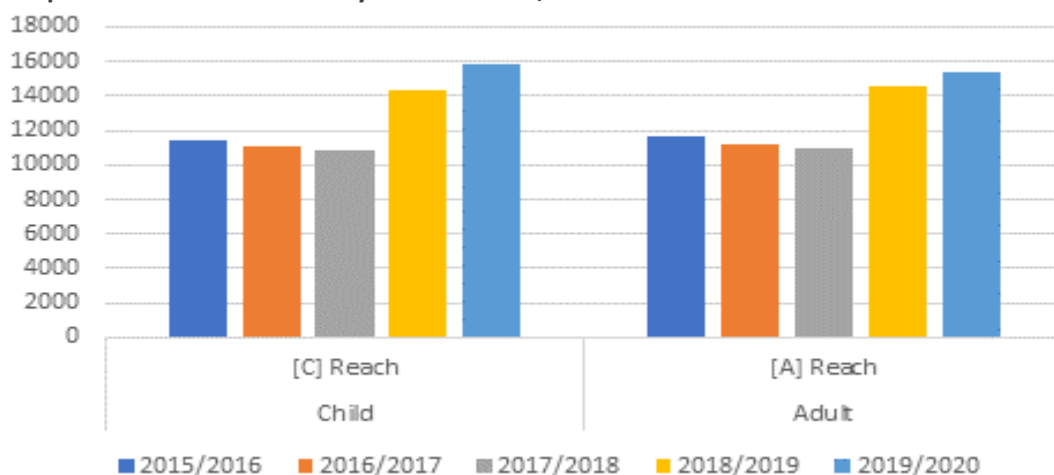
*ASQ-3 refers to the Ages & Stages Questionnaires®, Third Edition (ASQ®-3), a developmental screening tool.

Quarterly performance reviews have suggested that coverage across all universal reviews has been impacted by the Pandemic, national and regional comparative data will be published by Public Health England (PHE) in November 2021.

Prior to the Pandemic the number of 2-2 ½ year reviews was higher year on year than regional and national levels. Prior to the move to remote contact necessitated by the COVID-19 pandemic approximately half of all reviews are now fully integrated, being jointly delivered by practitioners across the HVS and Integrated Early Years’ Service (IEYS), with the child and their family in Children and Family Centres.

All Children and Family Centres will become multi-agency Start for Life family hubs in 2021, following the successful pilot held in the north east of the borough in 2018-19. Additionally, through the pilot, the local area has identified a way to provide early identification and support for children and families which has proven to increase our reach with local families. There has been a year on year increase in the number of families reached by the Children and Family Centres, this should increase the ability of the local area to identify unmet need before children enter statutory education.

Graph 1 – Children and Family Centre Reach, 2015-2020



During the Pandemic, regular in-depth contact with families, especially those eligible for early learning for two-year-olds, has resulted in successful identification of emerging vulnerability. The evidence for this was shared at the COVID-19 Bronze Group for Socially Vulnerable Children. The table below shows a comparison between Tower Hamlets and all other local authorities as a national group. It is important to note that whilst the Tower Hamlets return is 100%, there is a margin of error for the national data as not all LAs submission total to 100% (i.e. their open and closed settings numbers do not match total number of settings) this skews the % of open settings nationally. But the data shows that, broadly, Tower Hamlets is following the national trend.

The comparison shows that as a percentage, Tower Hamlets has more vulnerable children in EY settings than the average nationally.

Table 2 – Monthly attendance in EY settings during the COVID-19 Pandemic, Tower Hamlets and National

Time Period	Average % open		Average % of vulnerable children	
	All LAs	Tower Hamlets	All LAs	Tower Hamlets
2020	54.80%	41.36%	4.81%	5.66%
April	32.35%	11.44%	11.53%	10.66%
May	35.58%	26.09%	13.38%	15.51%
Jun	52.60%	46.84%	7.43%	9.27%
July	56.38%	43.12%	5.54%	8.43%
August	43.73%	26.72%	3.48%	1.68%
September	68.99%	58.94%	3.75%	3.25%
October	78.95%	65.20%	3.75%	5.33%

November	82.16%	75.84%	3.58%	5.63%
December	83.74%	74.90%	3.69%	5.18%
2021	80.33%	72.84%	4.50%	6.85%
January	78.08%	76.05%	4.55%	6.90%
February	78.60%	68.48%	4.54%	7.39%
March	84.36%	82.06%	4.50%	6.81%
April	79.55%	40.46%	4.11%	4.30%
Grand Total	60.04%	47.65%	4.70%	6.07%

The local area has a good understanding of the strengths and weaknesses of the 2-2 ½ year review process. An audit in 2019/20 identified strengths and areas for development and an action plan was developed to strengthen the review.

Area Inclusion Coordinators work with other agencies and services to provide effective identification of need at the earliest possible stage in the EY. This ensures smooth pathways for families and high-quality support to practitioners in private, voluntary, and independent childcare through training and advice on early identification, person-centred planning, and referral pathways. Where needs are identified at SEN Support, practitioners can refer to the EY Inclusion Funding Panel which helps EY childcare providers in supporting the needs of children in these settings. Pre-Pandemic, there was an increase in the number of referrals to the panel as practitioners across the local area develop expertise in the early identification of need. For financial years 2018-19 there were 74 children supported, 2019-20 there were 91 and 2020-21 there were 51. The Pandemic meant that many applications reduced dramatically during Summer 2020 and families chose to keep their children at home.

New birth notification sharing between health and LA partners has been in place since June 2019 allowing Children and Family Centres to identify families that have never accessed EY services and to provide additional outreach and support. **Much joint work has been delivered in order that families remain known to services, to ensure that no child with additional needs is missed. There are effective processes to ensure that vulnerable children with additional needs, including those where there are safeguarding concerns, are kept in view by services.** Currently 89.1% of families with children aged birth to five are registered with Children and Family Centres, enabling early identification of need and signposting to services for early intervention. The support work delivered by Children and Family Centres is being extended to eligible two-year olds not attending a setting during the Pandemic. Whilst this is good progress, there remain three and a half annual cohorts for whom the birth data is not available. The monthly birth data feed began in 2018-19 and the oldest cohort it relates to is current two-year-olds, leaving a three-year gap between this cohort and the Early Years Foundation Stage Profile (EYFSP) Reception cohort (age 5). A clear protocol is in place for triangulating information about families who disengage with all key stakeholders involved in the care of the child so that the Integrated 0-19 Service has a whole view of the disengagement by the family. Barts Health Safeguarding Team has a 'Safeguarding Unseen Child' policy in place to ensure children are not lost in the system because their families have disengaged. The local area has strengthened the safety and effectiveness of co-ordination of care and handover of cases between the FNP, the HVS and the SHWS in 2019-20 by integrating under one service delivered by a single provider.

Health professionals have a duty under the *Children and Families Act 2014* to notify the LA of any child under compulsory school age who has, or probably has, special educational needs or a disability. This is called a Section 23 notification. The process for Section 23(3) notifications is working well with 137 notifications were made in 2019-20 to the LA by health professionals, EY, and childcare settings. 66 notifications regarding children with sensory needs, including those identified at or soon after birth, were supported through the SLS Sensory team. Response times are consistently compliant with *NatSIP/DfE (2016) Quality Standards for Sensory Support Services in England*. All other notifications (71) were considered at a monthly panel which includes practitioners from the LA, health, and local

special provision. This panel identifies relevant services to inform and involve in a timely manner, and children for whom an Education, Health and Care (EHC) needs assessment is appropriate. In 2020, 30 of these notifications went to Special Educational Needs (SEN) Panel and a needs assessment was agreed for 27.

Table 3 - Section 23(3) notifications by year, 2017-2020

Year	General SEND (all non-sensory)	Deaf/ partially hearing	Visual impairment	Total notifications
2017-18	209	43	32	284
2018-19	104	47	30	181
2019-20	71	45	21	137

Senior leaders recognise the importance of continued investment in the early identification and meeting of needs, with quality resourcing provided across the system to support early identification. Most children and young people with SI remain in Tower Hamlets schools and are well supported in mainstream settings or resource base provision. Many can remain at SEN Support. Early notification from health colleagues identifies children with SI enabling them and their families to access high quality support in their home and local Children and Family Centres by teachers of the deaf and teachers of the blind based in the SLS.

SI's are identified early, the collaborative work between education and health colleagues is well established. The SHWS delivers vision screening for 4-5-year olds. In 2018-19, 98% of pupils were screened for hearing and 94% of pupils aged were screened for vision. Many areas do not commission vision screening at this age and having such high levels of engagement ensures that local leaders are confident the risks of unidentified need are minimised by the end of Reception. External quality assurance of both screening processes is provided by Barts Health NHS Trust. At the point of the first lockdown in March 2020 (when NHS England directed hearing and vision screening to be halted) 49% of 4–5-year-olds had received vision and hearing screening.

The HVS is responsive to local needs and this is borne out across various areas of work. The service has a dedicated programme of work which will help to further embed improved early identification of needs for some specific need types. It has participated in the DfE and PHE Speech, Language and Communication programme and will now roll out the Early Language Identification Measure (ELIM) and intervention. This will support early identification and intervention of Speech, Language and Communication Needs (SLCN), resulting in more timely and appropriate referrals to Speech and Language Therapy. Raising awareness and promoting guidance and support available for local children and families in relation to ASD by rolling out the Institute of HV 'Changing Conversations for Autism' workshop to health and other LA colleagues, will be a key priority of the HVS over the next year. Over the next year, there will be further development of digital remote 'pre-diagnosis support group' for families with children identified with additional needs who are awaiting assessment, building upon the successful ASD pre-diagnosis family support group.

School leaders are aware of their role in assessing, planning, intervening, and reviewing support for children with SEN. All schools maintain a register of pupils at SEN Support and use internal assessment, national benchmarking tests and their day to day working to identify pupils with SEN. Local area guidance on inclusive education has been produced to support schools and SEN Co-ordinators (SENCo) in providing a fully inclusive offer for all children and young people.

There are also several ways that SENCo are continually upskilled to enable them to support the effective identification of need within their schools. Whilst there is no formal SENCo induction, the SLS and BASS maintain email contacts of SENCo and ensure that new SENCo are familiar with local area and national services and, where appropriate, link them up with more experienced colleagues. Beyond this individual support SENCo conferences

have been run termly for many years up until the Pandemic. They usually consist of a themed keynote speaker and a range of practical workshops. The last conference was in Autumn 2020 on Zoom and focussed on mental health and the recovery curriculum with a keynote from Young Minds. SENCo conferences moved online during the Pandemic with a focus on informing SENCos about the best online professional content and use an online forum to keep them up to date on local issues. Since the start of the Pandemic, SENCo forum meetings were also moved online and were initially held every fortnight, with up to 80 participants. They provided vital updates for SENCos from officers across the system. These meetings are now held monthly/half termly and continue to be well attended, providing a useful source of information gathering and exchange for SENCos. There are strong links in place with the UCL Institute of Education to facilitate the take up of the mandatory National Award for SEN Co-ordination qualification. A leadership programme has been established for SENCos via the Tower Hamlets Education Partnership (THEP).

Additionally, schools are supported by the SLS and the BASS in identifying and supporting children with a range of special needs.

Areas in development

School leaders have raised concerns about a cohort of children entering statutory education provision in Reception with a range of previously unidentified needs, these concerns have been investigated and are being addressed. A multi-agency review of cases was conducted in December 2019 to understand and address this issue. The review found that while all children identified by schools over the study period were known to either the IEYS or the HVS (with 80%, or all but 3 children reviewed having their additional needs identified), schools were not aware that families had been supported, and families did not consistently report this support to schools. Implementing the recommendations (more effective information sharing between 'health' and Council services prior to school entry, increasing transition planning by pre-school providers, strengthening skills of health visitors using the ASQ-3 reviews and developing standardised pathway for children with fine motor delay) from this review has been delayed by the COVID-19 response but is an area of focus for 2021-22. A further survey will take place in Autumn 2021, it will continue to identify trends, actions needed and support individual cases. This will be extended to childcare providers.

A targeted additional 3-4 -year review is planned to identify children whose needs may have changed since the 2-2.5 -year review. It will help to reduce the risk of children starting school with unidentified and unmet needs. Planning and roll out of this additional developmental review have been delayed by COVID-19 but will be re-focussed on in 2021-22.

As a local area, annual reviews have not received enough dedicated focus to ensure that they are successfully identifying and meeting the needs of children and young people with SEND. A significant backlog with the timeliness of EHCPs, has meant that there have been limited resources available to focus on clearing the backlog and prioritising annual reviews simultaneously.

We know that young peoples' annual reviews at Year 9 do not routinely make adequate plans for transition to adulthood and any appropriate services. Year 9 annual reviews have been held in some settings following Preparation for Adulthood guidelines but there is still work to be done with schools to ensure this approach and coproduction is embedded across the system. The SEND Information, Advice and Support Service (SEND IASS) have established an annual transition event for all parents of Year 5 children with EHCPs with continued support for making informed choices for secondary transition.

We recognise that annual reviews are an important tool for managing the support provided to our children and young people and that we need to do better in this area. The SEND Quality Assurance Group have clarified the issues with the annual review process as it currently stands and proposed changes to the documentation used. This improved documentation will be trialled with a handful of schools by October half-term 2021 to test its efficacy before an improved process and documentation form the basis of training for across the local SENCo network. In June/ July 2021, a tracker will be created which holds information on when an annual review is scheduled for each individual child. The tracker will also contain information on what date the meeting was held, if the SEN Service attended, when the annual review documentation was received by the SEN Service and the dates the documents were processed and amended plans or no change letters were issued. This tracker will be monitored by SEN Service Management and any gaps will be followed up by the service. This data will then be shared with schools at the end of the academic year 2021-22, to allow for identification of progress and any areas of improvement.

SEND is not systematically considered as a relevant need by all parts of the local system workforce. This is borne out in how consistently services outside of Education monitor and record information around SEND status which has the potential to negatively impact on efforts to identify and meet need in a timely way. Work to improve how we record information about children and young people's SEND status within services, such as CSC and Youth Justice, to enable better reporting is still ongoing. There is now a process in place to identify those with SEN coming into the Youth Justice Service. All children with an EHCP are now recorded within the CSC management system and updates are made when social care teams are notified of new EHCPs. This will help us to better understand needs and evaluate the impact of services and interventions at a strategic level. Existing information on the performance of key services and the outcomes that are being delivered for children and young people with SEND is reviewed by the SEND Improvement Board.

The need to improve our understanding of projected future demand for SEND—and specialist education provision in particular—has been identified as an area for development. In response to this, the council has commissioned Mastodon C since 2017 to model future projections for school places. This information has been used to inform school expansion plans in the local area and Mastodon C are being commissioned again to refresh the projections for all children with EHCPs moving forward. Some of the plans based on the original projections are due to come to fruition in the next academic year. The modelling was used in decision-making around the expansion of Phoenix and Beatrice Tate Special Schools and has informed planning for several resource base provisions in mainstream schools. The expansion of Phoenix has now been completed. Planning for the expansion of Beatrice Tate and London East Alternative Provision is well underway. The creation of new primary ASD and SEMH resource bases agreed for opening in September 2021.

Section B: Assessing and meeting need

Strengths

Parents tell the council that EY childcare provision meets the needs of young children who have SEND well, however, the take up of early learning places is low and the impact of the Pandemic has seen numbers in EY provision reduce significantly. The low take-up makes it more challenging to be assured that all needs are identified, assessed, and met in a timely way. Plans are in place to ensure a return to pre-Pandemic levels of take up. Children with SEND are well supported in childcare settings and through Children and Family Centres. Where a child is identified with additional needs, the graduated approach for each child includes a review as part of the cycle of 'assess, plan, do, review' outlined in the code of practice. This process evidences improved outcomes for children by assessing outcomes to identified needs. Settings are supported by the Area Inclusion Co-ordinators to implement early help interventions, ensuring that provision meets children's needs and that children are on track to achieve their development outcomes.

Across Tower Hamlets there is a broad spectrum of educational provision for SEND, with high quality mainstream settings, resource bases and satellite provision in mainstream settings; through to high quality special schools and alternative provision to ensure all children can have their needs met locally. 98% of all EY settings and 98% of local schools offering EY provision have an Ofsted judgement of Good or Outstanding. Approximately 53% of children and young people with EHCPs attend a mainstream school setting. This places the local area third nationally on this measure and 20% above the national average. Given the high quality of our schools as rated by Ofsted we are confident that our education provision is equipped to meet the full range of SEND needs.

Projections indicate that demand for special school places will soon outstrip capacity and therefore we have implemented plans to ensure there is sufficient education provision by extending existing, highly regarded specialist provision to create more places by 2023. The expansion of Phoenix School has increased the number specialist ASD to 450. Expansion at Stephen Hawking School and an on-going capital build at Beatrice Tate School will increase capacity for primary and secondary age pupils who have Profound and Multiple Learning Difficulties (PMLD). A 24-place resource provision will open in September 2021 to cater for primary aged boys and girls with SEMH needs. This provision will be hosted at Ben Jonson school in partnership with Bowden House school. There will also be a further ASD resource base opened at Hermitage primary school for children whose primary ASD needs are social and emotional. Even with the planned expansion works and new places coming online in the new academic year, ASD provision and SEMH provision for girls within Tower Hamlets are areas where there will be a need for increased capacity.

Schools are well supported by the local area in assessing and meeting the needs of children and young people with EHCPs and at SEN Support. The SLS and BASS work with schools to offer support, clear guidance, and training on inclusive approaches to classroom teaching, multi-agency planning, and effective deployment of learning support staff in the classroom. The termly SENCo Conferences and SENCo forums, organised by the SLS are well attended and provide advice and training across the range of SEN needs. More than 97% of schools in Tower Hamlets are members of the THEP, and as part of its role in developing and monitoring leadership in schools, the THEP has focused on specific training on the leadership of SEND in schools.

Tower Hamlets has the highest rate of EHCP in local schools in the country at 5.1%, however, the number of children and young people on SEN Support (11.8%) is slightly lower than the national average (12.1%). But it should be noted that, when we look at EHCPs within our local population, the contrast is not as stark (2.95% locally compared to 2.34% nationally)).

Table 4: Incidence and prevalence of SEND in the school and resident populations, 2017-2020

		2017		2018		2019		2020		
		Tower Hamlets	England	Tower Hamlets	England	Tower Hamlets	England	Tower Hamlets	England	National Ranking
EHCPs in schools	Pupils with EHCP (all schools)	4.2%	2.8%	4.4%	2.9%	4.6%	3.1%	5.1%	3.3%	1st
	Primary school pupils with EHCP (state-funded mainstream)	3.2%	1.3%	3.2%	1.4%	3.4%	1.6%	3.6%	1.8%	3rd
	Secondary school pupils with EHCP (state-funded mainstream)	3.5%	1.7%	3.4%	1.6%	3.5%	1.7%	3.8%	1.8%	2nd
SEN Support in schools	Pupils with SEN Support (all schools)	12.1%	11.6%	12.1%	11.7%	12.4%	11.9%	11.8%	12.1%	93rd
	Primary school pupils with SEN Support (state-funded mainstream)	13.1%	12.2%	14.0%	12.4%	13.8%	12.6%	13.0%	12.8%	69th
	Secondary school pupils with SEN Support (state-funded mainstream)	11.2%	10.7%	10.2%	10.6%	11.3%	10.8%	10.5%	11.1%	101st
EHCPs in resident population	% of 0-24 residents with an EHCP	2.16%	1.72%	2.39%	1.92%	2.78%	2.12%	2.95%	2.34%	16th
	% of EHCP population who are under 5	7.8%	4.0%	5.8%	3.9%	7.5%	4.0%	5.5%	3.9%	21st
	% of EHCP population who are between 5 and 10	43.7%	33.9%	41.7%	33.0%	37.8%	33.1%	37.7%	33.0%	20th
	% of EHCP population who are between 11 and 15	34.8%	39.2%	33.2%	36.7%	31.3%	35.7%	31.7%	35.3%	140th
	% of EHCP population who are between 16 and 19	12.7%	20.2%	16.8%	21.9%	19.0%	21.9%	19.5%	21.3%	105th
	% of EHCP population who are between 20 and 25	1.0%	2.7%	2.6%	4.4%	4.4%	5.3%	5.6%	6.5%	88th

Whilst the number of EHCPs reflects the high levels of need within Tower Hamlets, work is ongoing with schools to look at SEN Support and the ways in which children and young people can be supported without the need for a statutory assessment. The newly created post of SEND Inclusion Advisor will be key in working with schools to look at and address issues around the high rates of EHCPs and the structures for SEN Support within schools.

School leaders praise the high-quality outreach services provided across the SEND system. This includes outreach by Phoenix School and Stephen Hawking School, the support provided through the work of the SLS, particularly the sensory impaired service and the advisory teachers for children with medical needs and disabilities.

The local area has responded to increasing need in relation to students from abroad coming into the LA with SEN or having been in SEN provision in their country of origin. Work was undertaken by the SEN Service, pupil admissions, BASS and SLS to produce a process that enables these children and young people to be placed in appropriate provision with resources to support their needs.

Since December 2020 there have been 17 complex cases from abroad with prior identified SEN needs, which have been jointly worked on between the SEN Service, admissions and the Family Information Service to find appropriate placements – in the mainstream, resource provision or in specialist provisions – and to ensure that the EHCP process started to enable appropriate support for the children, young people and their educational setting.

Several key services are providing high quality assessment for children and young people with SEND beyond the EHC process and meeting needs very well, including CWD, the Virtual School and THESS. The outcome report for the June 2019 Ofsted Inspection of Local Authority Children’s Services (ILACS) observed that improvements have been made as part of the assessment process for CWD within the Multi-Agency Safeguarding Hub (MASH):

“Disabled children’s workers offer a duty service in the MASH, meaning that timely decisions are taken about how best to help and protect children with complex needs.”

Since the ILACS assessment timeliness, quality and understanding have continued to improve. The links between the MASH and CWD remain consistent and continue to provide specialist support when referrals are made. Safeguarding concerns are managed aligned to the processes within the Assessment & Information and Family Support and Protection teams, and this continuity has supported decision making and threshold decisions. The short break offer has remained strong in providing respite and support to families. The COVID-19 pandemic has thrown up challenges in the delivery of support and services. However, providers within all settings across health, education and social care have been responsive and creative in delivering support to children and families when needed, in a safe and secure manner. Short break providers have adapted and continued to provide services throughout this time. Visits by social workers have remained consistent and the needs of children and families are being met both virtually and face-to-face to ensure packages and support can continue. Families have been able to communicate with social workers and duty, and request updates to packages where required – this has sometimes been on a temporary basis with packages increasing during periods when isolation or shielding to ensure appropriate support during this period.

Ofsted praised the work of the Virtual School and the support given to CLA:

“Personal education plans...provide a sound basis to plan and review the progress children make. Children in care receive effective support from the virtual school staff, who understand their individual needs and act as effective advocates for them. This helps children stay on track to achieve their goals, and, consequently, many make good progress from their starting points.”

The numbers of children registered as being electively home educated (EHE) have increased over the past seven years from 80 in 2010/11 to 167 in 2018/19. The current Pandemic has seen this figure rise to 261 as of January 2021. This has not been reflected in the figures for children with EHCPs which have increased by 1 during this time. In January 2021, there were 16 EHE children who had an EHCP in place and 16 children who had previously been at SEN support. We are confident that the SEND needs of these 16 are being met whilst being educated at home as a SEN Specialist Teacher is commissioned to undertake the reviews of the EHE provision for children with an EHCP. An important part of that role is drawing on their SEN experience when making judgements on the suitability and

efficiency of the EHE provision. These children and their families are supported by the specialist behaviour support teacher to complete planning meetings and annual reviews. Where it was evident that the EHE provision in place was not suitable and efficient, we worked collaboratively with the parents and the child(ren)'s last school and returned them back. In June 2019 as part of the ILACS, Ofsted praised the work of the THESS in support of assessment of need, safeguarding and parent engagement:

“Both...EHE...and children missing education staff use early help assessments well when children and their families need additional support...EHE staff have high regard for children’s welfare and go the extra mile.”

To drive up standards of user-centred collaboration and practice all Youth Justice Service staff received training from the SEND IASS in September 2020. Significant strides have been made by the Tower Hamlets/City of London Area Partnership in adopting and developing Emotion Coaching training, understanding strengths in practice, identifying areas for improvement, and then working quickly to develop provision. Consequently, within a calendar year, Tower Hamlets/City of London have secured the Youth Justice SEND Quality Mark status. A pivotal change has been the appointment of a Youth Justice Champion within the SEND Education Team, building on existing good relationships and practice. Hailed as particularly praiseworthy were the proactive measures taken to prevent offending, such as the work of the Social Inclusion Panel, the "Breaking the Circle" Prevention Programme, and the new home-grown screening self-assessment tool to empower the voice of young people and their families. The levels of commitment and new initiatives established in the last year would make it possible for the service to be assessed for Quality Lead status.

There are clear, strong examples of responsive joint commissioning improving over time to develop defined, co-produced services that meet need effectively, including home to school travel assistance, the Tower Hamlets Education Wellbeing Service, and the burgeoning work around Children’s Integrated Therapies. Significant progress has been made in implementing the Integrated SEND Commissioning Plan, with each programme of work aligning to priorities in the SEND Strategy and SEND Improvement Plan. Whilst the Pandemic halted the CCG’s annual contracting cycle; it has still been possible to pool existing budgets to further integrate the CAMHS. Other areas where there has been significant progress are as following, tripartite funding of placements, a partnership approach to reviewing and establishing a new model for therapies, the introduction of personal transport budgets, establishing a local risk register aligning to Transformation Care, establishing a clear Designated Medical Officer team plan supporting of the SEND priorities, as well as commissioning taking a lead role in the partnership review of the ASD pathway.

SEND Home to School Travel Assistance has promoted greater independency, choice and control for children and families in the borough. Following consultation in 2020, a refreshed Travel Assistance Policy was introduced with a key focus on offering travel assistance that promoted greater independence for children and families. Since the policy was introduced the travel assistance offer has diversified to include the option of a Personal Travel Budget, where appropriate, and in place of LA-delivered travel through buses and taxis. As of March 2021, over 70 families are utilising a Personal Travel Budget to facilitate their child’s journey to and from school.

The Tower Hamlets Education Wellbeing Service delivered by CAMHS, has been fully operational with 23 schools since February 2020. This is a universal service for all children and young people, focussing on their SEMH needs. The work supports and develops a school culture and ethos that benefits pupils with SEN and SEMH needs. Schools receive support and advice in relation to any pupil of concern, including those with special educational needs. Strong relationships have been developed with other school support services to inform practice in this area. Tower Hamlets Education Wellbeing Service is also working closely with the wider CAMHS service in relation to sharing resources

and promoting the specialist CAMHS offer across all schools in Tower Hamlets. There are proposals to increase the workforce and consequently the reach of this service. By increasing the size of the team by 8.5 posts, the expectation would be that 21 additional primary and secondary schools come on stream. The additional schools are due to be recruited by the end of May 2021.

The Neurodevelopmental Team in CAMHS provides a range of one-to-one and group interventions which are meeting needs effectively. The effectiveness of the weekly clinical sessions, supported by virtual and face to face meetings have resulted in the outcome that no children open to the team requiring a Tier 4 secure placement between January 2020 until present day (May 2021). Other quantifiable outcomes are tracked using a 10-point scale which families complete to understand their individual progress. Using the scale, there was an average of a 3.0 point increase across families. In addition, 'increased self-confidence in managing challenging behaviour' rose on average by 2.68 points across parents/families.

The group programme includes challenging behaviour group for parents of young people with social communication difficulties and learning disability displaying behaviour that challenges; sleep workshops for parents of young people with neurodevelopmental disorders; ASD post-diagnosis workshop for parents of young people recently diagnosed with ASD and Attention Deficit Hyperactivity Disorder-post diagnosis workshops for parents of young people recently diagnosed with Attention Deficit Hyperactivity Disorder. Tower Hamlets CAMHS have continued to offer the group programmes during the Pandemic by facilitating the groups on an online format. There have been several changes which have been made to the group formats to accommodate facilitating them in this new way. These changes have been based on the feedback from parents and service users. Some examples: two separate groups were offered, one for English speaking families and another that was supported by a cultural advocate/interpreters; additional call to those families needing to practise accessing Microsoft Teams ahead of the group; shortening the length of the session in consideration of childcare arrangements.

During the Pandemic, CAMHS have continued to provide one-to-one assessment and intervention to children and young people and their families on an online format or face to face in clinic depending on needs and accessibility. At the end of treatment and upon discharge, most children, young people and their families are offered 'return tickets', which allows them to directly phone their care co-ordinator for up to a year after case closure to discuss whether further intervention from CAMHS may be helpful, thus avoiding the need to restart the referral process.

The Children's Integrated Therapies Steering Group is developing a strategic, whole-system, joined-up and needs-led approach to commissioning and delivering children and young people's therapy services in Tower Hamlets. This will be the strategic vehicle for future commissioning of therapies across the local area, complementing and supporting existing integrated ways of working such as the Primary Service Provider Model. The Primary Service Provider Model delivers a multi-disciplinary, early intervention therapies model for children with a developmental delay who require multiple therapies. Since May 2019, a total of 70 children with the most complex needs have been supported by an Under 5s Integrated Therapies Team focused on supporting parents with everyday routines and ensuring there is a single keyworker for each family. Parents report feeling more supported and that they know who to talk to about their child.

Seeking, listening to, and working with the voices of service users is a significant area of strength. Co-production with service users contributes to a strengthened governance system, lower levels of tribunal activity and embedding better quality commissioning. Parents, carers, and young people are playing a growing role in the local area's governance for SEND and the groups that support this governance structure. This includes a growing and strengthened role for the independent voice of parents and carers. The Our Time Youth Forum continues to ensure that the voice of young people is heard at both local and national level. A member of this forum now attends the

SEND Improvement Board, enabling the forum to have a vehicle for expressing opinions on strategic SEND decisions and to raise issues and ideas for system improvement. The representative is also a trained young person SEND Ambassador.

The PCF is now established and regularly attends the SEND Improvement Board and Every Chance for Every Child Forum. They are now an integral part of the SEND strategic system. The Forum feel that this involvement has had a positive effect in highlighting the independent voice of parents and carers. As well as the Forum itself, this group runs regular informal coffee mornings for parents to share information and gather feedback about the local area's services for children with SEND. Local service leaders have committed to attending to hear feedback and gather insights to inform service improvements.

There is strong engagement with local children, young people, parents, and carers through the jointly commissioned SEND IASS. This service has extensive reach and has established positive relationships with parents, carers, and young people throughout the borough, actively promoting engagement and participation opportunities. Engagement is also supported by a well-received termly newsletter, and training for parents and young people to act as SEND Ambassadors and Young People's SEND Ambassadors schemes. SEND Parent and Young People's Ambassadors have continued to attend sessions for parents and professionals and been active in involvement with Health at strategic level and with EY providers. There are 25 SEND Ambassadors trained to raise awareness of local services amongst other parents and carers and to ensure that they are consulted with, and are participating in, shaping the services that support families in the borough. Ambassadors and representatives from other parent groups will now be on the steering group of the SEND PCF, ensuring the Forum provides a pan-disability voice as an umbrella organisation for groups in the borough. Work has also begun to engage parents in all aspects of SEND commissioning and development of the ASD pathway.

The Local Offer website provides a dynamic source of information for parents, carers, children, and young people. Following recent updates and improvements, leaders are confident that the Local Offer is becoming a central feature of effective communication with parents and carers across Tower Hamlets. A variety of feedback mechanisms for the Local Offer are now in place covering young people, parents, and professionals. An effective awareness campaign has seen engagement with the Local Offer continue to rise. In the last 12 months there were 56,854 Individual User Sessions compared to 48,420 in 2019. Monthly comparisons show that in October 2019 there were 6,983 Individual User Sessions which has increased this year to 8,394. Users report that the Local Offer is more accessible and user friendly, although we recognise further improvements can be made, including more visual aids for users with lower literacy levels and better feedback processes. SEND Ambassadors have been helping to raise awareness of the Local Offer amongst schools and the local community, and feedback from stakeholders is much more positive since improvements began. A local stakeholder steering group is in place to ensure that the Local Offer is fit for purpose and consultation with parents, carers and young people is ongoing.

Tower Hamlets receives few formal mediation requests and the number of tribunals, though increasing, is low compared to national. There were 6 formal mediation requests in 2019-20 and agreement was reached in all mediations. Parents and young people are given every opportunity to discuss and resolve issues prior to formal mediation. Officers will work with parents, young people, and their representatives to explain decisions and to signpost support where statutory assessment has been declined, or where an EHCP is not issued. The local area has a service level agreement with KIDS SEN Mediation Service to facilitate the formal mediation process. Data for 2020-21 shows four formal mediations have taken place and agreement was reached in all of them.

The local area had 48 tribunal cases between September 2014 and August 2019. This is an average of just under 10 per year. In 2020 there were 12 tribunal appeals, of which 6 have been heard. One of the appeals is under the

National Trial. Officers continue to work with parents and their representatives throughout the appeal process to find agreement and so many cases do not reach the hearing stage.

THT will continue to develop opportunities for aligned/pooled budgets as part of its wider strategic leadership function. Whilst there are examples of jointly funded placements across the Council and the CCG, the impact of the Pandemic halted progress toward this objective. Part of Tower Hamlets recovery is to work once again to design and delivery integrated services, and appropriate for these services to be funded via pooled budgets.

Areas in development

Tower Hamlets has been identified by the DfE as one of the lowest performers nationally with respect to take up for early learning places for two-year-olds, and whilst we remain confident that we are identifying need well in the EY for those who are accessing services there are risks that need is being missed because these free places are not being taken up. The DfE are assisting with in-depth plans to support the LA to meet nationally set targets. Plans are currently under development with the DfE *“What works Tower Hamlets”* based on the council’s previous high point of early learning for two-year-olds take up: 65% in Nov/Dec 2019.

Table 5: Percentage benefitting from free early education provision at 2, 3 and 4 years old, 2018-2020

	2018			2019			2020		
	Tower Hamlets	London	England	Tower Hamlets	London	England	Tower Hamlets	London	England
Funded entitlement for 2 year olds	47%	61%	72%	40%	56%	68%	44%	59%	69%
Funded entitlement for 3 year olds	80%	83%	92%	76%	82%	92%	75%	82%	91%
Funded entitlement for 4 year olds	83%	87%	95%	82%	87%	95%	80%	87%	94%

Take up is currently 44%. In general, the termly childcare sufficiency assessment informs plans to ensure a return to pre-Pandemic levels of early education place take up.

SLCN in the EY remains a priority for the local area. Whilst the Children’s Integrated Therapies Steering Group has a remit to consider the whole system in relation to the design and delivery of a new fully integrated model for therapies, the immediate focus has been on the EY, given this is where the gap in commissioned provision is most notable. An integrated model addressing the gap in the EY is being led by the group and will in due course be presented through the respective governance on both the LA and CCG, for agreement of the model and where required for additional funding. The model is set to be completed by September 2021, with a view to agreeing governance thereafter for implementation in the 2022-23 financial year.

The steering group has comprehensive membership from across the system and will build upon previous progress to address the gap, including in 2019-20 when the HVS participated in a DfE and PHE programme of work (Early Language Partnership) to reduce inequalities in early SLCN. A cohort of health visitors were trained and the HVS SLCN Champions will cascade training out to multi-agency peers in partnership with Barts Health SLT (several training sessions were delivered but full programme was delayed due to COVID-19 pandemic). A refresh and join up with the ELIM is planned for 2021-22. PHE trained Health Visiting Trainers will deliver training on ELIM in spring 2021 for delivery summer from 2021 onwards as part of 2-2.5 -year review.

Inclusive practice is not yet routinely consistent across all mainstream schools, including the six nursery schools, particularly with regards to SI, ASD and SEMH. Work to develop a benchmarking tool for inclusivity has been completed and is being piloted in schools. A training programme on implementation will be rolled out through the SENCo conferences in the summer term 2021. SENCo leadership training has been integrated into the THEP leadership training offer. A SEND Inclusion Advisor post has been created as part of the SEN service restructure and, once appointed, the post holder will lead this work in conjunction with THEP.

Processes around EHC needs assessments, including timeliness, requests for advice, co-production and the quality of plans remains a key area for development, though plans are in place to address this. The timeliness of EHCPs has dropped during the Pandemic though plans are in place to address this and to improve the quality of advice, co-production and EHCPs. Due to a combination of long-term staff absence, creating staffing capacity issues and delays in responses to requests for advice from some services, as well as the impact of the Pandemic on key posts in the lockdown, including the delay to a restructure of the service, the completion rate for the 2020 calendar year was 7%. This is unacceptable. The full backlog of EHCP cases was identified in September 2020 and a plan for clearing the backlog was put in place in October 2020.

The recovery plan to reduce the backlog includes a review of processes related to assessments, the use of management systems and data quality.

Table 6 - Tracking the impact of the October 2020 recovery plan on EHCP backlog

Baseline ongoing assessments	Baseline (September 2020)		7 June 2021		Change
Ongoing – In time	32	12.2%	0	0.0%	-32
Ongoing – Out of date (Pre-2019/20)	30	11.4%	6	2.0%	-24
Ongoing – Out of date (2019/20)	138	52.7%	55	21.0%	-83
Ongoing – Workflow to be ceased	13	5.0%	2	1.0%	-11
Ceased	0	0.0%	14	5.0%	+14
Draft plans agreed	49	18.7%	24	9.0%	-25
Plans Issued	0	0.0%	161	62.0%	+161
Total	262	-	262	-	-

In parallel to the SEN Service restructure, which was completed in April 2021, further benchmarking has been completed with other local areas to look at future capacity and staffing to ensure that progress being made is sustained. The plan and the completion rates are being monitored to ensure that there is a month by month increase in completion rates and to ensure that the recovery plan is having an impact on all plans received since October 2020. As well as tracking overall timeliness, there is regular reporting and monitoring of the backlog of assessments and the progress on assessments received since 1 October 2020 to show the impact of the additional capacity and the ongoing work to improve the service.

Table 7 – EHC needs assessments issued for plans requested since October 1st 2020, monthly analysis

	February	March	April	May	June	July	August
Number of assessments due to reach 20-week mark	12	31	22	14	32	23	16
Number of assessments issued	6	15	13	8	8	-	-
Number of assessments in draft	4	3	3	1	-	-	-
Percentage issued within 20 weeks	50%	48%	59%	57%	-	-	-
Number of assessments in progress	0	4	1	2	-	-	-
Total Issued ongoing	8	24	158	11	-	-	-

Although the backlog of plans continues to impact upon timeliness overall, the figures for 2021 show monthly increases in the numbers of plans being issued on time.

Table 8 - EHCPs issued in 2021, monthly analysis

2021 Timeliness	January	February	March	April	May
Number of EHCPs issued, excluding exceptions	24	38	47	30	18
Number issued in 20 weeks	1	8	17	12	5
Percentage issued within 20 weeks	4%	21%	36%	40%	28%]
Cumulative % in 20 weeks for 2020	Same as above % in 20 weeks	15%	24%	27%	27%

The quality of EHCPs is improving but further work is needed. Most plans are currently written using a plan writing company at the present time and the Local Area SEN Panel quality assures each plan ensuring that they accurately reflect the needs of, and provision required for, each individual child, or young person, before drafts are issued. Feedback on the plans is discussed with both the plan writing service and with services contributing to the assessments. Leaders have identified that needs assessments conducted when the SEND reforms first came into force, and many of the conversions from statements to EHCPs were not co-produced, and therefore do not fully reflect the needs of the children and young people for whom they were written. Joint training sessions for the local area workforce, delivered by the Council for Disabled Children, and further training for EHCP caseworkers and Parent Advice Centre colleagues have further enabled EHCPs to reflect the individual child or young person in this approach. The SEND Quality Assurance Group is working with all services involved in the assessment process to produce clear quality assurance guidelines for assessment advice from professionals.

From the summer of 2021, with resource available from addressing the EHCP backlog, the Quality Assurance Group will begin to focus on the quality of EHCPs. Redacted EHCPs will be reviewed in a small forum, including advice providers, educational settings (including colleges and EY settings, to cover all age ranges) on a half termly basis with a view to providing feedback on the quality of the EHCP to the officer, as well as the writing service, providing an analysis of what was written well, what needs improvement and how to improve it. We will do the same with the advice for the EHCP, and therefore also with the advice provider. Quantifiable data would come from the number of plans requiring further feedback.

We are also analysing the quality of practice and planning in CSC audits completed over the past 12 months on cases in the CWD service. There are plans in place to audit the work within the Early Help Hub with families where SEND has been identified, with timelines still to be finalised.

Two dedicated officers are employed within SEND IASS to work specifically with stakeholders, schools, and officers on ensuring plans are co-produced. The annual review process for children and young people at key transition points will be used to amend and update plans via co-production. We intend to work with schools to do this. There are plans for the following areas of work to help improve co-production during this process:

- SEND PCF mystery shoppers
- SEND IASS Annual survey captures feedback from parents and carers
- Gather information from parents through SEND Ambassadors outreach work
- Commission a report through the SEND IASS with a specific focus on the EHC needs assessment and annual review processes.

Work is underway to address to review and address issues in the local ASD pathway is a priority. There is a need for better join up between various system partners in a range of areas and being better at reflecting and listening to the voices of service users, with a view to improving the timeliness of assessment, service delivery and transition to adulthood. Work is underway to address delays in ASD diagnosis; however, parents report dissatisfaction with waiting times. The impact of the COVID-19 pandemic on ASD assessment waiting times has been severe, however pre-COVID-19 waiting times frequency exceeded 12 months Following benchmarking across TNW ICP an investment plan has been drafted which prioritises the need for increased resource for assessing ASD. Following from the investment plan, an individual business case will be presented June 2021 to the NEL CCG to help address waiting times and create a sustainable delivery model that works towards NICE guidance for assessment timeliness.

Where CAMHS carry out ASD assessment for children and young people with comorbid mental health needs, they work in partnership with the Tower Hamlets Autism Service to identify and facilitate transition as the young people become adults.

The principles underpinning the ASD pathway review seek to direct services to meeting the 'needs' of the child or young person and to be less reactive to a formal diagnosis. In addition, the pathway review group includes parents to ensure families are equal partners in the review whilst also guiding the system to improve the effectiveness of its communication with children, parents, and families during what is a challenging time.

Young people with ASD who do not meet thresholds for the CLDS struggle to access appropriate services and have a poor transition experience.

Young people with complex care needs who do not meet thresholds for specialist services do not receive a good enough transition into adulthood. In addition, CAMHS work with Community Mental Health Teams where ongoing mental health support would be beneficial for those with ASD who do not meet the threshold for the CLDS. CAMHS' approach is part of a Trust-wide transition policy that supports the planning of transfer of care in line with NICE guidelines. When this policy is fully established the local area will draw down learning in support of more effective transition planning for children moving into adult services.

Tower Hamlets offer a selection of respite services to families ranging from befriending services through to overnight short breaks. Most of the local area short breaks are externally commissioned, with the two overnights short breaks providers being awarded Outstanding by Ofsted. The criteria, the short break offer, and referral process is shared with key partners, and regularly updated on the Local Offer page. There is more work to do to ensure that short breaks provision is aligned with the EHC planning process so that access is consistently proportionate to need. During the Pandemic, the service have worked closely with internal and commissioned services, between CSC, education and the CCG to ensure delivery of service can continue, in some examples, this has been adapted to reflect the national requirements, whilst maximising support to parents during a challenging period of lockdown and in some instances the requirement to shield.

Despite the cohort being small, the sufficiency of SEND residential placements remains a local challenge and is an area requiring further development. Whilst there has been progress in relation to cross organisational assessment and processes between the LA and the CCG, as well as some positive outcomes working with specific providers there is an absence of a robust approach to planning and commissioning SEND placements. Across London there isn't one LA or local area with the influence to reshape the SEND placements marketplace, however regional and Pan-London commissioning forums have recognised the issue and aim to address the challenges collectively, using the combined

resources and influence. There is a dedicated focus on this area of work within the SEND Commissioning Plan and SEND Improvement Plan.

Development of a high-quality professional development offer is in train, to further build capacity in schools so that staff can translate expectations into practice, informed by evidence from schools about strengths and areas of need. Taking account of statutory / Ofsted requirements and needs assessments, training is provided through several routes. THEP is running leadership training for the SENCo network, and other training continues through the SENCo conferences in specific areas of SEND. Training needs are currently being identified with SENCos using the Inclusion Threshold document and this work will be taken forward with schools by the SEN Inclusion Advisor, a newly created post as part of the SEN restructure and as part of the Local Area's workforce development plan.

Section C: Improving outcomes

Strengths

We are proud of the attainment and achievement of children and young people with SEN at schools and in EY settings across Tower Hamlets and consider this an area of strength, despite the disruption caused by the COVID-19 pandemic. This includes education outcomes for CLA with SEND. Outcomes were above, or in line with national performance against each key benchmark from EY to the age of 19 in 2019.

Table 9 - Primary attainment outcomes for children with SEND, 2016-2019

		2016		2017		2018		2019			
		Tower Hamlets	England	Tower Hamlets	England	Tower Hamlets	England	Tower Hamlets	England	National rank	
EYFS	EYFSP: Good level of development – EHCP	9%	4%	7%	4%	9%	5%	4%	5%	55th	
	EYFSP: Good level of development – SEN Support	31%	26%	27%	27%	27%	28%	25%	29%	101st	
Phonics	Meeting Year 1 phonics standard – EHCP	23%	18%	20%	18%	20%	19%	35%	20%	9th	
	Meeting Year 1 phonics standard – SEN Support	59%	46%	60%	47%	60%	48%	50%	48%	21st	
Key Stage 1 (KS1)	KS1: Reading, expected or higher – EHCP	16%	14%	19%	14%	15%	13%	14%	13%	55th	
	KS1: Reading, expected or higher – SEN Support	41%	32%	43%	34%	44%	33%	40%	33%	29th	
	KS1: Writing, expected or higher – EHCP	15%	9%	16%	9%	11%	9%	13%	9%	18th	
	KS1: Writing, expected or higher – SEN Support	31%	22%	35%	23%	35%	25%	34%	25%	13th	
	KS1: Maths, expected or higher – EHCP	20%	14%	21%	14%	19%	13%	21%	14%	17th	
	KS1: Maths, expected or higher – SEN Support	44%	33%	48%	35%	48%	36%	47%	36%	16th	
Key Stage 2 (KS2)	Attainment	KS2: RWM*, expected or higher – EHCP	8%	7%	8%	8%	12.9%	8.6%	14.3%	9.1%	19th
		KS2: RWM*, expected or higher – SEN Support	31%	16%	31%	21%	40.0%	24.1%	41.0%	25.4%	5th
		KS2: Reading, expected or higher – EHCP	17%	14%	16%	15%	15.9%	16.4%	20.6%	16.4%	33rd
		KS2: Reading, expected or higher – SEN Support	54%	32%	47%	37%	55.8%	43.2%	54.8%	41.0%	10th
		KS2: Writing, expected or higher – EHCP	18%	13%	13%	13%	15.3%	13.1%	17.7%	13.5%	33rd
		KS2: Writing, expected or higher – SEN Support	53%	32%	46%	34%	53.8%	37.7%	55.2%	38.9%	6th
		KS2: Maths, expected or higher – EHCP	22%	15%	20%	15%	22.4%	15.3%	28.0%	17.0%	9th

Progress	KS2: Maths, expected or higher – SEN Support	54%	36%	56%	41%	57.0%	41.9%	66.2%	46.3%	3rd
	KS2: Reading progress score – EHCP	-	-	-2.8	-3.7	-1.8	-3.8	-1.7	-3.6	19th
	KS2: Reading progress score – SEN Support	-	-	+0.6	-1.2	+0.6	-1.0	+1.0	-1.0	15th
	KS2: Writing progress score – EHCP	-	-	-1.6	-4.3	-1.3	-4.1	-2.3	-4.3	24th
	KS2: Writing progress score – SEN Support	-	-	+0.2	-2.2	+0.7	-1.8	+0.4	-1.7	6th
	KS2: Maths progress score – EHCP	-	-	-1.7	-4.1	-0.3	-3.8	-1.2	-4.0	12th
	KS2: Maths progress score – SEN Support	-	-	+0.7	-1.1	+0.9	-1.0	+1.4	-1.0	8th

*RMW is shorthand for the combined Reading, Writing and Maths measure
Ranks are out of ~151 (varies if some LA data is suppressed)

Leaders are ambitious for all children and young people and continue to benchmark outcomes against other inner London LAs, where average outcomes are higher than national. The proportion of pupils reaching the expected standard in the national phonics screening check remains higher than the national figure for pupils at SEN Support and in line with the national figure for those with an EHCP. The proportion of pupils at SEN Support reaching the expected standard for their age in English and mathematics at the end of Year 6 was high in comparison with similar pupils nationally; this is also true for those with an EHCP.

Table 10 - Secondary & post-16 outcomes for young people with SEND, 2017-2020

		2017		2018		2019		2020			
		Tower Hamlets	England	Tower Hamlets	England	Tower Hamlets	England	Tower Hamlets	England	National rank	
Key Stage 4 (KS4) ^	Attainment and Progress	Attainment 8 – EHCP	15.3	13.9	14.9	13.5	16.5	13.7	20.7	15.2	13 th
		Attainment 8 – SEN Support	33.0	31.9	33.6	32.2	36.6	32.6	39.8	36.4	31 st
		Progress 8 – EHCP	-0.81	-1.04	-0.84	-1.09	-0.88	-1.17	-	-	19 th **
		Progress 8 – SEN Support	-0.24	-0.43	-0.18	-0.43	-0.16	-0.43	-	-	17 th **
	9-4 English and Maths – EHCP	11%	11%	11%	11%	15%	11%	22%	14%	6 th	
	9-4 English and Maths – SEN Support	28%	30%	33%	31%	40%	32%	50%	40%	21 st	
	9-5 English and Maths – EHCP	5%	5%	9%	5%	7%	6%	9%	7%	29 th	
	9-5 English and Maths – SEN Support	15%	16%	20%	17%	20%	17%	26%	21%	28 th	
English Baccalaureate	English Baccalaureate APS – EHCP	-	-	1.2	1.0	1.3	1.1	1.7	1.2	11 th	
	English Baccalaureate APS – SEN Support	-	-	2.8	2.6	2.9	2.7	3.3	3.0	26 th #	
	English Baccalaureate Entries – EHCP	9%	4%	14%	4%	7%	4%	18%	4%	2 nd	
	English Baccalaureate Entries – SEN Support	24%	15%	30%	16%	20%	17%	37%	17%	7 th	

		English Baccalaureate (9-4) – EHCP	4%	2%	3%	2%	2%	2%	7%	2%	6 th
		English Baccalaureate (9-4) – SEN Support	9%	6%	7%	6%	4%	7%	15%	9%	22 nd
		English Baccalaureate (9-5) – EHCP	3	1%	2%	1%	2%	1%	3%	1%	18 th
		English Baccalaureate (9-5) – SEN Support	6%	5%	4%	4%	2%	4%	7%	5%	45 th
Post-16	By age 19	Qualified to Level 2 by age 19 – EHCP	37%	33%	32%	31%	35%	30%	-	-	40 th **
		Qualified to Level 2 by age 19 – SEN Support	69%	67%	65%	62%	63%	61%	-	-	60 th **
		Qualified to Level 2 inc. Maths & English by 19 – EHCP	23%	15%	17%	15%	16%	15%	-	-	54 th **
		Qualified to Level 2 inc. Maths & English by 19 – SEN Support	41%	37%	41%	36%	40%	36%	-	-	48 th **
		Qualified to Level 3 by age 19 – EHCP	23%	13%	20%	13%	17%	12%	-	-	26 th **
		Qualified to Level 3 by age 19 – SEN Support	41%	32%	39%	31%	39%	31%	-	-	31 st **
NEET	16/17 year olds in education & training – EHCP	90.1%	88.2%	91.3%	88.5%	87.6%	88.6%	92.1%	88.5%	38 th	
	16/17 year olds in education & training – SEN Support	-	-	-	-	87.1%	87.0%	86.1%	87.1%	86 th	
	16/17 year olds NEET or no known activity – EHCP	-	-	8.5%	9.6%	10.2%	9.2%	8.7%	9.4%	76 th	
	16/17 year olds NEET or no known activity – SEN Support	-	-	-	-	11.4%	9.2%	12.7%	9.2%	108 th	

** 2019 rank as 2020 data was not collected

^Due to the cancellation of exams in response to COVID-19 and the change to using teacher assessments, 2020 KS4 exam results are not directly comparable with other years.

Ranks are out of ~151 (varies if some LA data is suppressed)

At the end of KS4 in 2019, all pupils with SEN made better than average progress across the subjects they studied than similar pupils nationally. This was the case in all measures, from the proportions achieving 9-5 in English and Maths, average Attainment 8 scores and average Progress 8 scores. The proportion of young people with SEN reaching level 2 including English and mathematics at 19 in 2019 was above the national figure. This was also the case for the proportion of young people who have SEN reaching level 3 at 19.

In the main, pupils with SEN in Tower Hamlets are well engaged with their education and school attendance and exclusion figures are better than national averages. This includes CLA. The proportion of all pupils with SEN who had a poor school attendance record in 2018/19 was below that seen for similar pupils nationally.

Table 11 - Attendance outcomes for children and young people with SEND by school type, 2016-2020

		2016		2017		2018		2019		
		Tower Hamlets	England	Tower Hamlets	England	Tower Hamlets	England	Tower Hamlets	England	National rank
Overall	Fixed term exclusion rate – EHCP	9.6%	15.0%	7.7%	15.9%	8.0%	15.9%	8.6%	16.1%	26 th
	Fixed term exclusion rate – SEN Support	6.5%	13.7%	6.1%	14.8%	7.9%	15.1%	9.0%	15.6%	23 rd
	At least one fixed term exclusion – EHCP	4.6%	6.3%	4.1%	6.4%	4.1%	6.4%	4.5%	6.5%	30 th
	At least one fixed term exclusion – SEN Support	3.6%	5.9%	3.8%	6.2%	3.7%	6.1%	4.1%	6.2%	14 th
	Permanent exclusion rate – EHCP	0.06%	0.17%	0.00%	0.16%	0.10%	0.16%	0.00%	0.15%	1 st
	Permanent exclusion rate – SEN Support	0.005 %	0.32%	0.06%	0.35%	0.00%	0.34%	0.00%	0.32%	1 st
Primary	Fixed term exclusion rate – EHCP	3.9%	11.3%	2.2%	12.7%	4.3%	13.4%	4.0%	13.6%	19 th
	Fixed term exclusion rate – SEN Support	1.3%	6.3%	1.6%	7.2%	2.1%	7.1%	2.0%	6.9%	9 th
	At least one fixed term exclusion – EHCP	1.1%	4.7%	1.3%	5.1%	1.8%	5.3%	2.0%	5.6%	16 th
	At least one fixed term exclusion – SEN Support	0.6%	2.7%	0.9%	3.0%	1.0%	2.9%	0.8%	2.9%	3 rd
	Permanent exclusion rate – EHCP	*	0.22%	0.00%	0.2%	0.00%	0.18%	0.00%	0.18%	1 st
	Permanent exclusion rate – SEN Support	0.00%	0.15%	0.03%	0.16%	0.00%	0.15%	0.00% 8.1%	0.12%	1 st
Secondary	Fixed term exclusion rate – EHCP	12.7%	24.9%	10.1%	26.6%	13.1%	28.2%	13.8%	30.9%	17 th
	Fixed term exclusion rate – SEN Support	15.5%	25.3%	14.1%	27.2%	19.4%	28.5%	21.1%	29.9%	46 th
	At least one fixed term exclusion – EHCP	6.5%	10.6%	6.1%	11.1%	7.3%	11.4%	7.9%	12.1%	25 th
	At least one fixed term exclusion – SEN Support	8.9%	11.0%	8.9%	11.4%	9.3%	11.4%	10.0%	11.6%	46 th
	Permanent exclusion rate – EHCP	0.00%	0.27%	0.00%	0.31%	0.33%	0.33%	0.00%	0.33%	1 st
	Permanent exclusion rate – SEN Support	0.15%	0.59%	0.11%	0.67%	0.00%	0.66%	0.00%	0.65%	1 st
Special	Fixed term exclusion rate – All pupils	15.8%	12.5%	14.1%	13.0%	8.9%	12.3%	10.0%	11.3%	91 st
	At least one fixed term exclusion – All pupils	8.1%	5.1%	6.4%	5.1%	4.4%	4.9%	4.7%	4.6%	90 th
	Permanent exclusion rate – All pupils	0.00%	0.08%	0.00%	0.07%	0.00%	0.07%	0.00%	0.06%	1 st

Ranks are out of ~151 (varies if some LA data is suppressed)

Due to COVID-19, the DfE will not be producing a comparative statistical release for 19/20 poor attendance for pupils with SEN has continued to reduce over the last five-years. Overall levels of absence for pupils who have SEN have remained consistently lower than for similar pupils nationally over the same period. Specific work to further improve attendance levels within the Special School is planned, though this has been delayed by the Pandemic.

Children and young people in schools outside of Tower Hamlets have their attendance monitored and any issues are followed up by an attendance and welfare advisor from the BASS. Fixed term exclusions for pupils who have SEN are low but rising – now only 25% of the rate for similar pupils nationally in 2018/19. This has been identified as a priority area of work for schools, the BASS and SEN Service. The level of permanent exclusions was very low in 2018/19 and there was only one permanent exclusion in 2019/20, although this is clearly linked to COVID-19 and school closures.

The Virtual School SEND trained staff ensure that children coming into care, both inside and outside of the borough, have their needs met. This is critical as 60% of the CLA cohort attend provision out of the borough. Plans to introduce education champions to work alongside virtual school staff are underway to focus additional support on young people who are at risk of absenting from purposeful activity have been delayed by the Pandemic but will resume in 2021.

Outcomes for children and young people, looked after with SEND, supported by the Virtual School are good. The attainment 8 score for CLA with EHCPs is in line with national CLA for cohort and slightly above regional (NCER 2019). A strong enrichment programme supports children’s academic, personal and social development. Every year, The Virtual School stages an achievement and awards ceremony, which is fully inclusive of all children whatever the challenge their needs present. The venue, range of the awards and work of staff makes sure that all children can attend and see their achievements recognised as part of the inclusive Virtual School community. Increasingly, young people are helped to access education, employment and training, and an increasing number of young people access apprenticeships via the council and Young Workpath support.

It is also important to highlight that for some young people with SEND positive outcomes are also seen within CSC indicators and practice outcomes. Children and young people with SEND will also be included within the cohorts of Children in Need (CIN), children subject to a Child Protection Plan (CPP) and children in care. In Tower Hamlets, 59.5% of the CLA cohort have some SEN, 46.7% of the CPP cohort and 50.8% of the CIN cohort.

Table 12: Incidence of SEND in CPP, CIN and CLA cohorts, 2017-2020

		2017		2018		2019		2020		National Ranking
		Tower Hamlets	England	Tower Hamlets	England	Tower Hamlets	England	Tower Hamlets	England	
CLA	CLA with an EHCP	30.8%	26.4%	27.1%	26.1%	35.4%	26.8%	34.1%	27.7%	29th
	CLA on SEN Support	26.7%	29.4%	24.3%	28.9%	26.9%	28.5%	25.4%	28.1%	100th
CPP	CPP with an EHCP	8.5%	7.5%	9.3%	7.6%	9.6%	8.2%	11.6%	8.9%	38th
	CPP on SEN Support	28.3%	30.3%	30.6%	29.9%	28.9%	29.4%	35.6%	29.5%	13th
CIN	CIN (excluding CPP) with an EHCP	15.0%	24.5%	20.3%	24.1%	22.1%	24.7%	29.6%	26.7%	54th
	CIN (excluding CPP) on SEN Support	19.6%	22.0%	20.3%	21.8%	21.3%	21.7%	21.2%	21.8%	81st

Following the positive ILACS outcome in 2019 we have continued to strengthen this area of work to ensure the needs of these groups of vulnerable children continue to receive significant focus and scrutiny. Despite the confirmation of the “Good” rating for children’s services, we took the decision to maintain our CSC Improvement Board. The Board is also chaired by the Director of Children’s Services each month, this ensure that there is strategic join up at the highest levels of oversight for all children known to social care, including those with SEND. The Board

provides an opportunity to analyse regular case audit report, consider the monthly data and performance report as well as hearing directly from staff and service users. What we know from the data and from the QA process which scrutinises written reports and quality of planning is that outcomes for these groups of children remain positive. These groups of children are seen regularly, and the quality of direct work and building and maintaining relationships appear to be appropriate. Our CSC audit activity also tells us that young people are involved in decision making, assessments are updated regularly, and in the instances where young people need to come into care placements are stable.

Effective programmes and initiatives are in place to support young people who have SEN to progress into employment. The Tower Project Job Enterprise and Training Service is a successful example, providing support around progression to employment and employer engagement activities like the annual Job Information Day for children and young people with learning disabilities and ASD. Over the last 18 months the number of young people progressing to employment has increased by 50%.

There has been an increase in supported internship opportunities and opportunities for young people to have tasters and into-work conversations with corporate employers. The percentage of young people undertaking apprenticeships in Tower Hamlets is 2nd nationally at 4.5% of the cohort. There are currently 42 young people participating in supported internship programmes, traineeships, and apprenticeship programmes; that is 5.3% of the cohort, putting Tower Hamlets 14th nationally. The local College (New City College) run a longstanding supported internship programme which enables students to develop their skills through work experience and supports them into paid employment. Queen Mary University of London and Phoenix College offer a unique and innovative supported internship programme for young people with ASD. This programme is delivered under the DFN Project SEARCH umbrella and provides young people with opportunities for training and employment within hospitality, cleaning, administration, maintenance and portering. The supported internship programme delivered by Tower Project Job Enterprise and Training Service provides interns with a springboard from education into the world of work in the hospitality and leisure sector. This programme ensures young people acquire the skills, qualities, attributes, and experience that employers want from their employees. The Tower Project Job Enterprise and Training Service also provides support around progression to employment for local young people with SEND through employer engagement and awareness activities such as their annual Job Information Day.

The need to increase employer engagement to secure a more substantial into-work offer for young people with SEND is recognised by council leaders. London East Alternative Provision has opened provision for post-16 pupils with SEMH needs to ensure that vulnerable young people remain engaged in their education and are supported to greater independence in their learning. This includes a sensory hub and two posts have been added to the sensory team under the SLS restructure to work at New City College. The service is in talks with South Quay College to provide a broader vocational offer. There is a new Chair for the local 14 to 25 Partnership to develop the co-ordination of the universal offer, including for SEND young people.

The CLDS works closely with joint commissioners for health and social care and other key stakeholders and partners to deliver good outcomes for young people aged 19-25 with a learning disability. There are well-established links with the CWD team to join up transition.

Through the Supporting Independence project local area leaders are developing more local accommodation and moving to local supported living opportunities rather than residential care options, which are frequently outside Tower Hamlets. CLDS has started to gather future accommodation needs of Young People to plan and influence the local accommodation offer within Tower Hamlets. This includes young people that are currently within residential school placements to enable planning to return people back to Tower Hamlets to live and be part of their local

community. Through an integrated health and social care service young people are supported to remain within their local community. This will increase the amount of accessible shared living places available to young people.

As part of the local accommodation offer, Shared Lives is being developed within Tower Hamlets to support people who may wish to develop their independence but within a family setting. The service has successfully worked with young people who wish to stay with foster caring and staying put arrangements which have been converted to a shared lives placement. This enables young people to remain within the local community with support from carers that know them well and with whom relationships have been developed. Shared Lives can also offer daytime support and respite within a family setting.

Children, young people, and families with SEND have been clear with us that they want their needs considered alongside, not separate from, the needs of all children. This spirit of inclusion is being championed by our strategic partnerships and is actively informing our service development and planning. An example of this is the Children and Families Charter in 'Every Chance for Every Child' is applicable to all children, including those with SEND. Similarly, the ethos behind the development of the Local Offer, which was driven by local parents and carers, is that parents do not want a place where they go for information about services which just cater for those with SEND; instead they wanted SEND information to be available with all other information. This led to the expansion of the Family Information Service directory, so that in Tower Hamlets that directory *is* the local offer.

In our local parks, this spirit of inclusion is reflected in the Bartlett Park Inclusive Playground where there were opportunities for residents to help plan a uniquely inclusive playground in Bartlett Park, Poplar. Parents who were involved in the original consultation have reported high levels of satisfaction with facilities at Bartlett Park. The key aim of the council's Inclusive Play programme is to introduce inclusive play equipment to as many of the council's 64 play areas as possible. So far 10 sites have been updated.

Areas in development

Integral to achieving better outcomes for children and young people with SEND is ensuring children, young people, parents/carers are partners at each stage of the commissioning cycle. Whilst there is clear progress in this area, work remains to ensure a systemic approach which is then reflected in commissioning practise. The SEND Integrated Commissioning Plan aims to embed co-production within each part of the commissioning function; Understand, Plan, Deliver and Review, to strengthen our local understanding of tangible outcomes for children and young people with SEND. We can see evidence of this approach beginning to be taken up across the system including membership of parents on groups tasked service review and design, such as the Children's Integrated Therapies Group and the ASD Review Group.

It is acknowledged that capturing and reporting of health outcomes is not as robust when compared with education, where outcomes are established and tangible. Whilst not consistent across health services at present, there are good examples of quantifiable progress toward defined outcomes/goals/objectives.

The CAMHS Neurodevelopmental Team utilise a 10-point goal progress scale, which during the period November 2020 and March 2021 showed an average of a 3-point increase in progress towards goals following a series of digital and face to face sessions. Within the same team there was also a 2.68-point increase on the adopted Parental Self-Efficacy Scale, specifically in 'self-confidence in managing challenging behaviour' following 4 sessions and follow up consultations as required.

The Integrated Therapies Service (Barts Health) use a digital ‘Care Plan’ module that is an integrated part of the electronic patient record system (EMIS Web) to record and outcome therapy targets for children and young people in their service. Overarching goals can be set, along with specific targets and assign actions to key people (e.g. the Therapist, parents, or school staff). As of May 2021, there were 608 patients with active, open therapy targets recorded on their patient record.

The table below shows that a steady number of targets are being reviewed and outcomes assessed each month for therapies:

Table 13: Outcomes of commissioning targets in 2020, monthly

Outcome	Target End Date			
	Jan	Feb	Mar	Apr
Target Not achieved	7	3	5	4
Target Partially achieved	12	18	13	10
Target Achieved – expected outcome	16	31	38	32
Target Achieved - Better outcome than expected	0	0	1	3

Whilst most targets are being met, team leads within service are reviewing the situations where no progress has been made against targets to see they can learn to improve the service. It’s expected that a larger number of targets will be reviewed at the end of the academic year in July 2021.

Agreeing a coherent framework for capturing health outcomes is an area which requires development with our Health providers, children & families, and partners across the area. The THT whole population outcomes framework has potential to be utilised to support the objective for greater level so of consistency across different service areas.

We need to improve how we capture information relating to individual-level outcomes for children and young people with SEND within our management information systems, so that we can more easily monitor the impact we are making at a strategic level. The process of monitoring and tracking outcomes information supplied as part of the annual review process is inconsistent. Data systems are not set up to record or report on the annual review process. Work on local area guidance and support to ensure timely responses to annual review documentation and on using outcomes information to track progress of children and young people with EHCPs is underway but needs to be embedded.

We have been making a series of improvements to our systems to make it easier to extract information on children and young people with SEND in an automated way to enable better insights for commissioning and service design. This work was paused through the first phase of the Pandemic, but we are now exploring how we can make better use of the data we capture through linkage so that we can have a more holistic view of the needs, experiences and outcomes of our children and young people, enabling the necessary insights for commissioning and allowing the monitoring of the impact we are making.

The BASS has begun to pilot a cohort approach to reviewed SEMH EHCPs in secondary schools as one of the ways to address the inconsistent monitoring and tracking of outcomes. The pilot is designed to ensure that trends across the cohort are tracked, training needs and whole school policy needs are identified, and interventions reviewed against progress of all children in the cohort in that school, which will also allow for comparison between schools. The pilot monitoring scheme began in September 2020 and will run across the academic year, working with SENCos in

secondary schools only at this stage. The work begins with discussions focussing on provision for SEMH and then a sample of annual reviews to attend over the year are agreed. To facilitate this, a new monitoring form was designed which is more in line with person centred practice and the SEND code of practice. A full report is due in July 2021, outlining recommendations for the schools. The potential for wider rollout will be assessed following the July report. Currently we are actively working with 12 of all the secondary schools including Academies and free schools. Some schools have not responded to our requests for a meeting due to pressures on them, however as lockdown eases it is anticipated that this will improve.

As a local area, we recognise the need to enhance, and build on good practice to better join up support for young people transitioning from children to adult's services. This includes better join up of health and social care transition arrangements and their connection to education and employment planning. We are strengthening transition arrangements with work focussing on changing the function and breadth of the transitions process through the creation of a new Transitions Board. The Board will be jointly chaired by Heads of Service from both Adults and CSC and supported at Director level across both age ranges. The new Board will focus on the following areas.

- a) Clarifying the pathways for transition of young people with SEND
- b) Reviewing the quality of plans; with a particular focus on the quality of the Transition arrangements to ensure they are analytical, are co-produced with families, have contingency planning, and address issues such as education and employment.
- c) Ensure the harmonisation of financial and support packages
- d) Address health issues and support arrangements.

Work on these changes is already underway and the new structure of the Board should be fully in place for September 2021.

Appendix 1: Glossary

ASD	Autism Spectrum Disorder
BASS	Behaviour and Attendance Support Service
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CLA	Children Looked After
CLDS	Community Learning Disability Service
CSC	Children's Social Care
CWD	Children with Disabilities
DfE	Department for Education
DFN Project SEARCH	DFN Project SERACH is a transition to work programme for students with learning disabilities and autism spectrum conditions, aimed at those motivated to achieve competitive employment.
EHC	Education, Health and Care
EHCP	Education, Health and Care Plan
EHE	Electively Home Educated
ELIM	Early Language Identification Measure
EY	Early Years
EYFS	Early Years Foundation Stage
EYFSP	Early Years Foundation Stage Profile
FNP	Family Nurse Partnership
HVS	Health Visiting Service
IEYS	Integrated Early Years' Service
ILACS	Inspection of Local Authority Children's Services
Integrated 0-19 Service	This service is delivered by the GP Care Group and includes the Family Nurse Partnership (FNP), the Health Visiting Service (HVS) and School Health and Well-being Service (SHWS).
JSNA	Joint Strategic Needs Assessment
KS1	Key Stage 1
KS2	Key Stage 2
KS4	Key Stage 4
LA	Local Authority
MASH	Multi-Agency Safeguarding Hub
NBV	New Birth Visits
NEET	Not in Education, Employment or Training
NICE guidelines	NICE guidelines are evidence-based recommendations for health and care in England
PCF	Tower Hamlets SEND Independent Parent Carer Forum
PHE	Public Health England
PPE	Personal protective equipment is equipment that will protect the user against health or safety risks at work.
PMLD	Profound and Multiple Learning Difficulties
RWM	Reading, Writing and Maths
SEF	Self-Evaluation
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Need

SEN Support	SEN support is a staged approach to identifying needs and providing support which will involve conversations with the school or setting, parents and carers, children and young people.
SENCo	SEN Co-ordinator
SEND	Special Educational Needs and Disabilities
SEND IASS	SEND Information, Advice and Support Service
SHWS	School Health & Well-being Service
SI	Sensory Impairment
SLCN	Speech, Language and Communication Needs
SLS	Support for Learning Service
THEP	Tower Hamlets Education Partnership
THESS	Tower Hamlets Education Safeguarding Service
THT	Tower Hamlets Together
TNW ICP	Tower Hamlets, Newham, and Waltham Forest Integrated Care Partnership

Appendix 2: SEND System Governance

