



Shropshire SEND Accelerated Progress Plan 18 Month Review October 2024

Name of the local area	Shropshire
Date of inspection	21–23 November 2022 (Special Educational Needs and Disability (SEND) Revisit)
Date of publication of the revisit report	06 February 2023
Date of 18 month update report	03 October 2024
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Our journey so far... Where are we now? What impact have we had?

The Accelerated Progress Plan (APP) was implemented following the OFSTED/CQC re-inspection in November 2022, which judged that, despite making good progress in three of the the priority areas, there were three remaining areas of weakness remaining, specifically:

- Significant wait times for large numbers of children and young people on the Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) diagnostic pathways.
- Significant waiting times for those needing assessment and treatment from the speech and language therapy service.
- Inconsistency in the quality of input from education, health and care into EHC assessment and planning

Shropshire Area SEND and AP Partnership has committed to addressing the APP through a range of initiatives, largely led through multi-agency workstreams. Governance around the APP has continued to drive strong oversight of progress with actions, monitoring of impact and has provided leverage to assist challenges impacting on progress. Following the completion of the original APP actions, the Local Area Partnership have reflected on progress made to date, what actions are now required to embed the progress made and continue the improvement journey to maximise the positive impact on enhancing the experience for children, young people and their families.

Below is a summary of progress to date.

Priority 3: ND - ASD & ADHD, meeting needs whilst waiting

There has been a considerable investment to increase capacity to reduce waiting times, however significant increases in referrals (1600%) means that waiting times can still be at high levels. Alongside Shropshire Community Health Trust, BeeU and Cheshire and Wirral Partnership Foundation Trust assessment services, there is a well-developed third sector offer of 'waiting well support' enabling families to be supported while they wait for their child's assessment date, which also helps mitigate against the escalation of mental health difficulties. Our offer comprises of:

- Autism West Midlands Shropshire Service offering pre and post diagnosis support to families/children 0-18 years. Jointly LA/ICB commissioned.
- 'Waiting well' projects funded from the Learning Disability and Autism Programme.
- Additional post in BeeU (assessment service) to manage risks around those on the waiting list and escalating within the service where required.
- Additional temporary Autism in Schools funded post in BeeU to help schools and parents to support children at the earliest opportunity and while they wait.
- Jointly funded x3 FTE ND Practitioner (NDP) posts in Shropshire targeted schools to offer additional support for their neurodivergent children.
- Participation in the PINS (Partnerships for Inclusion of Neurodiversity in Schools) Project to better meet the needs of neurodiverse children.
- Increased funding for waiting well support for young adults at the Shropshire Adult Autism Hub.
- A co-produced mapping exercise was completed of the system wide ND support offer and has been communicated via our Healthier Together website [Neurodiversity \(stw-healthiertogether.nhs.uk\)](https://www.stw-healthiertogether.nhs.uk)

Adding to the above, Autism Education Trust (AET) training has been offered to schools. Based on learning from Autism in Schools, the modules available are for senior leadership as well as facilitators, and the focus of the modules have been based on the areas raised by schools as priorities. Plans for delivering the training this academic year are underway and include how schools can be further supported to implement the training in their daily practice. Moreover, a multidisciplinary team across services in STW have come together to co-develop a training plan to enhance understanding of ADHD in schools and settings. It is envisioned that this training will encourage those supporting neurodivergent children to consider, understand and support needs holistically and for the training to focus on areas that will be supportive of other 'conditions' under the neurodivergent umbrella. Plans are still under development but, at present, it is hoped that the training modules will be developed and facilitated by professionals across multiple services to provide different perspectives yet ensure that consistent messages are being shared. Another advantage would be to make more services visible and personable to schools and settings, which we hope will increase their feelings of being supported. The training modules' focus will be informed by areas of need shared by schools and gaining pupil voice on future module development is planned. As well as the coaching support offered in schools by the NDP and PINS Pilot Projects, the NDP team are also involved in developing and facilitating training to schools across Shropshire as part of Future in Mind programme and from requests to the Educational Psychology Service.

Shropshire Community Health NHS Trust offer an advice line to provide support to families who have children waiting to be seen at the Child Development Centre or for those who have very recently been seen for assessment. If a child is on the waiting list, parent carers can call the service and speak to a specialist practitioner about their child's needs. The specialist practitioner will give advice and signpost to services and resources which may help the child and family. Co-production has driven the development of the 0 – 5 ND key priorities, this is influencing the SLCN pathway including recruitment practice.

Over the past year the ND Workstream has made some significant progress. A new Assistant Psychologist was recruited to BeeU, the focus of this role will be to primarily work to support children and families who are on the waiting list for ND assessments. BeeU are working to further develop their plan to reduce the waiting list for assessment and improve the timeliness of these assessments. Further to this, they will be continuing the work with their partner agency to increase the number of assessments offered. The Mental Health in Schools Team (MHST) currently works with 85 schools across Shropshire, Telford and Wrekin, Children and Young People and their families have reported that they feel supported and listened to. Service developments include shared learning with ND Practitioners, supporting with waiting lists for BeeU assessment and participation in Shropshire's Integrated Practitioner Meetings. Future work will include increasing access to the MHST, setting up and integrating wave 12.

Social prescribing is offered across Shropshire for those aged 11 (in school year 7) and above. This is a non-medical approach to support Children and Young People to find out what matters to them and help them feel better. Social prescribers work in partnership with colleagues from services such as the Public Health School Nursing Team, Early Help, GP's and BeeU and develop a personalised care and support plan for Children and Young People. By providing support at this early stage, Social Prescribers respond swiftly to meet the needs of Children and Young People and reduce pressures on other service areas. Feedback from Children and Young People has included "I felt Listened to and heard. I felt Valued and respected. I never felt pressured" and "I have been able to interact with others better – just from the simple act of smiling at others".

We have also acted upon a key priority to further develop our range of engagement and co-production activities with children, young people and families through a variety of face-to-face events, such as Early Help drop-in sessions across the County (supported by PACC, IASS, Autism West Midlands, Health, Social Care and LA colleagues). Themes for the Autumn 2023 session included SEN Support, EHCPs and Annual reviews. Needs of the children and young people discussed across the drop-ins included:

- Autism
- Social Emotional and Mental Health (SEMH) Needs
- Tourette Syndrome

- Dyslexia
- ADHD
- Speech, Language and Communication Needs (SLCN)

When asked if there was anything else Parent/ Carers would have liked to hear about and comments included *'no, there was a variety of professionals to speak to and offer support,' 'everything was covered thoroughly' and 'no, it was perfect'*. All parent/carers who provided feedback said they would recommend these sessions to someone else. During March and April 2024, Early Help once again hosted a cluster of SEND drop-ins across the county with another cycle running this autumn.

Strategies for further enabling co-production with children and young people are also being developed within the ND Workstream. Leaflets have been produced, and a video is under development, which explains the purpose of the ND Workstream and who is involved. It is hoped that sharing this will enable children and young people to gain a greater understanding and, therefore, be able to contribute to the Workstream. Moreover, a core group of NDP schools are currently involved in developing a process that is achievable for them and that enables pupil voice on matters relating to neurodivergence to be captured meaningfully and fed back to the Workstream to inform discourse and actions. It is hoped that this process can then be extended to more NDP schools before being opened to all schools across Shropshire.

The three NDPs are now working in 49 schools, including eight secondary schools and 41 primary schools, which is a 77.8% uptake rate and covers 32.5% of schools in Shropshire. The NDPs offer support at individual and systemic (i.e., class / school) levels. Children referred to the NDPs may already have a diagnosis, be on the diagnostic waiting list or be presenting with needs relating to neurodivergence without diagnosis. To date, 112 children have been referred to the team. Systemic work aims to empower and build capacity within the schools to enhance their offer of support to all children and those around them. Therefore, work is need-dependent and there is variation as well as common themes in the systemic support being facilitated. This has informed and supported systemic work being completed in other NDP schools and opportunities for shared practice and learning moving forwards are being explored to further enhance this. The NDPs are working in collaboration with other professional services, where needed, to promote appropriate, holistic support, including joint supervision sessions with colleagues in the Mental Health Service Team. Feedback and evaluations from children, school staff and parents have been overwhelmingly positive and the impact of NDP involvement is being highlighted within review data for individual children as well as schools where the changes facilitated following NDP support are being recognised. Discussions are underway as to what a sustainable offer of support following the NDP Pilot Project could be moving forwards.

As well as the NDP Pilot Project, Shropshire, along with Telford and Wrekin, is one of the participating local authorities in PINS (Partnerships for Inclusion of Neurodiversity in Schools). Shropshire primary schools have been invited to take part and 20 schools have been chosen. Following the completion of audits to identify strengths and weaknesses in the school, schools have been offered up to five days each fully funded training / coaching based on highlighted areas of need. The trend of needs identified have been communication (language audits and relevant in school support), sensory and physical environment (audits and relevant in school support), mental health and wellbeing, and parent carer engagement and co-production. This training / coaching is to be delivered by local providers to enable sustainable changes and the support has commenced. The NDPs were felt to be ideally placed to develop and deliver this work in Shropshire schools so a three-month extension of the NDPs contract to the end of March 2025, funded by the project, has now been agreed enabling the NDPs to deliver the training / coaching sessions between September 2024 and March 2025, alongside their core NDP roles. The facilitation of PINS is being realised alongside other local services, including PACC, BeeU, Occupational Therapy Service, Speech and Language Therapy Service, Autism West Midlands, Educational Psychology Service and other Outreach services. There has been 100% engagement of Shropshire schools and schools have been very positive about the support and the work with PACC.

At present, we are supporting children and young people presenting with needs relating to or caused by their neurodivergence within a wider context of substantially increasing numbers of referrals for diagnostic assessments and schools who are reporting that they are facing increasing demands. Our aim is to enable those around our neurodivergent children and young people to provide needs-led support through increasing knowledge and understanding of neurodivergence and person-centered approaches and the implementation of this within their inclusive practice. The NDP and PINS projects are providing valuable learning experiences in terms of what schools are finding beneficial and the feedback and impact will feed into the future support offer. Importantly, and linked to inclusive practice, we have a focus on promoting and enhancing neuro-affirmative language and encouraging others to be mindful of the impact their use of language can have on their own and others understanding of neurodiversity and neurodivergence, which can have a huge implication for self-identity for our neurodivergent children and young people.

Priority 4: Speech & language Therapy - Meeting needs whilst waiting

There are National shortages in community speech and language therapists, but we recognise that an adequate workforce, in the right place, with the right skills is critical. There has been a considerable investment to keep waits down but continued increases in referrals mean that waits are still at high levels. There is an increase in complexity, and for some children, initiatives such as Talk

Boost may not be suitable. A pilot of an innovative new offer for children with these more complex needs whose parents might previously have been offered places in specialist schools, has reported positive feedback in the last month.

Feedback of the pilot from parents includes:

- “I’m noticing such a difference in his communication before my eyes too, even seeing him daily, and this is having such an amazingly positive impact for him and his general communication, and his friendships and relationships, and even reading etc.”
- “I am delighted you are happy with his progress since the last visit, and really appreciative of your guidance and input, as I’m sure are his teachers too. We have had much more of this since you took over at the end of his last academic year.”
- “I can’t thank everyone enough who has a part to play in this. Thank you so much.”
- “I am very pleased and grateful that [CYP] was part of this pilot.”
- “Let’s keep up the fantastic work, and look forward to your next visit”
- “Thank you so much for getting in touch and sending resources to support [CYP].

As soon as staffing allows the team plan to roll out this offer to all neighbourhoods.

Speech and Language Therapy implemented a waiting list initiative in June-July 24, which initially helped to reduce the number of children waiting. There are plans to combine additional therapy appointments for children open to Speech and Language and the CDC ASD assessment pathways for children who have the most significant and complex communication and interaction needs. Workforce redesign is strengthening the relationships between SLTs and CDC Specialist Nursery Nurses, ensuring that some of the SLT workforce constraints are mitigated. The CDC and SLT advice lines and websites continue to support parent carers and partners whilst children are waiting. The ICB monitor waiting times via Contract Review Meetings and this information is routinely reported to the SEND and AP Partnership Board.

Securing additional funding through the SEND change programme, and specifically ELSEC, has been a headline in this area. PACC and other parent carers have been involved in co-producing the ELSEC offer of universal support. Targeting SLT provision through triaging to clinical pathways and identifying populations with significant need through ELSEC. The ELSEC pilot programme, launched in September 2024, aims to support education settings to improve early identification and support for children with speech, language and communication needs. There will be a key focus on collaboration with settings to equip and empower education staff and parents to continue supporting children’s language both during and beyond the project. The team

includes Speech and Language Therapists, a Specialist Teacher and highly skilled SLCN practitioners. The ELSEC team work in partnership with others, for example Family Hubs, Health Visitors and Early Years Settings. The leading communication charity, Speech and Language UK, are also engaged with the project and work in partnership with the team. We will review and monitor the effectiveness of ELSEC and consider future sustainability and planning.

The Speech, Language and Communication Needs (SLCN) workstream was nominated for an NHS England SEND Award due to demonstrating strong multi-agency work to make improvements despite challenges. PACC are partners in the SLCN workstream and have been involved in Speech and Language Therapies website re-design. Parent carers have been instrumental in developing the SLT training offer, the impact of this has included having a greater emphasis on parents and education settings getting the same advice, and an increase in accessibility of training.

The I thrive mapping for each of the SLCN pathways, for example stammering, selective mutism, language impairment, support parent-carers and partners in understanding the system support offer, and SLT practitioners in delivering equitable targeted and specific (personalised) care. The whole system SLCN mapping has been co-produced and will shortly be available on the Healthier Together and Local Offer websites with plans for parent carers and partners to test the navigation of the offer.

The in reaching service to the acute neonatal service is now fully staffed. A review by the neonatal regional network will be carried out this month.

Priority 5: Inconsistency of the quality of input into education, health and care into EHC assessment and planning which led to poor quality of EHCPs

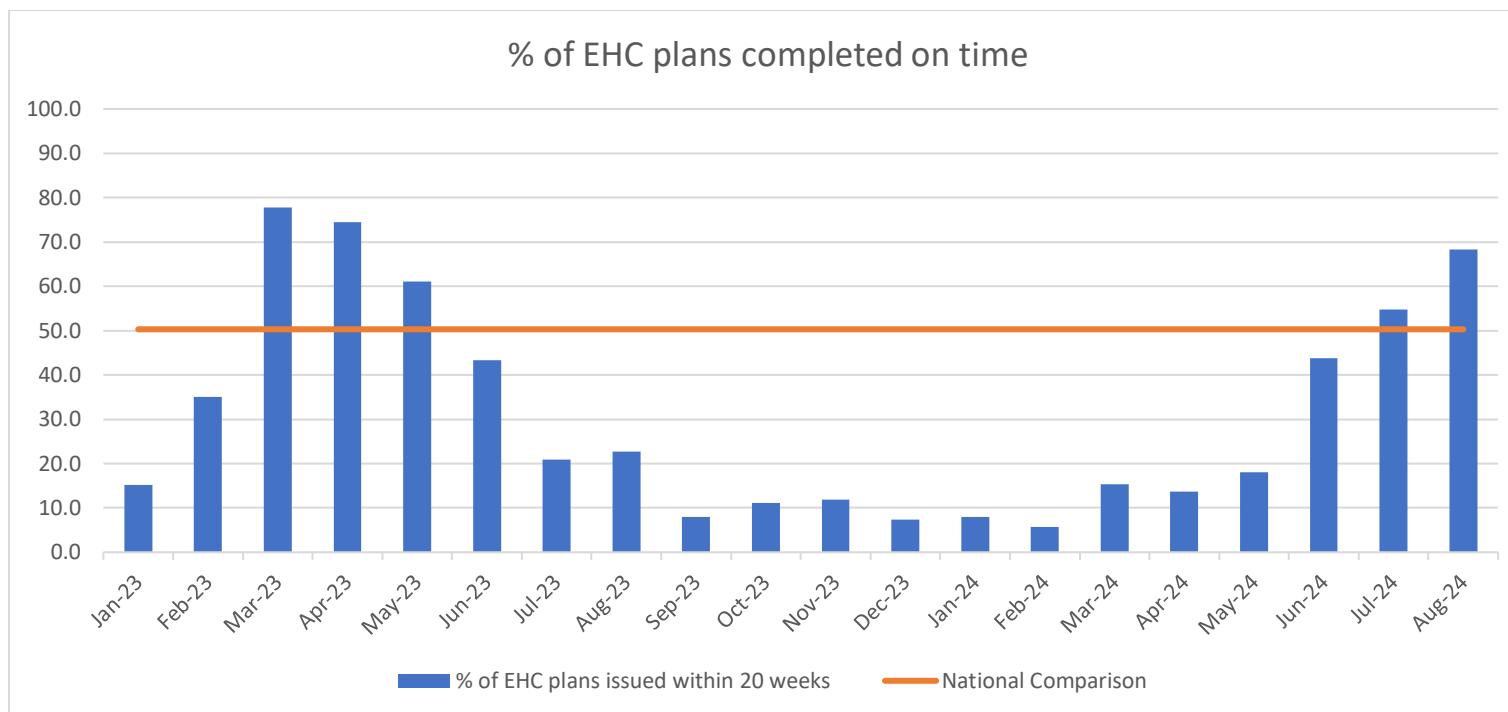
The Local Area has made significant progress in this area. An effective [Quality Assurance Framework](#) has been developed and embedded at operational and strategic levels. Quality assurance of advice is routinely undertaken, in social care, early help, EPS and health, services also routinely hold their own quality assurance of the advice provided. Developing and implementing the medical and Social Questionnaire has helped to identify and address any issues quickly. Staff training has now been incorporated into business as usual activity, initially in social care and health, but also now across education, where the training will be delivered through our SEND and inclusion networks, led by our new Education Quality Advisors.

The impact of the improvement work identified above has improved the quality of advice into the EHCNA process and overall EHCPs from a position in November 2022 where no plans could be identified as consistently 'good' during the inspection to the position outlined below.

EHCPS RATED GOOD OR BETTER	FEB-24	MAR-24	APR-24	MAY-24	JUN-24	JUL-24	AUG-24
% DRAFT EHCPs	59.2	92	90	86	94	96	93.75
% AMENDED EHCPs	77	95	92	98	93	90	91

The EHCP Timeliness Recovery plan has also been implemented and there has been a significant improvement in the timeliness of the new EHCPs issued within 20 weeks, despite consistently very high numbers of requests for EHCNA as outlined below.

Request for Assessment												
Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021 Total
20	22	28	16	33	29	21	6	25	22	26	23	271
Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	2022 Total
35	41	50	35	53	31	49	13	31	35	77	63	513
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023 Total
93	88	118	49	105	80	98	19	45	71	70	66	902
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024 To Date
74	63	80	93	78	52	91						531



Multi-agency panels continue to focus on quality, but actually, throughout the 20-week recovery plan, they have also maintained an overview of the timeliness, prioritising those cases that will meet timescales. Whilst also looking at those EHC plans that are late and have gone well beyond the 20 weeks to ensure that we're focussing on getting those plans issued so that the children can benefit from their provision. This is based on feedback from Partnership Board members following the development and approval of the recovery plan.

The annual review recovery programme has also commenced, with recruitment for additional capacity underway the team will provide additional staff to support the Annual Review Recovery programme, prioritising phase transfers for September 2025 and a small number of other key groups of children and young people.

Timeliness and quality of advice are routinely reported to the Partnership Board along with waiting times, and a range of other key SEND metrics. There is a forum to discuss and analyse the performance data. Confidence in the system has increased to be able to address any kind of issues or barriers that occur.

Parental satisfaction survey results show an increase in overall satisfaction from 46% to 51%, despite the majority of the SEND team workforce currently employed through agency contracts. This position is being resolved to secure permanent employment for our SEND case officers during the Autumn term.

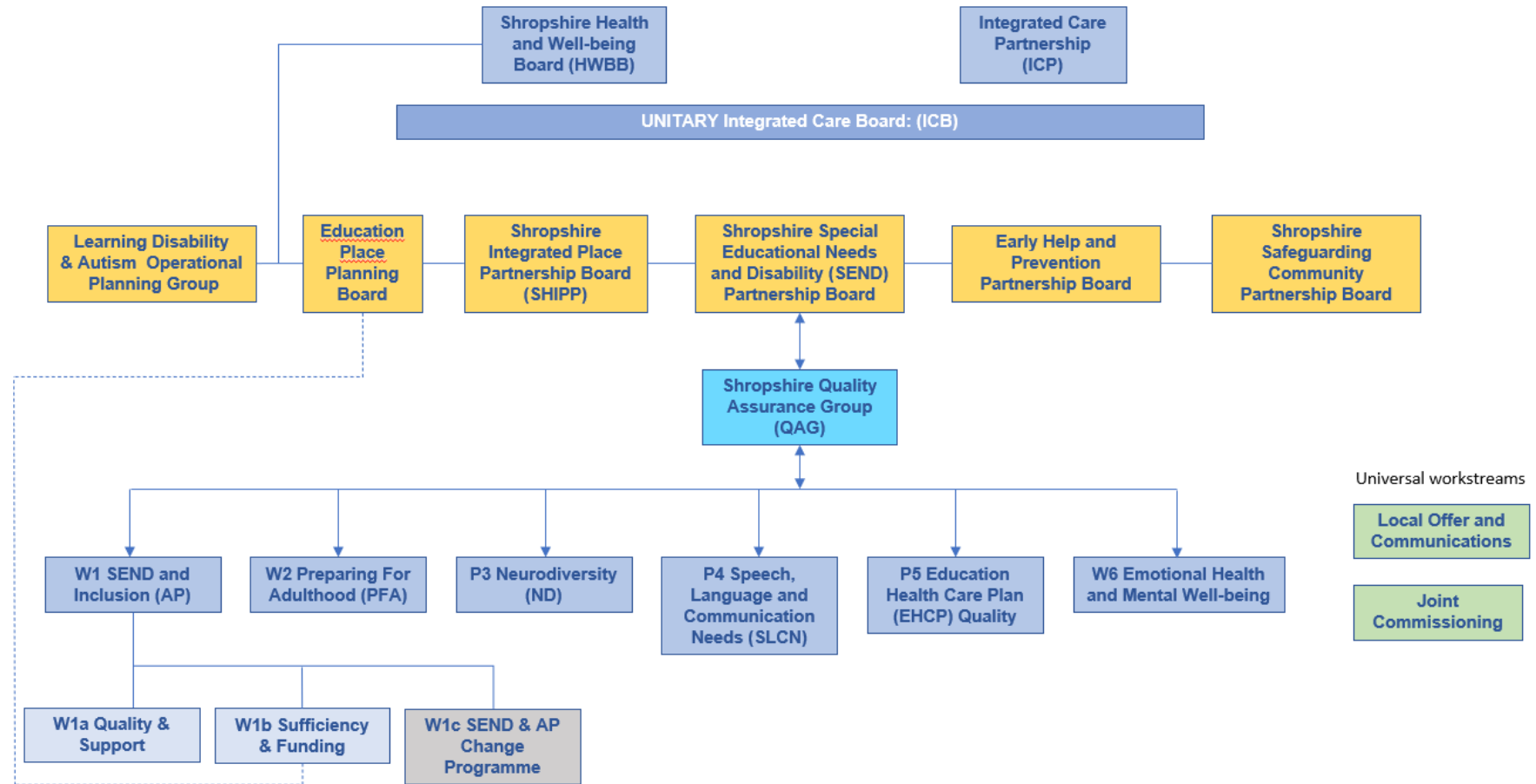
Recent quotes from the EHC Feedback survey

“Everyone I have had contact with has been helpful and supportive. My Son’s EHCNA was produced very quickly, which has made a big difference” (Oct 2024)

“Very grateful that all the information was accurately collected, and the outcome was as I hoped it would be and in the best interest of my son” (June 2024)

All processes are being examined to identify where efficiencies can reduce workload to enhance staff capacity. Processes are mapped out and examined for duplication and for steps that can be automated. Work is underway to explore the digitisation of the EHCP process, both to streamline processes, but also to improve access to information for partners and families and to enhance the potential for ongoing co-production by children and young people and their parent carers. This should also assist with flow of information at key points such as transition. Alongside this is the improvement to data flow between systems and extraction of relevant data to improve reporting mechanisms to assist the SEND Area Partnership to understand, monitor and evidence impact and outcomes.

Governance and Accountability Structures and Processes



Risks and mitigations

Risk register is included in the pack

Co-production, Communication and Engagements

Parent Carer Co-production has continued to be integral to all activity related to the Accelerated Progress Plan (APP). Parent Carer representatives continue to be part of all workstreams associated with the APP, the ND, SLCN and EHCP workstream and has involved joint agreement regarding priority of new actions arising from the SEF and SEND & AP Strategy.

We have continued to embed the core group of communication leads from the ICB, LA, Parent Carer Forum and SENDIASS to act as a central point to agree communication methods for important news stories to share with the community. Additionally, workstreams have agenda items dedicated to good news stories and challenges which need to be shared with the community. This has continued to enable the SEND Newsletter to act as a regular key communication tool, informed by an overall communications work plan that is reviewed and updated monthly by the core communications group.

Work continues to improve our communication approach and utilise a broader range of communication channels, including regular updates on the Local Offer website and social media channels [Home page - Shropshire Council Newsroom](#)

Work on our participation strategy is now underway and the [Co-Production Framework](#) has been produced and is due to be launched

We remain committed to further developing and embedding effective co-production, ensuring that the Local Area Partnership has strong methods of gathering views of all children, young people and families in innovative ways, including our most seldom heard groups. This work is being progressed through the development of the new SEND and AP Strategy and Outcomes Framework to identify what good looks like from the perspective of children and young people, families and partners, currently undergoing public consultation. We will outline our shared approach to delivering these approaches through the development of a communication, co-production and engagement strategy identifying key points throughout the year where co-production will take place and how this will take place



Priority Area 3: Significant wait times for large numbers of children and young people on the autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) diagnostic pathways.

RAG: R: Delayed or Low confidence of completion;
A: Completion delayed or at risk but being managed;
G: Completion on track and will be met;
C: Completed;

Area of weakness identified in the original inspection

Priority Area 3: Significant wait times for large numbers of children and young people on the autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) diagnostic pathways.

Overarching Aspiration: The needs of CYP related to ASD & ADHD are effectively identified at early stages and there is high quality support both pre, during and post diagnosis

Actions designed to lead to improvement

Theme of Actions	Completed Actions to September 2024	18 Month update October 2024	Original date	Completed	RAG
3.1 Actions to ensure clarity about the support available	3.1.1 Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 0 - 5	All support available for Neurodivergent Children and their families are listed here Local Support National Support Regular communication is shared regarding support available for those with ND. Recently updates have been shared in the following places <ul style="list-style-type: none"> - SEND Local Offer Newsletter - LA Education Updates - Early Years communications 	May 23	Aug 23	
	3.1.2 Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 5 - 18		Jul 23	Jul 23	
	3.1.3 Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 18+	The Healthier Together page for 18-25 went live on the website early June 2024. Feedback from young people attending Shrewsbury College, Severndale Special School and Derwen College has been	Aug 24	Aug 24	

		received and shared with ICB representatives.			
	3.1.4 Have a specific ASD area on local offer website (as requested through the Local Offer working group)	The ND Workstream made the decision to have a Neurodiversity area on the Local Offer which links through to the resources developed on the Healthier Together website	Jun 23	Oct 23	
	3.1.5 Publish all the support available on the local offer website		Sep 23	Oct 23	
	3.1.6 Promote the support on offer via SEND newsletter, local offer website, healthier together website, PACC newsletters, Special Educational Needs Coordinator (SENCo) and Head Teacher networks	Activity has taken place to promote the support available, most recently through the Shropshire SEND newsletter We note promotion and communication is an ongoing requirement.	Sep 23	Oct 23	
3.2 Actions to ensure good quality support for Early Years and Educational Settings	3.2.1 Gather & analyse feedback from early years & educational settings regarding neurodiversity and how to support identified needs	Feedback has been gathered & analysed from early years & educational settings regarding neurodiversity and how to support identified needs, this has informed future training plans	May 23	Oct 23	
	3.2.2 The multiagency ND Training Steering Group will co-produce a plan to meet the identified needs of schools and settings including training and coaching to enable early identification and support for needs related to ASD and ADHD	Action superseded by action 3.2.6. Has been completed for ASD; action amended to address ADHD in partnership with Telford & Wrekin colleagues.	Jul 23	Superseded	
3.3 Actions to ensure good quality support for parents and carers	3.3.1 Continue the Autism West Midlands offer of support which does not require a diagnosis to access	Autism West Midlands contract has been extended for 2 years until 31/03/2025. We recognise and celebrate that there has been an increased uptake of the Autism West Midlands summer programme in 2023.	Apr 23	Oct 23	
	3.3.2 Develop and launch the Child Development Centre CDC advice line which will be accessible to children for whom there	The Child Development Centre advice line is live following a soft launch. The advice line is accessible to those known to CDC	Jun 23	Oct 23	

	are concerns, and help in navigating the system and what's available	and those within a 6-month period following discharge.			
	3.3.3 Roll out of the Healthier together website with advice and guidance for the ND population	As detailed above pages relevant to the neurodivergent CYP population and their families have been developed on the Healthier Together website . Clinical oversight of these pages is in place if further adaptations are required. We note promotion of this resource is ongoing.	Apr 23	Oct 23	

Theme of Actions	Incomplete Action	18 Month update October 2024	Original date	Proposed date	RA G
3.1 Actions to ensure clarity about the support available	3.1.8 Develop a plan to improve CYP co-production with the ND workstream such as: clear pathways for CYP to contribute to the ND workstream; a CYP version of the parent carer newsletter; awareness raising videos using the young person's voice about neurodiversity and what good support looks like.	An audit of pupil voice was sent to a core group of schools who will then co-operate to develop a strategy to gain meaningful input from CYP to the Workstream. A longer-term plan is also being devised to enable CYP voice to be processed and shared efficiently, particularly when the offer to share CYP voice with the Workstream is shared more widely across Shropshire (and Telford and Wrekin). A video is currently under development and a CYP leaflet has been produced to share with CYP who we are and what we do as a Workstream group. This will be shared by the newly appointed EQAs as part of their continuous communication with schools / settings.	Aug 2024	–	

	3.1.9 Complete 6 monthly reviews of the healthier together resources for parent carers.	The workstream group has been tasked with reviewing the 'Healthier Together' ND web pages for September 2024 workstream meeting. A sign-posting sub-group is looking at all support resources for autism which will feed into quarterly Healthier Together reviews.	Aug 2024	Ongoing	
	3.1.10 Task and finish group to agree on terminology and language for consistency, and to evaluate whether this is consistent across STW e.g. in various strategies etc Including terminology around Learning Disability.	This group has now progressed into a Project Group. Two meetings have been held and fed back into the Workstream. So much enthusiasm and passion for this has been shown across services, teams, settings and the membership has increased to include social care and school representatives. The group has aspirations including influencing the language used in the reports across services with the recognition of the huge impact language can have on an individuals' understanding of themselves as well as how other understand and, therefore, support them. The next meeting is 3 rd Oct 2024.	Aug 2024	–	
	3.1.11 Accessible information easy reads for the DSR / CETR and accessible videos for DSR / CETR / Key working.	Video content has been signed off and in production. due October 2024	Aug 2024	Oct 24	
	3.1.12 BeeU to publish expected waiting times for ASD and ADHD on the BeeU website.	Not currently published. Correspondence/ letters now explain waiting list times to CYP/ Parent/ Professional. Now an ND assessment pathway, no longer two assessment pathways. CYP don't have to go through one pathway and then another, a holistic approach rather than multiple pathways.	Sep 2024	–	
3.2 Actions to ensure good quality support for Early Years and Educational Settings	3.2.3 Review and develop the outreach support available to early years & education settings to ensure that CYP's needs are identified early and supported well	This work is starting September 2024 as new roles come into post Hub network established – first meeting to be held 23.10.24. Bid going to Change programme 4.10.24 to apply for funding to establish and implement Outreach model linked to the Hubs.	Sep 23	Apr 25	

		<p>Working with 0-19 service and early help to map existing offers so that settings can be clearly signposted to appropriate support.</p> <p>Re-invigoration of both the EIG and GSP panel to include advice and guidance and peer support through requests being presented in person.</p> <p>Plans to roll out solutions circles approach with groups of SENCOs to promote peer support and problem-solving networks from January 2025 onwards.</p>			
	3.2.4 Early years settings to complete a self-evaluation of their inclusivity and their approach to admittance – in each locality there will be one setting who has done the SEN review and is	<p>This work is starting September 2024 as new roles come into post. Currently 8/202 EY settings have completed a SEND Review.</p> <p>Meeting with WSS on 14.10.24 for EQA team to have SEND Reviewer training – plans to establish a cascade coaching approach to accelerate to uptake of SEND Reviews from January 2025 onwards.</p>	40% of settings by end of Jan 24	Apr 25	
	3.2.5 Education settings to complete a self-evaluation of their inclusivity and their approach to enabling pupils to remain in mainstream education and thrive– in each locality there will be a professional learning network to collaborate and share practice (peer review programme)	<p>Self-evaluation audits have been completed NDP's & PINS projects in the 61 (49 NDP & 12 PINS - 8 schools where both projects are delivering) schools where they are working. Need clarity on Peer support programme.</p> <p>See above re SEND review plans – currently two primary schools started the SEND review process with the PEP last academic year. This will be extended from January 2025 onwards.</p>	Aug 25	–	
	3.2.6 The multiagency ND Training Steering Group will co-produce a plan to meet the identified needs of schools and settings including training and coaching to enable early identification and support for needs related to ADHD.	<p>Meetings with representation from Health and both LAs were held on 6th and 27th September. A productive discussion around the vision has been held: essentially, it is the belief of the group that the training needs to stress the importance of being holistic and person-centred in supporting our CYP, and that training focusing solely on ADHD traits / identification is too narrow and moves us away from being needs-led, which is the ethos of the group and</p>	Jun 24	–	

		<p>vision for the future. An exploration into training programmes that already exist in different areas across the UK has been conducted but, so far, none found meet our hopes and intentions. We are now surveying, across both LAs and Health, what training we already have and our capacity to co-deliver this training (e.g., across LAs and services) to support schools and settings to understand and enable neurodivergent CYP. Training modules could include, sensory integration, executive functioning, burnout, as well as one specifically on ADHD. Discussions also held on how to develop training modules on areas important to CYP, i.e., through the CYP Voice project (above). Outside of this, though the work can and will be linked in the future, KM and the NDPs are presenting CPD on supporting neurodivergent CYP in schools / settings as part of Future in Mind on 7th November.</p>			
	<p>3.2.7 Develop a resource which details support available for schools and settings link with SOAP document and associated toolkit.</p>	<p>A meeting between NDPs and EQAs was held on 20th September 2024 to discuss SOAP, including editing to ensure neuro-inclusive language and incorporating neuro-inclusive learning environments and support.</p>	<p>Sep 24</p>	<p>–</p>	
<p>3.3 Actions to ensure good quality support for parents and carers</p>	<p>3.3.4 Establish a task and finish group to support workforce development of the social care workforce.</p>	<p>Initial discussions between KM and SG are taking place to inform the direction of the task and finish group.</p>	<p>Dec 24</p>	<p>–</p>	

Area of weakness identified in the original inspection

Priority Area 3: Significant wait times for large numbers of children and young people on the ASD and ADHD diagnostic pathways.

Overarching Aspiration: CYP who require a diagnostic assessment, easily access a high-quality diagnostic assessment in a timely way

Actions designed to lead to improvement

Theme of Actions	Completed Actions to September 2024	18 Month update October 2024	Original date	Completed	RAG
3.4 Actions to enable trial of enhanced support	3.4.1 Develop and recruit to the roles of ND Practitioners to support a targeted cohort.	Recruitment to the roles of ND Practitioners is underway, with the aim to start in post in January 2024 Job description ND Practitioner	Sep 23	Nov 23	
	3.4.3 Develop the Dimensions Tool and clarity regarding how the tool will be utilised initially and evaluated prior to further roll out.	An options appraisal was developed to review the likely impact of rolling out the Dimensions Tool. It was agreed through the Quality Assurance Group that the Dimensions Tool would not be pursued at this time. Options appraisal	Sep 23	Oct 23	
3.5 Actions to ensure referrers know how to make good referrals which are accepted	3.5.1 Clear criteria and referral route for current ASD diagnostic pathway in place - 0-5	The CDC website has been redesigned in co-production with parent carers to detail helpful information about the diagnostic pathway	Apr 23	Oct 23	
	3.5.2 Clear criteria and referral route for current ASD & ADHD diagnostic pathway in place - School age	The BeeU website includes information about referral pathways Work is ongoing to co-produce a Frequently Asked Questions section with parent carers	May 23	Oct 23	
	3.5.3 Clear criteria and referral route for current ASD & ADHD diagnostic pathway in place	Information regarding the ASD referral route has been detailed on the Healthier Together website – Autism Assessments The equivalent information	Apr 23	Dec 23	

		will shortly be uploaded to the relevant ADHD page on the Healthier Together website. BeeU have recently updated their referral process, including new referral forms which can be found in the 'getting more help' section of the BeeU website			
	3.5.5 For the 5 – 18 service promote the 'Advice and Support Recommendations for Referrers' document via SENCo and Head Teacher networks, Primary Care network, SEND Health Operational Group	BeeU have shared guidance on the referral route to all main referrers including schools and GPs.	Jul 23	Sep 23	
3.6 Actions to ensure communication from 5 – 18 diagnostic service is clear	3.6.1 Review communications which are sent out with local SEND parent carer forums	Work has taken place to review and amend communications sent out for the 5 – 18 diagnostic service. This has included the addition of letters being sent to those waiting on the diagnostic pathway to provide assurance that they are still in the system, and signpost to support available.	May 23	Sep 23	
	3.6.2 Implement changes to improve communications and feedback changes to the SEND Quality and Assurance Group to review the impact on CYP/family experiences	QAG now has regular attendance from MPFT strategic leads, to ensure consistent and ongoing communication and updates can be shared	Sep 23	Sep 23	
3.7 Actions to avoid CYP going into crisis whilst waiting for diagnosis by implementing robust approaches to manage risk	3.7.1 All referrals considered at a Multi-Disciplinary Team discussion (including ASD practitioners, OT, nurses, social workers, psychiatry, ADHD specialists, psychology, Cognitive Behavioural Therapy)	This process has been embedded in BeeU.	Apr 23	Sep 23	
	3.7.2 Upon acceptance of referral CYP to be offered an initial holistic assessment which enables access to	This process has been adopted in BeeU.	Apr 23	Sep 23	

	range of support available within BeeU				
	3.7.3 Protocol in place for prioritising CYP for ASD assessment based on factors such as whether their placement is at risk of breaking down	This process has been adopted in BeeU and led some more effective joint working between health and social care.	Apr 23	Sep 23	
	3.7.4 Further promotion of how families and CYP can contact the service if their situation changes so their prioritisation can be reconsidered (currently stated in letter)	The Child Development Centre has launched an advice line which can be contacted by those waiting. See the 'Impact of CDC Advice Line Case Study 1 & Case study 2 ' for evidence of impact. The BeeU service have recruited to 2 assistant psychologists with the specific remit to support families whilst they are waiting for assessment.	Sep 23	Feb 24	
	3.7.5 Enhance the risk management approach through additional funding from the Learning Disability and Autism LDA program	These practitioners have proactively contacted those families waiting the longest for assessment and have also met with roughly 50 attendees at coffee mornings and events, one of the aims of these sessions has been to encourage that contact is made with BeeU if a CYP's needs have changed whilst they are waiting. See ' Final funding review presentation ' for evidence of impact	Sep 23	Feb 24	
3.8 Actions to ensure capacity of the diagnostic service meets the demands of the population	3.8.1 Commissioner understanding of current waiting times from referral treatment for ASD 0 - 5	Monthly contract review meetings include details of waiting times, this information is shared at termly SEND Partnership Boards.	Jun 23	Jun 23	
	3.8.2 Commissioner understanding of current waiting times from referral treatment for ASD & ADHD 5 - 18	Monthly contract review meetings include details of waiting times, this information is shared at termly SEND Partnership Boards.	Jun 23	Jun 23	
	3.8.3 Commissioner understanding of current waiting times from referral treatment for ASD & ADHD 18+	Monthly contract review meetings include details of waiting times, this information is shared at termly SEND Partnership Boards.	Jun 23	Jun 23	

	3.8.4 Develop, fund and recruit to short term recovery plans	In the financial year 2023 – 2024 short term recovery funding was committed to procuring additional diagnostic services for the 5 – 18 BeeU service. This has been delivered through Healios. The SCHAT 0 – 5 CDC service have also procured some additional diagnostic assessments through AXIA. As referenced previously, long term funding has been agreed to ensure diagnostic assessment capacity meets the current demand for assessments.	Jun 23	Apr 24	
	3.8.5 Understand the capacity of the services currently	The ICB commissioner has led on work to understand the current capacity and demand of these services. Work has been done with children’s services to provide additional funding to ‘right size’ the services based on the current and recent level of demand.	Jun 23	Jan 24	
	3.8.6 Develop a trajectory of future growth and capacity required to meet the needs	A funding request to increase funding into the BeeU and SCHAT ASD / ADHD diagnostic services has been successful. See slide 8 of the BeeU Contract Update to understand the expected reduction in waiting times as a result of the additional funding. This will result in a doubling of the workforce completing ASD / ADHD assessments and support. The impact of this is expected to be that by March 25, those waiting for an ASD assessment only wait 24 weeks and those waiting for an ADHD assessment only wait 18 weeks. SCHAT are in the process of developing this trajectory regarding the impact that additional funding will have on waiting times.	Jun 23	Apr 24	

	3.8.7 Develop a business case to fund the increased demands across the age range	A funding request to increase funding into the BeeU and SCHAT ASD / ADHD diagnostic services has been successful. See slide 8 of the BeeU Contract Update to understand the expected reduction in waiting times as a result of the additional funding. SCHAT are in the process of developing this trajectory regarding the impact that additional funding will have on waiting times.	Jun 23	Jan 24	
	3.8.8 Services are reviewing their skill mix to mitigate the impact of challenges with recruitment and retention, in the context of increased demand.	Considerable work has been done to review the skill mix with SCHAT CDC with successful recruitment to Lead Specialist Nursery Nurse posts. BeeU have reviewed their skill mix during the process of developing their waiting list trajectory for 24 – 25.	Jan 24	Apr 24	
	3.8.9 Midlands Partnership Foundation Trust (MPFT) reviewing internal processes, progressing recruitment into 1 vacancy	MPFT BeeU service have recruited to maternity leave cover, and some additional staffing through the service underspend.	Jun 23	Sep 23	
	3.8.10 Recruit to an enhanced Learning Disability and Autism team structure	The Lead CYP and LDA commissioner took up post in October 2023, with other commissioner roles filled too.	Jun 23	Oct 23	
3.9 Actions to monitor and escalate long waits to ICS	3.9.1 Clear data reporting of waiting list from providers with oversight from performance & assurance manager	The data quality from service providers has improved since March 2023.	Jun 23	Oct 23	
	3.9.2 Ensure the quality team have assurance in place around harm review and risk process	Quality team have oversight regarding measures in place to avoid harm.	Jun 23	Oct 23	
	3.9.3 Dependant on level of harm as ascertained by harm review and risk process, ensure the potential risks of long waits are noted on the ICB risk registers	Quality team have confirmed that waiting lists related to ND are on the System Quality Group risk register within the ICB.	Jul 23	Oct 23	

Theme of Actions	Action not completed	18 Month update October 2024	Original date	Proposed date	RAG
3.4 Actions to enable trial of enhanced support	3.4.2 Review the impact of the ND Practitioners to inform the requirements for support in the 2nd year	Evaluation criteria is included in the Service Delivery Plan. A parent carer survey and pupil friendly survey have been developed to support this evaluation. To date, 112 children have been referred to the NDP team (three Practitioners). NDP Impact Paper was presented at the SEND Partnership Board on 11th September and included possible models to sustain the team. LT, JK and JR to explore joint commissioning options (8 th Oct). KM to also explore options for clear parameters of the service to prevent duplication / confusion of support offers. Business case can then be developed. During the meeting it was stressed that this is a time-bound action. NDP contracts have been extended until March 2025 already to enable them to deliver the coaching and CPD elements of the PINS programme. Moreover, other local authorities have requested insight into the NDP model with views to mirror the support offer in their respective authorities.	Apr24	Oct 24	
3.5 Actions to ensure referrers know how to make good referrals which are accepted	3.5.4 Clear criteria and referral route for current ASD & ADHD pathway published on the local offer	Information regarding the ASD referral route has been detailed on the Healthier Together website – Autism Assessments The equivalent information will shortly be uploaded to the relevant ADHD page on the Healthier Together website. BeeU have recently updated their referral process, including new referral forms which can be found in the 'getting more help' section of the BeeU website . Update for the CDC website link to the LO- planned Aug-Sept 24- AP. Has been delayed due to	Jul 23	Aug 24	

		redesign of the CDC pathways. AP awaiting draft information anticipated 1 st Oct, plans for updated link to LO and Healthier Together end Oct.			
	3.5.6 New referral paperwork needs to be shared with referrers - including information session for SENCos and GPs.	New referral paperwork has been produced. BeeU have shared information at SENCO sessions and have presented this information at GP forum.	Aug 24	–	
3.7 Actions to avoid CYP going into crisis whilst waiting for diagnosis by implementing robust approaches to manage risk	3.7.6 Complete an audit of cases waiting over 6 months to assess the impact of waiting and review the effectiveness of approaches to manage risk. Share the learning from audits with the SEND Partnership Board and Learning Disability and Autism Board	An audit of cases waiting within the BeeU service was completed in 2023. As an outcome of the audit, it was agreed that a re-audit would be completed in May 2024 which is underway. Audits for those waiting in the SCHAT CDC have been delayed due to challenges with recruitment of administrative staff. Will not be completed for 0-5 by Sept 24 as workforce allocated to Waiting list initiative, required extended date- Dec 24- AP.	Jul 23	Dec 24	
3.8 Actions to ensure capacity of the diagnostic service meets the demands of the population	3.8.11 Based on new funding develop a trajectory of recovery to reduce waiting times (BeeU and CDC)	Completed for 0-5 and shared with ICB 28/6/24. BeeU August reporting shows ASD assessment waiting times - not yet showing any impact of waiting time initiative & additional funding due to large increase of referrals. Waiting times are monitored at SCHAT and MPFT CRM (LA specific data) and presented at SEND and AP Partnership Board. Demand and capacity tool used by MPFT to support estimated wait times which is communicated to parents.	Aug 24	–	
	3.8.12 Continue to routinely monitor waiting times & staffing levels through contract review meetings	Ongoing weekly monitoring and actions for 0-5 through Internal flash report. Meeting with ICB Aug 24 to agree reporting. Redesign of CDC triage panel to offer early support- commencing Aug 24 to support waiting well. 5-18 service monthly slide	Ongoing	–	

		pack provided to stakeholders tracking waiting times against projections.			
	3.8.13 Work alongside national and regional team to develop plans to meet the increasing demand of ASD and ADHD assessments for those over 18	There has been more investment in ASD assessments for over 18's. Shropshire moving from existing provider (End Sept) CWPT to MPFT. ADHD a procurement exercise has been undertaken to select providers for Adult ADHD assessments. Capturing this as locality data for 18-25's.	Aug 24	Ongoing	

Impact measures to be achieved

The me of Acti ons	Expected Impact	Baseline and collection method	6 months October 2023 (expected)	6 months October 2023 (actual)	12 months April 2024 (expected)	12 months April 2024 (actual)	18 months October 2024 (expected)	18 months October 2024 (actual)
3.1	CYP report that they received support when they needed (Using definitions from the SEND Inspection Questionnaire)	Survey - to be developed	NA	Work is ongoing in the system to develop a co-ordinated approach to gathering CYP voice.	60%	Work still ongoing to co-ordinate the gathering of CYP voice inc. through development of Outcomes Framework and CYP co-production role	80%	Adding to the work already being done, a pupil voice project is underway which is being led by the NDP team. It is hoped that the strategy developed in the core group of schools can be extended to schools across Shropshire, thereby enabling CYP to share their experiences of the support they receive with the ND Workstream to inform their future actions. The initial self-completed post- NDP support surveys are showing higher scores than the pre-surveys across all areas. Also, anecdotally, children are reporting

								positive impacts following support, though there is recognition that more positive change can still be realised.
3.1, 3.3, 3.4	Families report that they know and can access the full range of support available & this support met the needs of the CYP and have the experience of waiting well if applicable	Inspection report indicated a 'lack of clarity' Method - Survey - to be developed in May 23 Baseline Jun 23 Review Dec 23 Review Jun 24	NA Progress will be monitored at 9 months following review survey in Dec	Baseline survey Aug – Sept 23 40% agreed they had a good understanding of support available 15% agreed CYP could access support available 13% agreed CYP received the support they needed 15% agreed support received whilst waiting for diagnosis helped	60%	Repeat survey March – April 24 38% agreed they had a good understanding of support available 14% agreed CYP could access support available 10% agreed CYP received the support they needed 12% agreed support received over the past 6 months whilst waiting for diagnosis helped	80%	Repeat survey March – April 24 49% agreed they had a good understanding of support available 50% agreed CYP could access support available 58% agreed CYP received the support they needed 9% agreed support received over the past 6 months whilst waiting for diagnosis helped
3.1	Professionals report that they know and signpost to the	Members of the ND workstream report that	Members of the ND workstream report	Expected impact at 6 months achieved -	Evidence of routine signpo	Neurodiversity support pages on Healthier Together website had	Evidence of local induction process	Review of the Healthier Together website has taken place (Sept 24) to ensure that the support

	range of support available	they know some of the support available Method - Audit	that they know all of the support available	members of the ND workstream report that they know all of the support available	sting to relevant support.	highest 'hit' rate on website. Positive anecdotal feedback from schools and parents. Info. on support available shared via: SEND Local Offer Newsletter ; Schools Inclusive Forum Day; BeeU website; LA Education Updates	for new starters. Practitioner information added	offers shared are up to date. Reviews will occur every 6 months and the website is being regularly shared within communication to school colleagues and other professionals. Moreover, the ND Workstream and NDPs are reaching out to services and professional teams for collaboration in the development / enhancement of the support offer for our neurodivergent CYP and to promote joint-up, holistic support.
3.2	Lower rates of suspensions and permanent exclusion where CYP are SEN support or have an EHCP Note this is not specific to the ND cohort	Baseline data from 2021-22 Method - Baseline to be identified with separate impact measures for primary and secondary schools	10% reduction compared to previous year	Average increase of 29% of total Perm Ex and Suspensions in 22/23 compared to 21/22, average increase of 60% of number of Perm Ex and Suspensions	30% reduction compared to previous year.	Current trends indicate that the impact measure will be achieved comparing 22–23 academic year with, 23–24 academic year to date Number of suspensions: 2022-23 EHCP 762 2023-24 year to date - EHCP 408	40% reduction compared to previous year.	Number of permanent exclusions: 2022-23 EHCP 13, 2023-24 EHCP 11 (16% reduction) 2022-23 SEN supp. 41 2023-24 SEN supp. 18 (56% reduction) Number of suspensions: 2022-23 EHCP 762 2023-24 EHCP 499

				for those pupils with SEN support and EHCP for same period. Similar to the national increase in suspensions. Over 90% of primary schools and 15% of secondary schools made no permanent exclusions in 2022/23. 1 primary school responsible for 29% of the primary exclusions and 5 secondary schools for 61% of secondary exclusions in 2022/23.		Number of permanent exclusions: 2022-23 EHCP 13, SEN support 41 2023-24 year to date - EHCP 10, SEN support 18		(35% reduction) 2022-23 SEN supp. 1307 2023-24 SEN supp. 1407 (7% increase)
3.2	Higher rates of attendance for	Baseline data from 2021-22	SEND support	6,101 of 44,575	SEND support	2023/24 academic year to date	SEND support	2024/25 academic year to date

	CYP who SEN are support or have an EHCP. Note this is not specific to the ND cohort	Method - Educational Psychology Services supporting EBSA to record prevalence. Attendance figures, separate for primary and secondary schools	and EHCP gap with all pupil's attendance reduces by (% to be confirmed following baseline) Published DfE attendance Statistics for 2022-23 full academic year EHCP 87.5% SEN Support – 90.7%	number of pupils had ECHP/SEN support, of these, overall attendance 89.6% for Academic Year 22/23. Note DfE Attendance Portal currently has 86% of schools using Wonde to upload data - Shropshire LA has 138 schools uploading data (total 150) therefore, 22/23 data won't be 100% accurate at time of reporting.	t and EHCP gap with all pupil's attendance reduce s by (% to be confir med followi ng baselin e)	EHCP attendance 84.8% SEN Support 89.7% Note: not specific to the ND cohort	and EHCP gap with all pupil's attendan ce reduces by (% to be confirme d following baseline)	EHCP attendance 92.8% SEN Support 87.1% Note: not specific to the ND cohort
3.2	Early years and Education settings are well	Early years and Education settings have	The plan for training and	The early years SENCo forum and	65% of Early Years	63 schools in Shropshire have been offered	85% of Early Years	Health are working to enhance Shropshire's OAP and have met with

	supported to meet the needs of CYP who may have ASD and ADHD	identified that they want support with: - inclusive practice - upskilling school staff Method - Attendance at training	support will be coproduced by the ND Training Steering Group	school inclusion days have been the vehicle for supporting settings to develop inclusive practice. 63% of Shropshire education settings attended the inclusion events.	and Education settings will have received training specific to these areas	support from the ND practitioners 20 schools in Shropshire offered support through PINS project (Summer 24) Early years and education settings supported through Early Years SENCo forum and Developing Inclusive Practice Days.	and Education settings will have received training specific to these areas	0-19 service leads to further develop and understand the offer for early intervention and support. The NDPs are working in 49 schools (eight secondaries) and 20 schools are part of the PINS project (eight are participating in both projects). As described above, numerous training programmes are either running or are being coproduced to enhance schools' and settings' understanding and knowledge on neurodiversity and neurodivergence and how they may best support CYP.
3.2, 3.4	Early Years and Education setting staff report a greater understanding of needs related to ND (ASD & ADHD) and how	To be sought Method - Survey - to be developed in May 23 Baseline June 23 Review Dec 23	NA Progress will be monitored at 9 months following review	Survey has been developed and will be sent out in Autumn 2	20% more than baseline	Evidence: 'Pre-project Neurodiversity in Your School staff survey summary May 24' 231 responses from school staff	40% more than baseline	Reviews of the NDP schools' action plans are showing progress is being made towards the school's best hopes to support their neurodivergent children. Audits in PINS schools has also enhanced

	to meet those needs	Review June 24	survey in Dec			On a 10-point scale, on average responders rated themselves as 6.47 in their confidence for understanding Autism and ADHD Note the evidence gathering process for this impact measure has been amended		understanding, i.e., in where strengths and gaps in knowledge relating to neurodiversity and neurodivergence lies. Moreover, the NDP team is being contacted by other schools outside of the pilot projects about training to enhance support and understanding.
3.2	Early Years and Education setting staff can demonstrate how they ensure good inclusive practice for CYP with needs related to ND (ASD & ADHD)	To be sought. Method - Survey - to be developed in May 23 Baseline June 23 Review Dec 23 Review June 24	NA Progress will be monitored at 9 months following review survey in Dec	Survey has been developed and will be sent out in Autumn 2	20% more than baseline	98.5% early years settings (including child minders) rated good or outstanding, higher than the national average. Evidence: 'Pre-project Neurodiversity in Your School staff survey summary May 24' 231 responses - school staff On average rated themselves as 6.84 re: adapting tasks for those with needs related to Autism and ADHD.	40% more than baseline	Reviews of the NDP schools' action plans are showing progress is being made towards creating inclusive learning environments and support strategies. Moreover, the NDPs have been involved in the development of the SOAP document, e.g., including neuro-affirmative language and neuro-affirmative support strategies are included as universal inclusive practice.

						6.94 re: using visual aids to support routines and transitions. Note: evidence gathering process for this impact measure has been amended		
3.3	Families accessed support which enabled them to understand their CYP's needs and how to support them	30 families access formal support each year Method - Record of course attendance and course outcomes	50 families access formal support each year	Expected impact at 6 months achieved - Over 100 families have been invited to the 'Rising to the Challenge' sessions scheduled for November. The most popular sessions are sleep and continence. Early Bird course run earlier in the year have had limited uptake due to	65 families access formal support each year	Apr 23 – Dec 23 110 unique families received training support from Autism West Midlands (without requiring a diagnosis of Autism). 16 families supported by Early Help hosted SEND drop-in sessions focused on neurodiversity attended by education, health and social care, assistant psychologists within BeeU, ND practitioners and Autism West Midlands.	80 families access formal support each year	AWM - April 2023/March 2024 – the total number of unique families receiving training from us was 110. Understanding Your Child with SEND group, parents attending: 2022-23 22 2023-24 44 Early help drop in – Nos helped Nov 23 to present. 40 parents

				families struggling to attend the sessions.				
3.4	For those CYP who have a 'ND Practitioner Plan' created, those who support them will have a better understanding their needs and how to support them	To be sought following appointment of ND practitioners. Method - Outcome of intervention summary	NA	NA - impact will follow ND practitioner appointments 01/01/2024	90%	Initial feedback has shown that the ND practitioner role has enabled families to feel listened to, and schools to feel that they can better support CYP. Evidence ' EPS NDP Feedback 17.05.24 '	100%	Ongoing feedback demonstrates the positive impact the NDPs are having in supporting CYP, their families and schools. Evidence: NDP Impact Paper.
3.5 - 3.9	Access to the 0 – 5 ASD diagnostic assessment service within 18 weeks	0 – 5 Service: 61% seen within 18 weeks Method - Service Performance Metrics	70%	Of those waiting, 23% are within 18 weeks. These statistics are in the context of significant increases in demand for ASD diagnostic services.	85%	Of those waiting, 33% are within 18 weeks. These statistics are in the context of significant increases in demand for ASD diagnostic services.	95%	For the 18 weeks there is a reduction in ASD (Q1 reporting June) CDC - Community Paeds and SaLT are in the process of recruiting additional members of staff. Preparing to merge pathways with a view to improving experience.

								Working to develop universal service offer of support (OAP), universal services can support with onward referrals.
3.5 - 3.9	Reduction in average waits to access the 0 – 5 ASD diagnostic assessment service	Average wait: 11 months Method - Service Performance Metrics	Average wait: 10 months	Expected impact at 6 months achieved – of those waiting the median wait (open clocks) for Shropshire is 25 weeks, with the longest wait being 45 weeks.	Average wait: 7 months	Expected impact at 6 months achieved – of those waiting the median wait (open clocks) for Shropshire is 26 weeks, with the longest wait being 60 weeks.	Average wait: 4 months	As above. Median Q1 data demonstrated a reduction in ASD assessment.
3.5 - 3.9	Access to the 5 – 18 ASD diagnostic assessment service within 18 weeks	5 – 18 Service: 49% seen within 18 weeks Method - Service Performance Metrics	60%	Of those waiting, 52% are within 18 weeks. These statistics are in the context of significant increases in demand for ASD diagnostic services.	75%	Of those waiting 32% are within 18 weeks. These statistics are in the context of increased demand for ADHD diagnostic services.	85%	BeeU Service Manager is working with the new Neurodevelopmental operational team lead to develop a plan to reduce the wait list for assessment and the improve the timeliness of these assessments. Further to this, continuing the work with our partner Healios to increase the number of assessments offered.

3.5 - 3.9	Reduction in average waits to access the 5 - 18 ASD diagnostic assessment service	Average wait: 11 months Method - Service Performance Metrics	Average wait: 10 months	Of those who are being seen in October 2023 the average wait they experienced was 16 months. Of those being referred now the expected average waiting time will be 20 months.	Average wait: 7 months	Despite waiting list initiatives including additional short-term funding the waiting times experienced by those seen recently has not improved. Of those being referred now the expected average waiting time will be between 18 – 24 months, however this does not take into account the expected reduction in wait as a result of additional funding.	Average wait: 4 months	As above, BeeU working with partners.
3.5 - 3.9	Access to the 18+ ASD diagnostic assessment service within 18 weeks	Average wait: 2 years Method - Service Performance Metrics	NA	NA	40%	There continues to be long waits to access the diagnostic service. In Shropshire young adults can be supported through the Autism Hub whilst they wait.	50%	See previous 12-month entry.
3.5 - 3.9	Reduction in average waits to access the 18+ ASD	Average wait: 2 years Method - Service	Average wait: 18 months	The average waits for the 18+ ASD diagnostic	Average wait: 12		Average wait: 8 months	See previous 12-month entry. ICB working with partner agencies to develop and

	diagnostic assessment service	Performance Metrics		assessment service have not reduced.	months			SEND Data Dashboard, initial scoping exercise has been completed. Commissioning and Provider colleagues have met to move this work forward which will include data for 18-25's going forward. This will help to understand the needs of the population and inform strategic planning.
3.5 - 3.9	Access to the 6 – 18 ADHD diagnostic assessment service within 18 weeks	80% Nov 2022 Method - Service Performance Metrics	Maintain 80%	Of those waiting 58% are within 18 weeks. These statistics are in the context of increased demand for ADHD diagnostic services.	95%	Of those waiting 50% are within 18 weeks. These statistics are in the context of increased demand for ADHD diagnostic services.	95%	See previous 12-month entry. New referral information has been developed.
3.5 - 3.9	Reduction in average waits to access the 6 – 18 ADHD diagnostic assessment service	Average wait: 6 months Method - Service Performance Metrics	Average wait: 6 months	Of those waiting the average wait is just over 6 months.	Average wait: 5 months	Of those who have been seen in March 24 the average wait they experienced was 9 months. Of those being referred now the expected average waiting time will be	Average wait: 4 months	BeeU Service Manager is working with the new Neurodevelopmental operational team lead to develop a plan to reduce the wait list for assessment and the improve the timeliness of these assessments.

						between 12 - 18 months, however this does not take into account the expected reduction in wait as a result of additional funding		Further to this, continuing the work with our partner Healios to increase the number of assessments offered.
3.5 - 3.9	Access to the 18+ ADHD diagnostic assessment service within 18 weeks	55% Figure for all adults Nov 2022 Method - Service Performance Metrics	NA	NA	65% for 18 – 25-year-olds	There continues to be long waits to access the diagnostic service. The ADHD diagnostic service have taken the agreed action to triage referrals waiting and prioritise cases based on need.	95% for 18 – 25-year-olds	See previous entry. ICB working with partner agencies to develop and SEND Data Dashboard, initial scoping exercise has been completed. Commissioning and Provider colleagues have met to move this work forward which will include data for 18-25's going forward. This will help to understand the needs of the population and inform strategic planning.
3.5 - 3.9	Reduction in average waits to access the 18+ ADHD diagnostic assessment service	Average wait: 2 years Method - Service Performance Metrics	Average wait: 18 months	The waiting times for 18+ ADHD diagnostic assessments have risen in line with the	Average wait: 12 months		Average wait: 8 months	As above.

				national trend.				
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Priority Area 4: Significant waiting times for those needing assessment and treatment from the speech and language therapy service.

Area of weakness identified in the original inspection

Priority Area 4: Significant waiting times for those needing assessment and treatment from the speech and language therapy service.

Overarching Aspiration: Speech language and communication needs of children are effectively identified at early stages and there is high quality support at universal and targeted levels to reduce the number of children who require more specialist support

Actions designed to lead to improvement

Theme of Actions	Completed Actions to September 2024	18 Month update October 2024	Original date	Completed	RAG
4.1 Actions to ensure clarity about the support available	4.1.1 Collate details of all support currently available from Public Health for those with SLCN including from the Best Start to Life programme	The mapping of Public Health support for those with SLCN has been completed. Close working is taking place in relation to the Best Start for Life initiatives with SLTs involved and influencing the programme of work.	May 23	Oct 23	
	4.1.2 Collate details of all support currently available from Early Years Settings for those with SLCN	Action superseded	May 23	Superseded	
	4.1.3 Map the full offer of current SLT support – SLT Handbook	The SLT Handbook for parent carers and partners has been developed to support understanding of the clinical offer from the SLT service. Additionally certain clinical pathways have been mapped against the iThrive model .	Apr 23	Dec 23	
	4.1.4 Collate details of all other support currently available for SLCN (excluding Speech and Language Therapy SLT)	Action superseded	Aug 23	Superseded	
	4.1.6 Promote the support on offer via SEND newsletter, local offer website, SCHAT NHS (National Health Service) SLT website, PACC newsletters, SENCo and Head Teacher networks	Regular communication is shared regarding support available for those with SLCN. Recently updates have been shared in the following places <ul style="list-style-type: none"> - SEND Local Offer Newsletter - Schools Inclusive Forum Day 	Aug 23	Feb 24	

		<ul style="list-style-type: none"> - SCHT SLT Facebook Page - LA Education Updates - Early Years communications 			
	4.1.8 Continue the multiagency SLCN workstream to enable the continuation of support for SLCN being delivered by all	The SLCN workstream has continued with strong multiagency attendance which has driven many of the system wide improvements.	Apr 23	Oct 23	
4.2 Actions to ensure good quality support for Early Years and Educational Settings	4.2.1 Education to promote the use of SLC UK data tracking to support the implementation of Talk Boost	Usage of the SLC UK data tracking has increased across the area and is reviewed at SLCN workstream meetings. We note promotion of this tool is ongoing.	Jun 23	Oct 23	
	4.2.3 Evaluation of the impact of Talk Boost, including the impact on the early identification and support of SLCN. This evaluation to be reported to the SLCN workstream, Quality & Assurance Group and SEND Partnership Board.	Evaluation has been gathered through the SLC UK Talk Boost tracker which indicates there has been a closing of the language gap for 65% of children for whom baseline, and subsequent performance was reported. There are some signs of reduction in referral rates to SLT services.	Jul 23	Feb 24	
	4.2.4 Planned Inclusion sessions for early years and educational settings including SLCN	Sessions have been held with both the schools and early years workforce, feedback from these sessions has been positive with comments such as “useful to hear about routes to support” and “good links to research with lots of thinking about how to adapt the curriculum offer to meet needs”	Apr 23	Apr 24	
	4.2.6 Pilot the roll out of Talk Boost Year 7	Action discontinued due to national policy change	Sep 23	Apr 24	
	4.2.7 Continue to deliver Early Years, KS1 and KS2 of Talk Boost training to ensure sustainability	The delivery of Talk Boost training has been ongoing, plans are in place for future training to the education workforce.	Apr 23	Oct 23	

	4.2.8 Videoing SLT training offer to make it more accessible to support early identification and addressing CYP's needs	The SCHT SLT service have recorded a number of training packages , some of which are available online. The online videos have had roughly 200 views since they were put up in February. Education settings and parents have commented that having the videos available to access at any time has been beneficial. <i>"The course was done via You Tube so could be accessed at a convenient time to the school and could be done in more than one session if needed. It allowed other staff to access it too, which was really useful."</i>	Sep 23	Feb 24	
	4.2.9 SLT relaunching traded services offer for ELKLAN	Will not relaunch traded services until fully staffed and the reason due to staffing levels is linked to ELSEC secondments.	Sep 23	May 24	
4.3 Actions to ensure good quality support for parents and carers	4.3.2 Videoing SLT training offer to make it more accessible	The SCHT SLT service have recorded a number of training packages , some of which are available online. The online videos have had roughly 200 views since they were put up in February. Education settings and parents have commented that having the videos available to access at any time has been beneficial. <i>"The course was done via You Tube so could be accessed at a convenient time to the school and could be done in more than one session if needed. It allowed other staff to access it too, which was really useful."</i>	Sep 23	Feb 24	

	4.3.3 Publicise the commitment to SLCN being everyone's responsibility and that everyone has a role to play in supporting SLCN	There is an acknowledgement across the system that all parties have a role to play in supporting children and young people's speech, language and communication needs. This has resulted in some slowing of referral rates to the SLT service.	Apr 23	Oct 23	
	4.3.4 Maintain the SLT service advice line	The SLT advice line has been maintained, and SLT staffing has been allocated to this element of the service moving forward.	Jul 23	Dec 23	

Theme of Actions	Incomplete Actions	18 Month update October 2024	Original date	Proposed date	RA G
4.1 Actions to ensure clarity about the support available	4.1.5 Publish all the support available on the local offer website	Agreed to upload content to Healthier Together site and LO to link to this. Working within Oct deadline.	Aug 23	Oct 24	
	4.1.7 Have a specific SLCN area on local offer website (as requested through the Local Offer working group)	SLCN work is completed and to be uploaded within October deadline.	Aug 23	Oct 24	
	4.1.9 Collate details of support currently available from Early Years Settings and schools for those with SLCN to be linked with the EYS SOAP and SLCN tool kit.	ICB working with Health and LA colleagues to further enhance SOAP. CPP has enhanced this work further which includes ELSEC.	Sep 24	–	
	4.1.10 Collate details of all other support currently available for SLCN (excluding Speech and Language Therapy SLT and support delivered by schools / EYS (as covered in action above).	SCLN mapping is completed, SCHAT and ICB are working on where this should sit. Communicating and Talking Skills or SEND on Healthier Together, determining single landing point, which can then be linked to LO.	Aug 24	–	
	4.1.11 Develop an annual communications schedule for the SLCN workstream.	SLCN meeting moved to alternate months, SEND communications leads will be copied into good news and updated. 3 bullet point summary.	Sep 24	–	

4.2 Actions to ensure good quality support for Early Years and Educational Settings	4.2.2 All settings to utilise the SLC UK data reporting on Talk Boost	Part of the ELSEC Project and will take the learning from this and share with other settings.	Sep 23	Dec 24	
	4.2.5 Review and develop the outreach support available to early years & education settings to identify needs early and provide good quality support, including best practice SLCN Teaching (SLCN Primary Talk and Early Talk ICAN)	Health working with LA and partner agencies to further enhance OAP , linking up with 0-19 universal service colleagues (meeting 2 nd October EQA's and 0-19 service lead and ICB). SaLT Parent/ Carers and Partners Handbook ELSEC programme has been launched in some settings across Shropshire.	Sep 23	Mar 25	
	4.2.10 Establish the Speech Language UK 'Talk For Work' offer from LSAT service for KS3 and 4 settings for 24/25.	No feedback received from the settings who had access to 'Talk for Work' and the LSAT service is considering whether to continue the offer and will link with Shropshire LA.	Dec 24	–	
	4.2.11 Explore further SLCN training requirements with education settings across LA and SLT - supported by ELSEC universal offer.	ELSEC programme STW, data to measure impact will be a feature of this work. Platform 3 approved for ELSEC practitioners. Learning from this experience will be shared to inform sustainable future options for higher level SLCN skill set in settings.	Jan 25	–	
	4.2.12 SLT service engage with Education settings to develop a dynamic, needs-led, whole setting support offer towards a link therapist offer.	Not started, ELSEC will inform the approach. Requires the SLT team to be fully staffed and working with the new LA practitioners.	Mar 25	–	
	4.2.13 To develop and deliver system wide resources and processes to capture the voice of children and young people with SLCN link with ELSEC.	Not yet started- priority for SCHT being taken forward as a wider piece of work. Also options due to be scoped in ELSEC project.	Jul 25	–	
4.3 Actions to ensure	4.3.1 Enhance the peer support offer for families regarding SLCN, adopting a SLCN champions model	Joint work is taking place with PACC (parent carer forum) to explore the current offer of support for families with children and young	Apr 24	Dec 24	

<p>good quality support for parents and carers</p>		<p>people with SLCN. This has included work to identify how to engage with families who specifically want support around SLCN. Additionally, through the development of the ELSEC programme actions are being co-produced to address this area. PACC talking with Speech and Language UK about the universal offer for parents. Feedback expected 26/9/24 at SLCN system meeting. ELSEC piloting meeting parent groups in settings to inform options for future approached. CDC waiting list initiative pilot has informed offer-parents meeting other parents with SLT at MDA. Parent groups being consulted by ELSEC- and will consider co-production for parent feedback questions to monitor impact of ELSEC universal offer for parents</p>			
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Area of weakness identified in the original inspection

Priority Area 4: Significant waiting times for those needing assessment and treatment from the speech and language therapy service.

Overarching Aspiration: CYP who require Speech and Language Therapy support can access this in a timely way

Actions designed to lead to improvement

Theme of Actions	Completed Actions to September 2024	18 Month update October 2024	Original date	Completed	RAG
4.4 Actions to ensure the capacity of the SLT service meets the demands of the population	4.4.1 Complete triage upon referral and implement specialist clinical pathways to ensure CYP who have the greatest clinical need for specialist SLT are seen most quickly	The process of triaging CYP and expediting referrals based on clinical needs has enabled CYP requiring specialist clinical pathways to be seen more quickly.	Apr 23	Oct 23	
	4.4.3 Complete analysis of current commissioning arrangements across, LA, schools and Health to meet need	These actions have been completed jointly by ICB and LA commissioners, as well as SEN leads across the system. Further to this, commissioners have completed analysis of need to identify areas which require additional intervention. To plan for the ELSEC project schools were rated as priority based on analysis of needs as evident in the Early Years Foundation Stage Outcomes, SLCN prevalence within a school at SEN and EHCP level and deprivation indicators.	May 23	Dec 23	
	4.4.4 Commissioners to understand current spend, both block contract and individual commissioning and school spend to enable benchmarking		May 23	Jan 24	
	4.4.6 Develop, fund and recruit to short term recovery plans		Jun 23	Jan 24	
	4.4.8 Develop a trajectory of future growth and capacity required to meet the needs including early indicators of the impact of Talk Boost on referral rates		Jun 23 / Nov 23	Oct 23	
	4.4.9 Develop a business case to fund the increased demands across the age range		Jun 23 / Dec 23	Dec 23	
	4.4.5 Commissioner to understand current waiting times from referral to treatment		Jun 23	Oct 23	
		Information regarding waiting times is reported to the ICB and reported to the SEND partnership board.			

	4.4.7 Understand the capacity of the services currently	The SLT service have provided details of the capacity within the service with the ICB.	Jun 23	Oct 23	
4.5 Actions to monitor and escalate long waits to ICS	4.5.1 Clear data reporting of waiting list from providers with oversight from performance & assurance manager	SLT data reports are now consistently split to separately reflect Shropshire and Telford & Wrekin children and young people.	Jun 23	Oct 23	
	4.5.2 Ensure the quality team have assurance in place around harm review and risk process	The ICB quality team have an oversight of processes in place to mitigate risk and identify any harm. The SLT service have embarked on an audit process to review potential harm for those waiting over 6 months.	Jun 23	Oct 23	
	4.5.3 Dependant on level of harm as ascertained by harm review and risk process, ensure the potential risks of long waits are noted on the ICB risk registers	The ICB quality team review the risk register through the System Quality Group. SLT waits are not currently held on the System Quality Group risk register.	Jul 23	Oct 23	

Theme of Actions	Incomplete Actions	18 Month update October 2024	Original date	Proposed date	RA G
4.4 Actions to ensure the capacity of the SLT service meets the	4.4.2 Complete an audit of cases waiting over 6 months to assess the impact of waiting and review the effectiveness of triage. Share the learning from audits with the SEND Partnership Board and CYP and Families System Board	Exception reports provided by Shrop Comm for CYP waiting over 52 weeks. Data collection and validation has commenced. Due to numbers of children and limited admin capacity still the report will be delayed until Jan 25. Request further extension.	Jul 23	Oct 24	

demands of the population					
	4.4.10 Review the SLT service specification and ensure that it meets the needs of the population whilst being supported by a context of SLCN being supported by all	Sept meeting took place with SCHAT and ICB re SLT Service Spec. Meeting again on 2 nd October to agree amends. Sign off is likely to be the end November.	Sep 23	October 24	
	4.4.11 Analyse trends of referral rates to understand impact of Talk Boost, ELSEC and Link Therapist.	STW ELSEC Launch completed and Practitioners in post (September). Initial Head Teacher and SENCO feedback is positive. ELSEC data requirements are now being developed. Capturing data in a way that is meaningful, this will be part of the send Data set. Information to be shared at SLCN Meetings.	Dec 24	–	
	4.4.12 LA to understand current spend on SALT and explore and propose alternative opportunities that support and improve the EHCNA process, earlier identification of need and provision of support.	SEND commissioner, DCO and SRO SEND met with LA in August and again in Sept. Further discussions are continuing.	Aug 24	–	
	4.4.13 LA to jointly explore any potential opportunities with SCHAT and ICB in relation to delivery of 4.4.12 and joint commissioning.	Communications between ICB, SCHAT and LA regarding potential opportunities is ongoing (meeting 14/08/2024 and 27/09/2024) to consider APP actions and options. These include SLT intervention for secondary age pupils accessing alternative provision.	Aug 24	–	
	4.4.14 Continue to routinely monitor waiting times & staffing levels through contract review meetings.	ICB SRO for SEND attends all contract review meetings and monitors this providing feedback to the team for wider oversight.	Ongoing	Ongoing	

Impact measures to be achieved

Theme of Actions	Expected Impact	Baseline and collection method	6 months October 2023 (expected)	6 months October 2023 (actual)	12 months April 2024 (expected)	12 months April 2024 (actual)	18 months October 2024 (expected)	18 months October 2024 (actual)
4.1, 4.2	CYP report that they received support when they needed it, (Using definitions from the SEND Inspection Questionnaire)	To be sought Method - Survey - to be developed in May 23 Baseline Jun 23 Review Dec 23 Review Jun 24	NA Progress will be monitored at 9 months following review survey in Dec	Delays to the development of the baseline survey will have an impact on follow up surveys. Work is ongoing in the system to develop a co-ordinated approach to gathering CYP voice.	60%	As per the 6-month update work is still ongoing to co-ordinate the gathering of CYP voice. This work will be progressed through the development of the Outcomes Framework and further investment into a CYP co-production role.	80%	The Outcomes Framework has been developed and a Coproduction Framework 2024 has been produced and is now ready to launch This document was co-produced with representatives of the Shropshire community. The Participation Strategy is in progress through the Early Help Participation Lead and is on track to be completed in the next few months
4.1, 4.3	Families report that they know and can access the full range of support available &	Baseline to be sought Aug – Sept 23 Method - survey	NA Progress will be monitored at 9 months following review	Baseline 43% agreed they had a good understanding of support available	60%	Repeat survey March – April 24 28% agreed they had a good understanding of support available	80%	Repeat survey September 2024 47% agreed they had a good understanding of support available 40% agreed CYP could access support available

	<p>this support met the needs of the CYP and have the experience of waiting well if applicable</p>		<p>survey in Dec</p>	<p>27% agreed CYP could access support available 24% agreed CYP received the support they needed 25% agreed support received whilst waiting to see SLT helped</p>		<p>18% agreed CYP could access support available 17% agreed CYP received the support they needed 22% agreed support received over the past 6 months whilst waiting to see SLT helped</p>		<p>40% agreed CYP received the support they needed 14% agreed support received over the past 6 months whilst waiting to see SLT helped</p>
4.2	<p>Professionals report that they know and signpost to the range of support available</p>	<p>Members of the SLCN workstream report that they know some of the support available Method - Audit</p>	<p>Members of the SLCN workstream report that they know ALL of the support available</p>	<p>Expected impact at month 6 achieved – members of the SLCN workstream are aware of all support available.</p>	<p>Evidence of routine signposting to relevant support</p>	<p>Feedback from the Developing Inclusive Practice Day indicates that schools have an increased understanding of the support available. Further to this the iThrive models developed by SCHAT SLT clarify the range of support available.</p>	<p>Evidence of local induction process for new starters</p>	<p>See previous entry. ELSEC Launch (Sept 2024) initial feedback from settings has been positive. Further work to enhance the OAP is in progress, 0-19 universal services will be part of this. SEND Health Operational Group ensures that themes are</p>

						<ul style="list-style-type: none"> - Language Development iThrive - Stammering iThrive - Cleft Palate iThrive - Selective Mutism iThrive - Voice iThrive <p>A communication to early years settings promotes of available support</p>		explored and speakers from other services areas can share their service offer with SCHAT and MPFT leads.
4.2	Early years and Education settings are well supported to meet the needs of CYP who have SLCN	Early years and Education settings have identified that they want support with: - inclusive practice - upskilling school staff	65% of Early Years and Education settings will have received training specific to these areas	The early years SENCo forum and school inclusion days have been the vehicle for supporting settings to develop inclusive practice. 63% of Shropshire	65% of Early Years and Education settings will have received training specific to these areas	The SLT advice line (no referral required) received 872 calls over the 23/24 financial year. These calls will have come from parents and practitioners. Talk Boost programme - All primary and early years settings have received training to deliver evidence-based	85% of Early Years and Education settings will have received training specific to these areas	As 12 month entry. ESLEC Launch (Sept 2024) has received positive feedback thus far. Plans to engage more Early Years settings in the programme.

		Method – Attendance at training		education settings attended the inclusion events.		support for SLCN. There is local evidence of the impact of Talk Boost. 61% of primary schools with reception completed the 'Stoke Speaks Out' training, which complements Talk Boost training. 120 EYS providers attended Early Years SENCo SLCN session in May, forums and developing inclusive practice days.		
4.2	Early Years and Education setting staff report a greater understanding of needs related to SLCN and	To be sought Method - survey	NA Progress will be monitored at 9 months following review survey in Dec	Surveys will be rolled out in the 2nd half of autumn term.	20% more than baseline	98.5% of early years settings (including child minders) have been rated as good or outstanding through the OFSTED framework, this is	40% more than baseline	98.5% of early years settings (including child minders) have been rated as good or outstanding through the OFSTED framework, this is higher than the national average.

	how to meet those needs					higher than the national average.		Evidence: ‘SLT FFT comments Apr23 - Mar24’
4.2	Early Years and Education setting staff can demonstrate how they ensure good inclusive practice for CYP with needs related to SLCN	To be sought Method - survey	NA Progress will be monitored at 9 months following review survey in Dec	Surveys will be rolled out in the 2nd half of autumn term.	20% more than baseline	Evidence: ‘SLT FFT comments Apr23 - Mar24’ There have been over 250 positive comments regarding support from the SLT service, many of these comments regarding training and support delivered to schools.	40% more than baseline	There have been over 250 positive comments regarding support from the SLT service, many of these comments regarding training and support delivered to schools.
4.2	Children completing the Early Years Foundation Stage progress well with their speech, language and communication skills despite the impact of Covid.	83% of children achieved expected levels in communication and language October 2022 Method - Early Years Foundation Stage Framework – communica	NA	Expected impact at 6 months achieved - The 22 – 23 Early Years Foundation Stage data produced in October 2023 indicates that 83% of children achieved expected levels in	Maintain the level of 83%		Maintain the level of 83%	81.5% of children achieved expected levels in the area of Communication and Language In the EYFSP at the end of reception 2024.

		tion, literacy and language		language. Data for STW SLCN meeting October.pptx				
4.4, 4.5	Timely access to specialist and general pathways within the SLT service	45% of all CYP waiting for SLT are seen within 18 weeks Those waiting for the specialist pathways are typically seen within 18 weeks Method - Service Performanc e Metrics	Specialist pathways: 95% General pathway: 50%	Expected impact at 6 months achieved – CYP on specialist pathways are seen within 18 weeks with the exception of the fluency pathway which is at 87% . The overall waiting list for combined specialist and general pathways in Shropshire is that of those waiting 58.7% are	Specialist pathways: 95%, General pathway: 75%	CYP on specialist pathways are seen within 18 weeks. The overall waiting list for combined specialist and general pathways in Shropshire is that of those waiting 54% are within 18 weeks. A speech and language therapy waiting list initiative is planned for June – September 24 which expects to bring down the longest wait to 40 weeks.	Specialist pathways: 95%, General pathway: 95%	Waiting list initiative took place as planned. We do not have detail broken down by LA area The headline impact was reducing the numbers of children waiting over 52 weeks from 130 to 8 and over the summer with follow up appointments for those who were not brought or could not attend, now to 0 (Sept) At the end of the initiative the service was offering appointments to children waiting 36 weeks. The overall waiting list for combined specialist and general pathways in Shropshire is of those waiting 50% are within 18 weeks. The numbers of children waiting for assessment

				within 18 weeks.				were briefly stabilised and are now rising again.
4.4, 4.5	Reduction in average waits to access the SLT service	Average wait: 10 months Method - Service Performance Metrics	Average wait: 8 months	Expected impact at 6 months achieved – of those waiting the median wait (open clocks) for Shropshire is 13 weeks . The longest wait is 43 weeks .	Average wait: 6 months	Based on March 24 performance of those waiting the median wait (open clocks) for Shropshire is 14 weeks . The longest wait is 66 weeks .	Average wait: 4 months	Referral rates across STW have risen from 167 to 213 per month- 100 per month Shropshire (Sept). Based on Month 6 the median wait (open clocks) is 18 weeks . The longest wait is 48 weeks



Priority Area 5: Inconsistency in the quality of input from education, health and care into EHC assessment and planning

Area of weakness identified in the original inspection

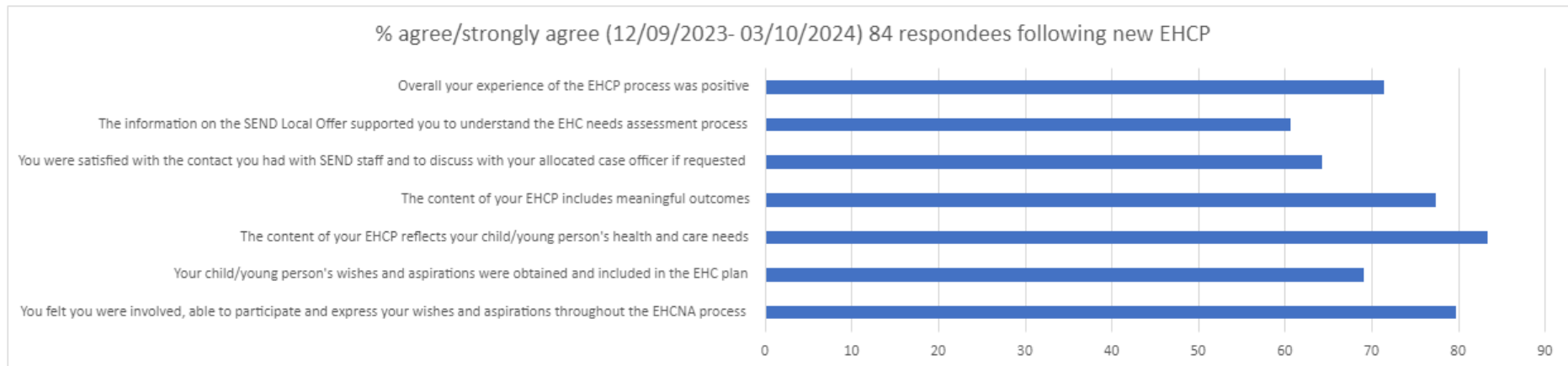
Priority Area 5: Inconsistency in the quality of input from education, health and care into EHC assessment and planning

Overarching Aspiration: Improve consistency and quality of EHCP's supported by good assessment and planning process

We have developed a quality assurance framework for both statutory advice and EHCPs. This has been peer moderated by colleagues from Telford and Wrekin. A [summary of QA activity](#) gives an outline of QA activity. Findings from all QA activity feed into regular staff training and this has contributed to quality of EHCPs good and above at 92%, well above the expectation for April 2024 of 66%.

Workforce development programme is in place and work is progressing, including training programmes in place for advice writing. By the end of January 2024 65.5% of the Early Help practitioners had undertaken training.

The third survey of parent experience in September 2024 (93 responses) showed percentage satisfaction over all areas meeting expectations , around 51%, up from 46% in April. The regular feedback from parent/carers for new EHC plans issued since September 23, that is routinely collected, showed higher levels of overall satisfaction of 71%.



Actions designed to lead to improvement

Theme of Actions	Completed Actions to September 2024	18 Month update October 2024	Original date	Completed	RA G
5.1 Actions to ensure the quality of new EHC Plans is improved	5.1.1 Improve the pre- EHCNA pathway to ensure that the requests received from settings contain person-centred information and focus on holistic outcomes which relate to the child's/ young person's aspirations to allow appropriate planning for the EHC assessment, where agreed, to be carried out	Task and finish group was established with SENDCO representation. EHCNA request, Annual Review and Appendix B paperwork has been reviewed and substantially redesigned and signed off in Feb 2024. Was launched to SENDCOs in network meeting and is currently in use and being evaluated.	Sep 23	Feb 24	
	5.1.2 Co-produce new statutory advice templates for education, educational psychology, health, and care and review the process for obtaining the CYP voice ("all about me") and parent/carer views	Revised Appendix E shared with workstream and agreed. Social care, EP and Health have all shared their latest versions presented at QAG on 20 December and now in use and being evaluated.	Sep 23	Feb 24	
	5.1.3 Develop a rolling multi-agency joint workforce training programme for all practitioners completing statutory EHC advice utilising the Council for Disabled Children's training resources	Task & finish group in December 2023 pinpointed remaining training needs. SEN Team have a rolling programme of training that is needs led with a minimum half termly refresh. Last one on 4 March. Next refresh in May on annual reviews. Education settings: 11 Apr booked session with Marches Academy Trust SENCOs re EHC Assessment requests and annual reviews. Plan to roll this out to academy trusts on rolling programme. SENCOs now attend panel on a rolling programme for CPD purposes. This action will be split to better track very different multiagency workforce training programmes.	Apr 23	Superseded	

	<p>5.1.4 Review arrangements to ensure an assessment of social care need is completed for each EHCNA and, where a child is not known to statutory social care services, ensure that advice and information relating to care needs and provision is requested from other professionals who know our families and CYP well so that the early help offer is embedded as part of the Education Health Care process</p>	<p>The Social Care questionnaire is now available on the Local Offer, forming part of the suite of EHCP forms. It is designed to identify the care needs, including Social Care, of children and young people (CYP) at the time an EHCNA request is made. Each completed questionnaire is triaged by Early Help/Social Care in a weekly meeting scheduled with the DSCO and EH SEND Operational Lead, or another member of the T.E.H/E-HAST team in their absence. Parent carers are either directed to community support services or offered a comprehensive Early Help Assessment for the entire family.</p> <p>From 27th February to 14th May 2024, 52 Social Care questionnaires were submitted. Of these, 21 children/young people were not previously known to Social Care, 11 were actively engaged with Social Care via a Social Worker or Early Help Family Practitioner, and one family was receiving Early Help support from their school. Four out of the 52 questionnaires led to referrals to community services, and 13 prompted an offer of an Early Help Assessment (EHA). Three parent carers declined the EHA, six were referred to our Family Hubs for Targeted Early Help support, and four received assistance from E-HAST.</p> <p>The week commencing 20th May 2024 has marked a notable increase, with 14 Social Care questionnaires returned as part of an EHCNA request.</p>	Sep 23	Mar 24	
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	5.1.6 Review arrangements for provision of advice from health teams less frequently involved in EHCNAs eg. Epilepsy team, wheelchair services	Training has been delivered to epilepsy teams, wheelchair services, and Bernardo's keyworkers on EHCPs. Support for the diabetes team has been via the Children's Community Nurse with support from DCO. Processes now in place for DCO to offer support for requests that are made of those who don't regularly provide advice.	Sep 23	Oct 23	
	5.1.7 Develop and deliver a revised induction and EHC plan writing training programme for Special Education Needs and/or Disability Case Officers	Draft Plan Writing IPSEA and CDC training programme completed by 8 case officers. Refreshed 3 weekly internally. All new staff to receive IPSEA training on a rolling programme. Feedback from QA process used to develop case officer plan writing skills	May 23	Oct 23	
	5.1.8 Develop a performance monitoring system to provide reporting and Power BI dashboard data to monitor 20-week timescale for issuing finalised plans	A performance monitoring system is in place. Weekly meetings with Assistant Director and Head of Service with SEN Team to discuss 20-week performance. Performance data is sent monthly to DfE and reviewed in meeting with DfE SEN adviser. Data captured and reported to SEND Partnership Board half termly. Monthly performance is circulated to all SEND staff. Power BI dashboard is in production.	Jun 23	Oct 23	
	5.1.9 Improve the quality and timeliness of statutory social care advice for EHCNAs and Annual Reviews.	DSCO continues to track all requests for advice and offer consultations to those workers providing the advice. Reminders are sent to practitioners at the four-week stage. Early Help SEND Operational Lead operates the same system in Early Help. SEN Team provide a weekly report detailing advice due so that DSCO and EH SEND Operational Lead can make further attempts to follow up outstanding advice. All advice goes through a quality assurance process carried out by the DSCO and EH SEND Operational Lead, in-line with the SEND QA Framework. A dip sample of social care advice	Sep 23	Superseded	

		<p>is audited on a quarterly basis by the DSCO and feedback from audits is provided individually to practitioners via their supervision and thematic feedback is provided to the social care workforce.</p> <p>Findings from QA and audit are then used to inform the Social Care SEND and EHCP training and staff SEND induction, both of which are offered on a monthly rolling programme.</p>			
5.1.10 Improve the quality and timeliness of statutory Health advice for EHCNAs and Annual Reviews.	<p>Timeliness of health advice has varied over the past 12 months. At present the timeliness of advice provided by SCHAT is regularly delayed from the community paediatrics service. Advice from BeeU is provided in a more timely way. Recent benchmarking across West Midlands has indicated that timeliness of advice in Shropshire is on a par with many other local areas.</p> <p>Quality of advice from SCHAT continues to be generally good, quality of advice from BeeU requires more support. Over the past 12 months we have seen an increase in advice from secondary and tertiary health services.</p> <p>Evidences: 'Overview of Education, Health and Care Plan Quality Assurance From Health Autumn & Spring Term 2023 / 2024' and 'Overview of Health Quality Assurance to ensure understanding of SEND and good quality Education, Health and Care Plans'</p>	Sep 23	Superseded		
5.1.11 Develop a recruitment / retention strategy to ensure sufficient capacity within the Educational Psychology Service	<p>Recruitment has taken place for 2 additional psychologist, 1 main grade (started Sep 23), 1 specialist senior (Started Jan 24). Significant investment made in securing locum, associate and agency capacity to address increasing demand in statutory work.</p>	Sep-23	Nov 23		

	5.1.12 Reinstate SEND Health Operational Group to address quality of EHCP advice and improve consistency	This group has been re-established with membership from SCHAT and MPFT. This group has met regularly.	Apr 23	Oct 23	
	5.1.13 Review the Special Education Needs and/or Disability Team structure and develop a recruitment / retention strategy to ensure sufficient capacity to complete all statutory tasks	Streamlined the internal structure/process to be able to amend and QA plans. Structure within the team for weekly supervision of case officers to support workload and wellbeing.	Sep 23	Dec 23	
	5.1.22 Ensure that all EHC needs assessments are completed within the statutory 20 weeks by improving internal process.	In place and is progressing well. Completed	Aug 24	Aug 24	
5.2 Actions to ensure an effective quality assurance process.	5.2.1 Publish Education Health Care Plan quality standards and coproduce a Quality Assurance Framework to agree the "Shropshire standard" of what a good quality plan looks like.	Quality standards were developed to agree what a good plan looks like.	Jul 23	Oct 23	
	5.2.2 Establish and embed a multi-disciplinary quality assurance process to monitor and improve the quality of new and amended Education Health Care Plans	Quality standards have been developed and signed off. These standards have been put into practice for routine and multiagency QA activity resulting in a marked improvement in EHCP quality	Jul 23	Oct 23	
	5.2.3 Develop and implement quality standards for statutory advice, including education, education psychology, health and social care and roll out a workforce training programme for practitioners	Quality standards have been completed. Ongoing training for those submitting advice will be addressed by proposed new actions.	Sep 23	Feb 24	
	5.2.4 Undertake monthly multi-disciplinary audits to ensure improved consistency of Education Health Care Plans	Regular termly multi-disciplinary audits take place and learning fed back into multi-agency training. Autumn Term 2023 QA Report.docx / Spring Term QA Report 2024.docx	Sep 23	Oct 23	
	5.2.5 Recruit Associate DCO for SEND to increase capacity to support EHCP quality within health	The Associate DCO started in May 23 and regularly attends SEN panels, contributes to the	Jun 23	Oct 23	

		QA process as well as providing advice and support to plan writers, and advice contributors.			
	5.2.6 Engage in external peer review process for monitoring the quality of EHCP's	The Assistant Director has undertaken LGA peer review training and completed a pper review in another LA. We have further external QA review planned with the DfE SEND Advisor	Sep 23	Dec 23	
	5.2.8 Investigate how effective are new Appendix B templates? How have they impacted upon quality? Capture effectiveness by [RAG] rating quality of information in paperwork by how easy it is to make a decision.	A RAG rating system is in place to assess effectiveness of school submissions. A survey has been created to capture feedback from school staff using the templates.	Aug 24	Aug 24	
5.3 Actions to ensure all current EHC Plans are updated and amended to meet new quality standards and issued within statutory timescales	5.3.1 Develop and implement an annual review recovery plan and develop business case to ensure sufficient capacity to amend all Plans issued prior to August 2023 to ensure they meet the new quality standards	Plan and business case have been developed. We have appointed an additional senior case officer and two further case officers. 99 EHCPs have been reviewed and completed so far this term.	Sep 23	Oct 23	
	5.3.2 Create a suite of co-produced new annual review templates and guidance, including key phase transition and preparation for adulthood templates	Annual review templates and guidance produced and signed off in February and are now in use. New, more focused actions will take this forward to develop resources for PfA and Phase Transfer	Sep 23	Feb 24	
	5.3.3 Review Special Education Needs and/or Disability Team operating model with a specific focus on capacity to update Education Health Care Plans following amendments agreed via annual review	Planned as part of sufficiency moving forward	Apr 24	Sep 23	
	5.3.5 Create a multi-agency (including Education Settings) training plan to ensure all staff are aware, understand and implement the local annual review processes	The annual review strand within the workforce training programme is underway with monthly team updates. A full review of annual review processes is being undertaken to streamline and enhance administration and further training will take place as required to ensure all staff are	Sep 23	Superseded	

		implementing new robust and efficient annual review processes.			
	5.3.6 Review and update the local processes for annual reviews and publish an updated pathway on the local offer	Processes for annual reviews are undertaking a major review currently and new actions have been proposed. Information on the Local Offer has been reviewed and updated and checked. Guidance for practitioners to be reviewed and updated	Sep 23	Oct 23	

Theme of Actions	Incomplete Actions	18 Month update October 2024	Original date	Current date	
5.1 Actions to ensure the quality of new EHC Plans is improved	5.1.5 Review commissioning arrangements and update health service specifications to ensure health advice is provided where a CYP has a clinical requirement for input rather than being based on referral status.	Service Spec for SaLT is under review and this action will form part of those discussions. ND Service Spec also under review currently. Standard paragraph included.	Sep 23	Dec 24	
	5.1.14 Strengthen coproduction of EHCPs at an individual level by exploring and procuring an on-line digital Education Health Care system to enable families, professionals, and education settings to engage, contribute and collaborate on EHC assessments, plans and reviews	DfE have placed SEND and AP Change Programme, EHCP, standardisation of EHCP template, on hold. Further reviews now in place to look at EHCP+ software from Agiliys which is under review. All options being explored. No system has yet been identified that can provide the required functionality in a timely manner.	Apr 24	May 25	
	5.1.15 Improve quality of health advice with a focus specificity of outcomes and provision.	There is a rolling plan in place to routinely review Health advice. The focus is around the quality of advice and provision. DCO RAG rates all available health advice at decision to issue panel meetings. DCO will link up with SEND provider leads to address any data quality issues with their advice.	Dec 24	Compete Rolling offer of training	
	5.1.16 Improve timeliness of statutory Health advice for EHCNAs and Annual Reviews.	A SEND dashboard for each LA is being developed to effectively monitor and provide oversight of the locality position. This enables a timely response to addressing any gaps in provision or delays. This is in addition to the regular contract review meetings which take place. Service development and improvement plan previously in place for BeeU prior to new contracts being established and further	Sep 24	-	

		investment. SaLT and Comm Paeds are in the process of recruiting to posts and updates provided to the ICB in terms of progress. DCO signposts to relevant providers as part of the EHCNA process to ensure appropriate services are contacted for advice and timely completion.			
	5.1.17 Develop a rolling Education workforce training programme for all practitioners completing statutory EHC advice utilising the Council for Disabled Children's training resources. Ensure all practitioners have good understanding of their role and how it fits with other agencies. Build upon existing training/support document for advice writers as a live document and develop into self-help training materials.	We have identified a need for staff resource to devise and deliver training across Shropshire Schools. 3 x newly appointed education quality advisers will help to address this. There is an aspiration to develop an online training model to ensure that localised and up to date advice is available centrally. SENCOs are being invited to panel meetings to help them improve understanding of what is required from effective advice. SEND & Inclusion Network meetings starting after half term. phase-based (Primary/Secondary/post-16) meetings via Teams in the first half of each term and face to face locality-based network meetings in the second half of each term. SEND & Inclusion Newsletter - a monthly SEND and Inclusion newsletter for settings/professionals from the end of October onwards. It will be focused on tips, guidance, sharing of best practice, key dates etc.	Sep 24	-	
	5.1.18 Develop a rolling social care workforce training programme for all practitioners completing statutory EHC advice utilising the Council for Disabled Children's training resources. Ensure all practitioners have good understanding of their role and how it fits with other agencies. Build upon existing training/support document for advice	A rolling programme of Social Care, SEND and EHCP Training has been in place for 2 years and uses CDC training resources which have been adapted to meet needs and process in Shropshire and is refreshed quarterly to respond to audit findings to close the learning loop. The training is offered monthly to the Social Care and Targeted Early Help workforce. 92% of practitioners in Targeted Early Help who may write or quality assure social care advice for EHCNA have completed this	Sep 24	-	

	<p>writers as a live document and possibly turn into training materials.</p>	<p>training (as of Sept 2024). Due to the transient nature of the Social Care workforce only approximately 30% of social workers/practitioners have attended this training to date. 80% of Social Workers who are in the Disabled Children's Team have attended the training. A proactive promotion of the training took place during August 2024 with a view to increasing attendance. 100% of new workers joining Children's Social Care receive a mandatory SEND induction session with the DSCO which includes EHC advice and is delivered on a monthly rolling programme. All practitioners who are requested to complete Social Care advice for EHCNA are offered a 1:1 DSCO consultation to support their knowledge and understanding of what good quality advice is and to help inform the advice being provided for an individual CYP. Training resources, including advice exemplars, to support advice givers is held on the Social Care CPD Hub which is accessible electronically for the whole workforce. A programme of attendance at Social Care team meetings is scheduled to refresh practitioner knowledge and understanding around the Social Care roles and responsibilities and legislation in respect of EHCP's. Annual Review training for Social Care practitioners is currently under development, using CDC resources as the evidence base. Until this is rolled out practitioners are signposted to the CDC e-learning.</p>			
	<p>5.1.19 Continue to deliver and promote rolling health training programme covering EHCP advice and annual reviews, ensuring an appropriate level of uptake from health.</p>	<p>Continuing to promote training programme for NHS health colleagues. Report - Overview of Health Quality Assurance to ensure understanding of SEND and good quality Education, Health and Care Plans (Sept 2023, shared within 12-month review). SEND Health Operational Meetings offer the opportunity to</p>	<p>Sep 24</p>	<p>–</p>	

		<p>learn as peers from other colleagues working across the system. DCO is reviewing a ECHNA Advice self-assessment checklist, this will be incorporated into future training sessions.</p> <p>Future sessions with 0-19 service planned into 2025. Training is offered as part of the quality assurance process, where advice requires improvement SEND leads are aware of the training offer. Exemplar advice is available to demonstrate what good looks like. DCO reviews health advice on a weekly basis via panel to provide QA and identify any further training needs.</p>			
	<p>5.1.20 Develop a rolling Educational Psychology workforce training programme for all practitioners completing statutory EHC advice utilising the Council for Disabled Children's training resources. Ensure all practitioners have good understanding of their role and how it fits with other agencies. Build upon existing training/support document for advice writers as a live document and possibly turn into training materials.</p>	<p>BPS/AEP professional guidance for Shropshire and an updated template with guidance on it has been shared with the team. This guidance has also been shared with locums and associates. QA tools to support self-checking are in the process of being developed, these will feed into supervision policies and processes. All locum and associate reports are QA'd by the PEP and SLT. The service has previously completed training on person centred outcomes and have necessary resources at their disposal. The EPS are now looking at trialling Joint Assessment Meetings so that outcomes are provision are co-produced with parents, schools and agencies to ensure good quality Advice and therefore good quality EHCPs.</p>	Dec 24	–	
	<p>5.1.21 Improve the quality of statutory social care advice for EHCNAs.</p>	<p>All Social Care advice for EHCNA is quality assured by the DSCO, including advice that has been completed by out of county practitioners. Between November 2023 (when the QA activity commenced) and August 2024, of Social Care advice submitted for EHCNA 41% was rated as Outstanding; 16% as Good; 37% as Requires Improvement and 6% as</p>	Dec 24	–	

		<p>Inadequate. During the same timeframe, of Targeted Early Help advice, 30% was rated as Outstanding; 33% as Good; 33% as Requires Improvement and 4% as Inadequate. All practitioners across Social Care and Targeted Early Help are offered a consultation with the DSCO to support their writing of advice and evidence demonstrates that where this offer is taken up advice is of an improved quality. Quarterly dip sample audits of Social Care advice are carried out by the DSCO using an audit form which was co-produced with Parent Carers as part of the wider QA Framework, the learning from which is fed back to individual practitioners via their supervision meetings and thematically in the form of a quarterly audit report and Learning Brief which is shared with the workforce. Learning from audits is incorporated into training to close the learning loop. The Q1 (April-June 2024) dip sample audit found 60% of advice judged as Outstanding, 20% as Good and 20% as Requires Improvement. This evidences an upward trajectory in the quality of advice over the last 12 months. A co-produced Social Care questionnaire for completion by Parent Carers at the point of an EHCNA request being made has been introduced to acknowledge the Care needs of CYP who may not be actively supported by statutory services. This is also designed to identify any emerging unmet needs so that appropriate support can be offered to families to avoid any escalation of need and offer the right support at the right time. Between February 2024 (when the questionnaire was introduced) and August 2024 40% of CYP having a new EHCNA request have had an accompanying Social Care questionnaire which has resulted in 53 families being offered support via Early Help. 39 CYP with a Social Care questionnaire</p>			
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		were already receiving support via Early Help or statutory social care so their questionnaires were shared with their practitioner to inform any unmet needs and further support required and provide additional information to support their social care advice. 65 CYP with a questionnaire were previously 'not known' to Social Care enabling support to be offered if unmet care needs had been identified.			
5.2 Actions to ensure an effective quality assurance process.	5.2.9 Include multidisciplinary QA on amended plans	A PfA themed Multiagency QA is taking place on 9 th October. An additional session focused on Early Years will take place later this term.	Nov 24	–	
5.3 Actions to ensure all current EHC Plans are updated and amended to meet new quality standards and issued within statutory timescales	5.3.4 Develop a performance monitoring system to provide reporting and Power BI dashboard data to monitor timescale for issuing finalised plans following annual review	An Annual review Power BI dashboard is nearing completion. Some data cleansing and updating was required to conduct final tests and ensure the Power BI functionality meets the needs of the range of users that will need to access the information. A focused review and cleanse of data is currently underway. Further work is being undertaken in short to medium term to automate Annual Reviews into LA systems to enhance efficiencies in processing.	Sep 23	–	
	5.3.7 Complete an audit of the quality of health advice, to include a sample of amended plans as well as standalone advice.	DCO competes weekly sampling of Health advice at each EHCP panel for decision to issue cases, this is RAG rated for all available advice. DCO views new and amended plans weekly at panel and reviews the quality of health advice via this forum. Comments are captured via the LA and draft plans are RAG rated by the group. Overview Report of Education, Health and Care Plan Quality Assurance from Health Autumn & Spring Term 2023 / 2024.	Dec 24	–	

		DCO has offers SEND health drop ins and 1:1 advice and support for LA SEND Officers to ensure the correct interpretation of health advice for plans and to identify any additional quality issues/ successes.			
	5.3.8 Ensure that social care, early help, EP, Health and other partners receive timely notification of upcoming annual reviews.	Termly reminders are sent to education settings. There is a need to develop an automated platform to ensure the information is available to all partners.	Dec 24	–	
	5.3.9 Ensure that all annual review processes are completed within the statutory 12 months by improving internal process.	Part of the role of the new annual review recovery team is to provide capacity to ensure that all plans are reviewed within timescales.	Dec 24	–	
	5.3.10 Improve the quality of statutory social care advice for Annual Reviews.	Annual Review training is currently under development for the Social Care workforce so that they have a greater understanding of their role in the process and to support the quality of advice provided. Until this is introduced as part of the training programme practitioners are signposted to the CDC e-learning. DSCO consultation is offered to practitioners providing advice for Annual Reviews. A new Social Care advice form has been developed to help focus advice and improve quality. This is yet to be embedded in practice.	Dec 24	–	
	5.3.11 Create a suite of co-produced new annual review guidance for key phase transition and preparation for adulthood.	A task and finish group is being set up to write this guidance as part of the EHCP workstream	Dec 24	–	

Impact measures to be achieved

Theme	Expected Impact	Baseline and collection method	6 months October 2023 (expected)	6 months October 2023 (actual)	12 months April 2024 (expected)	12 months April 2024 (actual)	18 months Sept 2024 (expected)	18 months September 2024 (actual)
5.1, 5.3	Families and children and young people tell us they have their special educational needs met in an appropriate and timely way	Complete baseline survey	More than 50% of families and children and young people have their special educational needs met in an appropriate and timely way	47% of parents felt that the Education, Health and Care Plan (EHCP) meets their child/young person's special educational needs. This figure was and 44% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time, within the expected timeframe we committed to	More than 75% of families and children and young people have their special educational needs met in an appropriate and timely way	38% of parents felt that the Education, Health and Care Plan (EHCP) meets their child/young person's special educational needs, however, in our routing feedback, 83% of parents agreed that the content of their EHCP reflects their child/young person's health and care needs. 27% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time, within the expected timeframe we committed to	100% of families and children and young people have their special educational needs met in an appropriate and timely way	38% of parents felt that the Education, Health and Care Plan (EHCP) meets their child/young person's special educational needs, however, in our routing feedback, 83% of parents agreed that the content of their EHCP reflects their child/young person's health and care needs. 29% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time, within the expected timeframe we committed to

5.1, 5.3	Families and children and young people tell us they feel included and well supported at SEND support	Complete baseline survey	Based on the initial baseline and increased response rate, more than 50% of families and children and young people feel included and well supported prior to EHCNA request	44% of parents felt that during the Education, Health and Care Needs Assessment/review process, their child/young person was included and well supported at their educational setting if they attend one	Based on the initial baseline and increased response rate of more than 75% of families and children and young people feel included and well supported prior to EHCNA request	37% of parents felt that during the Education, Health and Care Needs Assessment/review process, their child/young person was included and well supported at their educational setting if they attend one	100% of families and children and young people feel included and well supported prior to EHCNA request	47% of parents felt that during the Education, Health and Care Needs Assessment/review process, their child/young person was included and well supported at their educational setting if they attend one
5.1, 5.3	Families and children and young people are confident that their views and aspirations are reflected in the holistic	Complete baseline survey	Based on the initial baseline and increased response rate, more than 50% of families and children and young	53% of parents, when the Education, Health and Care Needs Assessment (EHCNA) or review was requested, felt their child/young person's wishes and aspirations for the future	Based on the initial baseline and increased response rate of more than 75% of families and children	56% of parents, when the Education, Health and Care Needs Assessment (EHCNA) or review was requested, felt their child/young person's wishes and aspirations for the future recorded and captured in the	100% of families and children and young people feel that their views and aspirations are reflected in	57% of parents, when the Education, Health and Care Needs Assessment (EHCNA) or review was requested, felt their child/young person's wishes and aspirations for the future recorded and captured in the application and 47% felt that their

	outcomes which underpin the basis of an EHCNA when the decision to assess is made		people feel that their views and aspirations are reflected in the holistic outcomes	recorded and captured in the application and 50% felt that their child/young person's wishes and aspirations for the future were reflected in the plan. In recent routine feedback 74% of parents felt that their child/young person's wishes and aspirations were obtained and included in the EHC plan (see below).	and young people feel that their views and aspirations are reflected in the holistic outcomes	application and 45% felt that their child/young person's wishes and aspirations for the future were reflected in the plan. In recent routine feedback 70% of parents felt that their child/young person's wishes and aspirations were obtained and included in the EHC plan (see below).	the holistic outcomes	child/young person's wishes and aspirations for the future were reflected in the plan. In recent routine feedback 69% of parents felt that their child/young person's wishes and aspirations were obtained and included in the EHC plan (see below).
5.1, 5.3	Families and Children and Young People tell us that the advice accurately reflects the Children and Young People's special	Complete baseline survey	Based on the initial baseline and increased response rate, more than 50% of families and children and young people feel	45% of parents felt that the professionals involved in the assessment/review process accurately reflect their child/young person's needs in their reports. and 46% felt listened to and included by the professionals	Based on the initial baseline and increased response rate of more than 75% of families and children and young	51% of parents felt that the professionals involved in the assessment/review process accurately reflect their child/young person's needs in their reports. and 44% felt listened to and included by the professionals	100% of families and children and young people feel listened to and included in the assessment process	55% of parents felt that the professionals involved in the assessment/review process accurately reflect their child/young person's needs in their reports. and 52% felt listened to and included by the professionals involved in their child /young person's

	educational needs and that they feel listened to and included in the assessment process		listened to and included in the assessment process	involved in their child /young person's assessment/review. 58% of parents felt that their child/young person's Education, Health and Care Plan (EHCP) accurately describes them. In recent routine feedback 84% of parents felt they were involved, able to participate and express their wishes and aspirations throughout the EHCNA process (see below).	people feel listened to and included in the assessment process	involved in their child /young person's assessment/review. 48% of parents felt that their child/young person's Education, Health and Care Plan (EHCP) accurately describes them. In recent routine feedback 80% of parents felt they were involved, able to participate and express their wishes and aspirations throughout the EHCNA process (see below).		assessment/review. 53% of parents felt that their child/young person's Education, Health and Care Plan (EHCP) accurately describes them. In recent routine feedback 80% of parents felt they were involved, able to participate and express their wishes and aspirations throughout the EHCNA process (see below).
5.1, 5.3	All partners, including PCF report improved communication and understanding of	Complete baseline survey	Based on the initial baseline show 50% of partners have increased confidence and	54% of partners have confidence and understanding of what is required in EHCNA process (agree/agree strongly). 34% felt the SEN team	Based on the initial baseline show 75% of partners have increased confidence and	90% of partners have confidence and understanding of what is required in EHCNA process (agree/agree strongly). 41% felt the SEN team communicated well.	100% of partners have increased confidence and understanding of what is	70% of partners have confidence and understanding of what is required in EHCNA process (agree/agree strongly). 22.5% felt the SEN team communicated well.

	what is required of them and across the different organisations within the statutory EHCNA process		understanding of what is required in EHCNA process	communicated well. 23% have received training	understanding of what is required in EHCNA process	37% have received training	required in EHCNA process	37.5% have received training
5.1, 5.3	Children and Young People will have their social care and health needs and provision accurately identified within the Education Health Care Plan	Establish baseline measure of Good or Outstanding Plans Method - Survey	Ensure minimum of 50% of new plans are good or outstanding	25 in total have been rated and are rated as 'good'. An additional 4 plans had multi-agency QA and were also rated 'good'.	Ensure minimum of 75% of new plans are good or outstanding	90% of new plans are rated good or better. In addition, in our routine feedback, 83% of parent carers felt that the content of their child's EHCP reflects your child/young person's health and care needs.	100% of new plans are good or outstanding	96.4% of new plans are rated good or better. In addition, in our routine feedback, 83% of parent carers felt that the content of their child's EHCP reflects your child/young person's health and care needs.
5.1, 5.3	Families and Children and Young People report that they receive	Complete baseline survey	Based on the initial baseline and increased response rate, more than 50%	44% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time.	Based on the initial baseline and increased response rate of more than	27% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time.	100% of families and children and young people have received	29% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time.

	their EHCP's within statutory timescales		of families and children and young people have received their EHCP within statutory timescales		75% of families and children and young people have received their EHCP within statutory timescales		their EHCP within statutory timescales	
5.1, 5.2, 5.3	Audit activity demonstrates all EP advice is completed within 6 weeks of request.	Current baseline established around 85% of EP advice received within 6 weeks of request Method - Performance Measures	Maintain minimum 85% compliance of EP advice received within 6 weeks of request	01.05.2023 - 30.09.2023 41%	Maintain minimum 90% compliance of EP advice received within 6 weeks of request	Oct 2023 to May 2024 82% of EP advice on waiting list has not waited more than 6 weeks. 51% of advice received within 6 weeks of request	Maintain minimum 100% compliance of EP advice received within 6 weeks of request	Jun 2024 to Sep 2024 84% of EP advice on waiting list has not waited more than 6 weeks. 47% of advice received within 6 weeks of request
5.1, 5.2, 5.3	Audit activity demonstrates all Social Care	Current baseline established around 85% of Social	Maintain minimum 85% compliance of Social Care	01.05.2023 - 30.09.2023 93%	Maintain minimum 90% compliance of Social Care	May 2024 92% of Social Care advice on waiting list has not waited more than 6 weeks. 100% of advice	Maintain minimum 100% compliance of Social Care	June to September 2024, 93% of Social Care advice on waiting list has not waited more than 6 weeks. 95% of advice

	advice is completed within 6 weeks of request.	Care advice received within 6 weeks of request Method - Performance Measures	advice received within 6 weeks of request		advice received within 6 weeks of request	received within 6 weeks of request	advice received within 6 weeks of request	received within 6 weeks of request
5.1, 5.2, 5.3	Audit activity demonstrates all Health advice is completed within 6 weeks of request.	Current baseline established around 85% of Health advice received within 6 weeks of request Method - Performance Measures	Maintain minimum 85% compliance of Health advice received within 6 weeks of request	May – Sept 23 Bee-U advice 88% , ShropComm advice 54% . We note that until Oct 23 the request for health advice have not been targeted to specific services. The mitigation around late advice is that DCOs have reviewed all plans at draft stage and acted where missing health advice has impacted significantly on the quality of the plan.	Maintain minimum 90% compliance of Health advice received within 6 weeks of request	May 2024 59% of Health advice on waiting list has not waited more than 6 weeks	Maintain minimum 100% compliance of Health advice received within 6 weeks of request	Average compliance it is 50% year to date for SCHT. SCHT are in the process of recruiting new members of staff to Comm Paeds and SaLT. Currently missing compliance from MPFT which is now under discussion with the provider. SEND Data Dashboard work is in progress now which will include EHCNA activity.

5.1, 5.2	All Education Health Care Plans are judged good or outstanding when measured against agreed Quality Assurance framework using the multi-agency audit tool	Current baseline assumed 0% Method - Performance Measures	Ensure minimum 50% of all new EHCP's are rated good or outstanding at audit points	25 in total have been rated and are rated as 'good'. An additional 4 plans had multi-agency QA and were also rated 'good'.	Ensure minimum 75% of all new EHCP's are rated good or outstanding at audit points	90% of new plans are rated good or better	Ensure minimum 100% of all new EHCP's are rated good or outstanding at audit points	96.4% of new plans are rated good or better
5.1, 5.2, 5.3	Learning outcomes are routinely used to inform workforce training and development to continually improve the quality of	Ongoing development cycle Method - Multi-agency training	Hold multi-agency training workshop to identify and share learnings and 100% of workforce have engaged in appropriate development	Multiagency event on 22 nd November will be a shared learning experience. Quality framework has been shared with parents and peer reviewed by Telford and Wrekin. Initial analysis of a quarter 2 dip sample audit has shown an overall	Hold multi-agency training workshop to identify and share learnings and 100% of workforce have engaged in appropriate development updates	The launch of the SOAP and toolkit to support Education settings in determining the SEN of CYP and support available. Ongoing training within Health and Social Care regarding writing Appendix Cs and Ds respectively. Ongoing training within Health and	Hold multi-agency training workshop to identify and share learnings and 100% of workforce have engaged in appropriate	Learning from draft EHCP QA is routinely embedded in the statutory assessment panel and routinely shared with partner services. Learning is routinely fed back to EHCP case officers via weekly team briefs, 1:1 feedback and support and termly whole team days. All case officers attend Resource Allocation

	Education Health Care Plans		nt updates	increase in the quality of Social Care advice, with advice judged as being 'good' or 'outstanding' increasing by 14% on the last quarter. This evidences some impact of learning briefs and face to face training.		Social Care regarding information required to inform an Annual Review report. Training offer to Education settings regarding writing good quality Appendix Bs and producing quality Annual Review reports. (Linked to APP). Ongoing training and support for SEN Case Officers at least termly.	developme nt updates	Panel and this serves as a peer learning opportunity. 95% of Early Help staff who contribute advice have received training.
5.3	Audit activity demonstrates all current Education Health Care Plans issued prior to August 2023 are rewritten/amended	Increased number of EHCP's issued prior to August 2023 are rewritten/amended Method - Audit measures	33% of EHCP's issued before August 2023 to be reviewed and updated	This process was begun in September and currently 99 have been completed.	66% of EHCP's issued before August 2023 to be reviewed and updated	44% of EHCP's issued before August 2023 reviewed and updated	100% of EHCP's issued before August 2023 to be reviewed and updated	36.7% of EHCP's issued before August 2023 reviewed and updated. (figure is lower due to number of plans in this category that have been ceased)

5.3	Audit activity demonstrates all current Education Health Care Plans issued prior to August 2023 that have been rewritten/amended are rated good or outstanding	From new quality standards introduced, establish baseline of number of current plans rated good or outstanding Method - Audit measures	33% of EHCP's issued before August 2023 are rated good or outstanding	Both new and amended plans are being included in QA moderation processes. 25 in total have been rated and are rated as 'good'. An additional 4 plans had multi-agency QA and were also rated 'good'.	66% of EHCP's issued before August 2023 are rated good or outstanding	92% of EHCP's issued before August 2023 are rated good or outstanding	100% of EHCP's issued before August 2023 are rated good or outstanding	Current rating for amended EHCPs, 90% rated good or better
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