One Torbay; working for all Torbay

Draft Template Version 2.4
March 10th 2022

Pillar 1:
Pillar 2:
Pillar 3:
Pillar 4:
Workstream membership
Glossary

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Improvement Pillar 1 – Joint Commissioning		

AFI 7 - Poor joint commissioning arrangements that limit leaders' ability to meet area needs, improve outcomes and achieve cost-efficiencies	Progress (BRAG)	
		Complete and Embedded
		Completed
		Progressing to Timescale
		Little or no progress/delayed

- Joint commissioning is underdeveloped. (P4 MF7)
- there remains a lack of joint working between services to tackle the issues with the pace of change that is needed. (P2 MF 1)
- This does not reflect what is needed to secure cost- efficiencies across the area to tackle bigger problems.(P4 MF7)
- opportunities to improve outcomes for children and young people with SEND and their families at the same time as saving money through joint ventures are under-utilised. (P4 MF7)
- Area leaders do not have a comprehensive knowledge of the needs of children and young people who receive support for their special educational needs but donot have an EHC plan (SEN support) in schools. (P6 AFD 2)
- Area leaders cannot commission with accuracy the services and support needed for this key group. (P6 AFD 2)
- Weaknesses in joint working across education, health and care, and the systems and processes for assessing children's and young people's needs are not strong enough (P13 AFI 6)
- Leaders' overall plans are not joined up enough to tackle the depth of these issues (P12 AFD16)
- Some young people with complex needs have little or no meaningful provision once they are 20 P12 AFD 17)

Focus Area 1. Establish a vision, strategy and a framework for joint strategic planning and commissioning and planning of services between education, health and care							
Ref	Milestone	Accountable Officer	Milestone Start	Milestone End Date	RAG	Evidence of Impact	Overall Impact of FocusArea

	Action		Date				
1A	Task and finish group of all partners to review and co-produce with Parents, carers and young people the existing SEND joint commissioning strategy to build a shared understanding and agreement on the definition of commissioning and how and where commissioning decisions are made					What evidence will we need and how will we demonstrate impact?	
1B	Mapping of current joint commissioning activity and opportunities for future joint commissioning (in line with SEND Code of Practice					What will be done about any gaps that are identified?	
1C	Embed effective quality assurance throughout all commissioning decisions					What measures can be used to identify the impact and learning from the QA?	

Focus Area 2   Establish clear and agreed governance and decision-making for joint strategic planning and commissioning for children and young people with decisions / progress well-communicated to the SEND community

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Ref	Milestone Action	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of FocusArea
2 A	Map the governance and decision making systems to align appropriately (in line with SEND Code of Practice)					Which bodies should be integrated into this – how will decision making be aligned? What impact are we looking for?	
2B	Agree principles and processes for how commissioners across the local area will work together to design and deliver services to meet need.					How will this be achieved – what should be the impact – how will it be measured?	
2C	Ensure information on commissioned services is shared to prevent the need for commissioning at an individual level and is understood by parents, carers and young people					Where do Comms fit and does it link with Local Offer – Impact measures?	

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Focus Area 3. Create an effective SEND JSNA demonstrating current and future health, education and social care needs of those living with SEN and Disability around which Commissioning is informed.							
Ref	Milestone Action	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of FocusArea
3 A	Renew the JSNA and expand it to integrate and incorporate education and social care data and link this to the development of a data suite that is shared and understood by all stakeholders that can drive strategic and operational planning (Determine whether SEND should be mainstreamed throughout the JSNA or become a discreet element)					How can we ensure that the JSNA incorporates all data that is necessary to plan for effective joint commissioning and planning? Impact?	
3B	Collate and review all existing datasets and determine whether they are fit for purpose and, if so, how they can be incorporated in a data suite (cross ref: 3A)					What do you need to do to get greater clarity about the usefulness of datasets?	
3C	Examine how to build best practice data into the data arrangements such that the information aids early intervention and appropriate commissioning and determine the most appropriate arrangements for monitoring performance against data and KPIs (cross ref;					How will this be done, what will the impact be and what sort of outcomes will we see?	

Improvement Pillar 2 – Inclusion

AFI 1 - **The lack of a suitably ambitious SEND strategy based on robust self-evaluation, and open co-production, and with the buy-in of all services across education, health and care and that includes measurable criteria for success**	Progress (BRAG)	
		Complete and Embedded
		Completed
		Progressing to Timescale
		Little or no progress/delayed

- Children and young people with ASD, SEMH difficulties or similar associated needs do not experience improved outcomes as a result of the reforms. (P12 AFD 16)
- Poor timeliness in identification and variability in inclusive practice (P12 AFD 16)
- There is too much variability in the implementation of the reforms across services. (P9 AFD 16)
- Some schools show a lack of commitment to the reforms.(P3 AFD 3)
- The rate of exclusion of pupils with SEND from school is too high (P3 AFD 6)
- The need to improve children's social care services has contributed to the stalled development of a useful SEND strategy. (P7 SFD 8)
- Children's needs are not met well, particularly in the mainstream school system (P7 AFD 8)
- Variability in the desire to be inclusive among some schools. However, there is a lack of a coherent strategy to improve this (P7 AFD 8)
- There is not a strategy in place to address this (exclusion) as robustly as is needed (P9 AFD 19)
- The proportions of children and young people excluded from school in the area are high and much higher than is typical (P9 AFD 19))
- Too often, this presentation (behaviour) is seen as a SEMH need or owing to weaknesses in parenting, rather than understanding that it has come about because of an underlying unmet need (P9 AFD19)

Focus Area 4. Create an ambitious co-produced SEND Strategy

	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of Focus Area
4A	Task and finish group created to develop a co-produced aspirational vision for SEND in Torbay so that there is a shared understanding in order to develop a shared set of key values that will underpin our work with children, young people and their families. (ambition, leadership, vision, accountability, achievable)					How will this be done? How will it be shared and agreed? What will the impact be?	
4B	Representatives from all agencies in the Local Area along with parents, carers and young people develop a co-produced SEND strategy which enables inclusive practice in all parts of the system					What are the areas that need covering in the SEND Strategy? How will we define them? What will the impact be?	
4C	Build a cross-authority agreement on shared values and outcomes involving all key stakeholders					How will we go about achieving shared values? What will the impact be?	
4D	Embed vision and values for children and young people across all Council departments and CCG					What is needed to embed this ? What will the impact be?	
4E	Involve parents, carers and young people in the development of the local offer					How do we get their views? What will the impact be?	

	Focus Area 5 – Establish a Self-Evaluation process to ensure the effectiveness of the Strategy					
5A	Establish a co-production group with children and young people and their families (built on listening and respect in order to hear all voices) to drive and embed the strategic approach				How will this be established? How will the evaluation be embedded? What will the impact be?	

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Improvement Pillar 2 – Inclusion

Area for Improvement 2 – Cultural Change

The deep cultural issues leading to weak co-production and the inability of children and young people with SEND and their parents and carers to be equal partners in strategic and local decision-making

Progress (BRAG)	
	Complete and Embedded
	Completed
	Progressing to Timescale
	Little or no progress/delayed

- Area leaders have only just started to work together to implement the SEND reforms. (P2 MF1)
- Leaders have been slow to turn their focus to this important work the impact of this new commitment is limited.Consequently, there remains a lack of joint working between services (P2 MF 1)
- The views of parents and carers are often treated as trivial in the decisions that are made about their children and young people. (P2 MF2)
- Many front-line professionals express views that parents and carers are difficult to engage with because of their social deprivation and own personal needs.(P2 MF 2)
- Too often, this is used as an excuse for poor co-production. (P2 MF 2)
- However, a lack of central leadership over many years has led to an entrenched culture among services to solve the challenges they face on their own. (P2 MF 3)
- The rate of exclusion of pupils with SEND from school is too high (P4 MF 7)
- Too many pupils are not accessing education because they are excluded. (P4 MF 7)
- Occasionally, parents state that school leaders are a barrier to children's and young people's needs being identified. (P6 AFD 5)
- too often, the default position is that presentation by children is assumed to be a behavioural issue because of poor parenting, rather than an indication of need. (P4 MF 7)
- children'sneeds are not met well, particularly in the mainstream school system (P7 AFD 8)
- variability in the desire to be inclusive among some schools. However, there is a lack of a coherent strategy to improve this (P7 AFD 8)
- A legacy of mistrust and poor identification and meeting of needs means that many families still feel that they need to fight for their children's rights (P8 AFD 14)

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Focus Area 6 - Does the lived experience of families inform all operational and strategic work across the SEND System?

	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of FocusArea
6A	Task and finish group, led by families, identifies, through a report to Strategic Board, how the lived experienceof families can be embedded in the work of all Local Area agencies to inform their work.					How will we define lived experience? How can it be captured? How can it be reported? What will the impact be?	
6B	Report to be presented to SEND Strategic Board to monitor the application of the report findings across the Local Area.					What is expected when the report is presented? What will be the outcome? What will be the impact?	
6C	Ensure that there is shared communication of all developments for parents, carers, young people and the wider professional body, including strategies such as Restorative Practice.					How will this be carried forward? What will be the impact?	
6D	Explore improvements in the use of both written and spoken language in communication with parents and young people, including the use of 'restorative language' in line with 'Language that Cares'					How can this be achieved? What will be the impact?	

Focus Area 7 - Partners agree a set of values led behaviours which are the basis of creating a shared culture across the local area leading to a co-produced SEND system							
Milestone Actions		**Accountable Officer**	**Milestone Start Date**	**Milestone End Date**	**RAG**	**Evidence of Impact**	**Overall Impact of FocusArea**
7A	Task and finish group of all partners established to co-produce an agreed set of values led behaviours, that are embedded across all parts of the Local Area so that parents, carers and young people are listened to and heard. *(What would it feel like if the culture was right?)*					What types of values led behaviours are we looking for? What will be the impact?	
	Develop strategies to provide peer to peer support for parents to remove the fear that mainstream schools will not be able to provide for their children and young people					What kind of strategies are needed? How will we know they are working? What will be the impact?	
7B	Develop and agree an action plan to implement the values across all parties.					How will we do this? How will we measure its success? What impact will we measure? How?	
7C	All agencies to co-produce changes to their interactions with families, which will implement the agreed values led behaviours, to cover all forms of communication					Will these be puvlished? How will they be agreed? How will they be measured? Impact?	
7D	Create a Local Area assessment process to review and assess the impact of changes and report to SEND Strategic Board on a regular basis.					What will it look Like? How will it be evidenced and reported?	

Focus Area 8 - What do we need to establish so that Leaders across the Local SEND Area understand the impact of culture work and hold each other to account?

	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of FocusArea
8A	Identify in a Workforce Development Plan that agreed values are embedded at all stages from appointments through to 1:1 /Supervision / Appraisal meetings *(Consider a People Plan?)*					What agreement is needed to get it embedded? How will we measure the impact? How will it be demonstrated?	
8B	Determine whether there are other authorities where this culture is in place, or examples in this Local Area, that could help in delivery. *(Build in examples of work that are already in place in Torbay)*					Implementation stage?	
8C	Work with parents, carers and young people to assess how well values led behaviours are being implemented.					What process is needed? How will we measure the implementation?	
8D	Work with Local Area agencies, schools and settings to develop the values led behaviour model so that there is trust by parents, carers and young people across the system					Implementation Stage? How? What impact will be seen?	

Improvement Pillar 2 – Inclusion

Area for Improvement 3 – Joint Working

The lack of joint working between services, which prevents area leaders working collaboratively to secure more consistent outcomes for children and young people with SEND and their families

Progress (BRAG)	
	Complete and Embedded
	Completed
	Progressing to Timescale
	Little or no progress/delayed

- Area leaders have only just started to work together to implement the SEND reforms. (P2 MF 1)
- Children and young people with SEND and their families are not at the centre of leaders' work to implement the reforms. There are no formal arrangements in place for leaders to engage with children and young people with SEND. (P2 MF2)
- Too often, this is used as an excuse for poor co-production (P2 MF2)
- children and young people with SEND and their parents and carers are not able to contribute to strategic and individual planning. (P2 MF2)
- The views of parents and carers are often treated as trivial in the decisions that are made about their children and young people (P2 MF2)
- Joint working between services is limited.(P2 MF3)
- Some schools show a lack of commitment to the reforms (P4 MF4)
- However, a lack of central leadership over many years has led to an entrenched culture among services to solve the challenges they face on their own. (P2 MF3)
- This leads to inequality and varied access for children and young people with SEND in the area. (P2 MF3)
- The quality of education, health and care (EHC) plans reflects the lack of joint working between education, health and care. (as in section 6)
- they do not include the holistic outcomes that are planned to be achieved through joint working between services. (as in section 6)
- slow autism spectrum disorder (ASD) assessment pathway, have led to a lack of timeliness inidentifying the needs of children and young people.
- Variability in the strength of school provision means that some pupils go through the system without their needs being properly understood or met. (As in Section 4)
- Little evidence that children and young people with SEND and their families benefit from a more joined-up experience.
- Area leaders' response to the pandemic has been hampered by weaknesses in joint working and checks on the effectiveness of their initiatives
- The 0–19 service now has two teams in response to challenges createdby the pandemic, this did not help services reach the children and young people with SEND and their families in the way that was intended.
- many children and young people with SEND needing support as a result of their additional needs were not identified
- Weaknesses in joint working across education, health and care, and the systems and processes for assessing children's and young people's needs are not strong enough (As in Sections 6 & 7)
- those workingwith families are not able to contribute fully to meeting children's and young people's wider needs, particularly in preparation for adulthood (As in Section 5)
- There is variability in the implementation of the SEND reforms across health andcare services. (As in Section 8)

- The uptake of the annual health review for young people with SEND aged 14–25 years with their GPs is lower than is typical.
- Area leaders have failed to sustain effective ways of engaging with parents and carers. Weaknesses in parental engagement leading into the pandemic meant that when PCF members needed to look after their own children, the PCF stopped operating.
- Parents and carers have not been involved in the development of the website
- Leaders' overall plans are not joined up enough to tackle the depth of these issues

Focus Area 9. Ensure we understand and embed the lived experience of families so that it informs all operational and strategic work across the SEND system?

	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of Focus Area
9A	Ensure information on pathways to other services is easily accessible through updating the local offer using children, young people and their families as advisors (cross ref to 5a)					How will this be done? Where will it be available? How will we know it is working? What impact?	
9B	Explore the possibility of training 'peer support parents and carers' to attend meetings to support parents and provide a continuity of support					How? Where? Impact?	

Focus Area 10. Implement a tell it once approach

	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of Focus Area
10A	Task & Finish group to review the processes within SEND across all agencies and schools to taking a 'tell it once' approach, addressing how families currently experience telling their story					What will we see? How well is it covered across agencies? Impact?	

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| 10B | Implement a consistent system, with input from parents and carers and young people so that relevant information is carried forward to those who are involved with the family. | | | | | Is it working across all agencies? | |

Focus Area 11 – Do we need to consider Workforce Development needs so the agreed values are embedded through partnership wide workforce development?						
	Milestone Actions	**Accountable Officer**	**Milestone Start Date**	**Milestone End Date**	**RAG**	**Evidence of Impact**	**Overall Impact of Focus Area**
11A	Design a People Plan, embodied in policy; including arrangements to co-ordinate the learning opportunities and monitor the uptake and impact of training						
11B	Ensure that the People Plan is implemented and the vast majority of staff are in permanent and established positions and there is a high level of satisfaction in working conditions						
11C	Move away from 'them and us' culture to develop a shared approach using a programme of workforce development and training that is based on children and young people and their families 'lived experience' and develops trust between services and agencies.						

	Focus Area 12. All stakeholders to be committed to the principles of working together with equal voices, to shape a co-produced approach to meeting the needs of children young people and their families at all levels?						
	Milestone Actions	**Accountable Officer**	**Milestone Start Date**	**Milestone End Date**	**RAG**	**Evidence of Impact**	**Overall Impact of Focus Area**
12A	Ensure health and social care are embedded in EHCPs and that they are involved at earlier stage through co-production.						
12B	Ensure the voluntary and community sector are seen as equal partners by developing a shared culture of respect and dignity (cross ref: 5a and 4a – will also go into culture)						
12C	Co-production task and finish group creates a partnership plan for communication to and with families, including a central point of contact.						
12D	Partnership Plan is implemented across all teams in a co-ordinated manner						
12E	The Council and CCG issue a public statement of commitment to working with a wide range of parent carer groups						
11F	The Council and CCG agree respective senior officers, within SEND Startegic Board, with lead responsibility for co-production in their organisations, who receive regular reports on the outcomes of the quality assurance framework for co-production.						

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Improvement Pillar 2 – Inclusion

Area for Improvement 4 – Graduated Response

The variability in the implementation of the graduated response, leading to slow identification, high levels of exclusion, some poor inclusive practices, and inequitable access and experience of the system across education, health and care

Progress (BRAG)	
	Complete and Embedded
	Completed
	Progressing to Timescale
	Little or no progress/delayed

- The rate of exclusion of pupils with SEND from school is too high (P3 MF6)
- Variability in the strength of school provision means that some pupils go through the system without their needs being properly understood or met. (P3 MF6)
- some children and young people with SEND develop behaviours that challenge. Others lack self-esteem because their needs have not been met for prolonged periods of time. (P3 MF6)
- the high proportion of pupils identified as having primary social, emotional or mental health (SEMH) difficulties…….there is a high demand on (CAMHS), (P3 MF6)
- Too many pupils are not accessing education because they are excluded. (P3 MF6)
- Many children and young people's needs are not identified accurately or quickly enough. This contributes to challenges in the behaviour because their needs are not met well or early enough. (P5 AFD 1)
- A higher proportion of children and young people than is typical being issued with an EHC plan. (P5 AFD 1)
- The neurodevelopmental pathway, which includes the ASD pathway, is not effective. (P5 AFD 3)
- The effectiveness of early identification in schools is too varied. (P5 AFD 5)
- Too often, the default position is that presentation by children is assumed to be a behavioural issue because of poor parenting, rather than an indication of need. (P5 AFD 5)
- Several parents experience shock and feelings of isolation when their children's needs are identified late. (P5 AFD 5)
- Not enough is being done to enable children and young people, particularly those who are disadvantaged, to have their needs identified in a timely manner. (P5 AFD 5)
- The implementation of the graduated response reflects the lack of consistency in the area (P7 AFD 8)
- A legacy of mistrust and poor identification and meeting of needs means that many families still feel that they need to fight for their children's rights (P8 AFD 14)
- Too often, this presentation (behaviour) is seen as a SEMH need or owing to weaknesses in parenting, rather than understanding that it has come about because of an underlying unmet need (P9 AFD 19)

Focus Area 13 - . The Graduated Response used effectively so that needs are identified in a timely way to enable children, young people, parents, carers and professionals to access appropriate support and resources

	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of Focus Area
13A	Task and finish group established of Local Area officers, partners, schools, colleges, parents, carers and young people to review the implementation of the current Graduated Response documents.						
13B	Broaden the graduated response to include health and social care and ensure it is known and used throughout the system						
13C	Build training to develop the knowledge in schools, to ensure a level playing field for children and young people with SEND, mapping available pathways to provision and fill any gaps (cross ref 1B)						
13D	Schools, settings and other agencies, along with parents and carers, agree to implement the outcomes of the review and use the Graduated Response as part of any requests for assessment						
13E	Develop a more accessible, on- line version of the documents, linked to information on strategies and support to aid providers and inform parents, carers and young people.						
13F	Move to a needs led rather than diagnosis led approach with children and young people at the centre						

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Focus Area 14 – Identification of support through social prescribing						
14A	Identify how teachers./SENDCOs/parents can identify and access support for SEMH needs support when it is emerging.					
14B	Identify how teachers./SENDCOs/parents can identify and access support for mental health needs support for pupils with autism.					

Improvement Pillar 3 – Becoming an Adult

Area for Improvement 5 – Becoming an Adult The poor range of opportunities and choice for children and young people with SEND when they reach 16 or transition to adulthood	Progress (BRAG)	
		Complete and Embedded
		Completed
		Progressing to Timescale
		Little or no progress/delayed

- Their EHC plans focus too much on education, rather than on supporting independent living as they move into adulthood. (P3 MF 4)
- Progress in delivering a cohesive offer for young people with SEND post-16 and up to age 25 across education, health and care has been slow. (P3 MF 7)
- Some areas of strength, such as the specialist school offer, are not maintained for young people when they turn 19. (P3 MF 7)
- Many areas of the health offer for young people end when they turn 20. (P3 MF 7)
- The uptake of the annual health review for young people with SEND aged 14–25 years with their GPs is lower than is typical. (P8 AFD 10)
- Opportunities and choices for young people as they transition into adulthood are limited. (P3 MF 8)
- Limitations in provision within the area. (P4 MF 8)
- Those working with families are not able to contribute fully to meeting children's and young people's wider needs, particularly in preparation for adulthood (P7 AFD 7)
- Opportunities and choices for children and young people in the area when they reach 16 significantly reduce. (P8 AFD 12)
- There is very little choice for young people to access education post-16. Some young people with complex needs have little or no meaningful provision once they are 20. (P8 AFD 12)
- Area leaders' work to improve the life chances of young people with SEND as they move into adulthood has had limited impact. (P9 AFD 18)
- The proportion of young people with learning disabilities who secure paid employment is low (P9 AFD 18)
- Some young people with complex needs have little or no meaningful provision once they are 20 (P9 AFD 17)

Focus Area 15 – There a comprehensive approach to the provision of Post 16 opportunities for those with SEND in Torbay							
	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of Focus Area
15A	Map post 16 provision to identify gaps including health and social care gaps using the Children and Family Health Devon as a basis						
15B	Establish a preparing for adulthood panel that identifies need from age 14 if not earlier, and, enables effective commissioning and focusing on supporting young people to become independent young adult						
15C	Explore the establishment of a 'one stop shop' for post-16 opportunities through use of community hubs						
15D	Explore curriculum change in schools to open up more vocational offers and work with secondary schools to capture information on aspiration for post-16 so provision can be effectively aligned						
15E	Develop a co-produced joint protocol between children and adult services to enable young people to be supported as they move from one service to another						
15F	Analyse 'ceased' plans to identify what has worked well and what could be better						

Improvement Pillar 4 – Quality Assurance and Community Engagement

Area for Improvement 6 – Quality of Education, Health & Care Plans	Progress (BRAG)	
	Complete and Embedded	
The wide variances in the quality of EHC plans caused by weaknesses in joint working, fair access and the timeliness of assessments	Completed	
	Progressing to Timescale	
	Little or no progress/delayed	

- The quality of education, health and care (EHC) plans reflects the lack of joint working between education, health and care. (P3 MF 4)
- Plans are generally education plans,with little and often no input from health and care.(P3 MF 4)
- The views of parents and carers are often treated as trivial in the decisions that are made about their children and young people. (P2 MF 2)
- Many front-line professionals express views that parents and carers are difficult to engage with because of their social deprivation and own personal needs (P2 MF 2)
- EHCPs do not include the holistic outcomes that are planned to be achieved through joint working between services. (P3 MF 4)
- Joint commissioning is underdeveloped (P3 MF 5)
- slow autism spectrum disorder (ASD) assessment pathway, hse led to a lack of timeliness inidentifying the needs of children and young people. (P3 MF 6)
- Their EHC plans focus too much on education, rather than on supporting independent living as they move into adulthood. (P3 MF 4)
- A higher proportion of children and young people than is typical being issued with an EHC plan. (P5 AFD 1)
- Weaknesses in joint working across education, health and care, and the systems and processes for assessing children's and young people's needs are not strong enough (P5 AFD 4)
- Children and young people with ASD, SEMH difficulties or similar associated needs do not experience improved outcomes (P9 AFD 16)
- Many service leaders have lost faith that any central direction will now make a difference.(P7 AFD 8)
- parents talk about meeting several different social workers and having to retell their stories each time. (P3 MF 3)
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Focus Area 16. The assessment process results in high quality EHCPs and Annual Reviews that fully meet the statutory requirements and is part of a co-produced, consistent and cohesive Torbay policy

	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of Focus Area
16A	**End to end review of EHCP and Annual Review processes across partners including parents, carers and young people. (cross ref to 13F)**						
16B	Review the current formats for seeking parent,carer and young people's views to ensure it is fully accessible and seeks a breadth of information and implement, building in the 'tell it once' action.						
16C	Create a system where parents, carers and young people understand and feel part of the process creating a feeling of trust in the system and publish on the Local Offer.						
16D	Explore the possibility, with all agencies, of developing 'drafting meetings' to create more collaborative EHCPs and look to implement these.						
16E	Ensure regular high quality assurance of EHCPs by SEND Team Managers is undertaken before issue (cross ref to 14A and 13F)						
16F	Create a rigorous quality assurance process, involving senior managers, that ensures that EHCPs and the processes are of high-quality specifying needs, provision and outcomes clearly and including the 'Golden Thread' of young people's, and parents' and carers' aspirations.						

Focus Area 17. There is high quality co-produced advice from all providers (particularly with parental and young people's views) within timescales where provision and outcomes are clearl from 0-25

	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of Focus Area
17A	Develop processes for early identification building on the strengths identified in Early Years						
17B	Develop the graduated response so that it is an agreed response reducing differences in policies and expectations in schools so that consistency and agreed approaches are based on what works for children. (cross ref: 12A)						
17C	All agencies to consider the quality of their listening to the views of parents, carers and young people.						
17D	Local Area agencies to implement quality assurance processes to ensure good quality advice is provided in a timely manner and devise and implement co-produced training to support and advise professionals. (cross ref 1B)						
17E	Task & Finish group to review the processes within SEND across all agencies and schools to taking a 'tell it once' approach, addressing how families currently experience telling their story						

Focus Area 18. There is a clear thread throughout the plans that reflects the desired outcomes for the young person, through to becoming an adult

	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of Focus Area
18A	Work with SENDIASS and College to build on their experience of increasing life chances for young people, particularly for those with Autism						
18B	Attach greater importance to each child and young person's aspirations so that they are fully considered and are individual to the plan.						
18C	Review the current processes for including PfA at all relevant stages, ensuring that PfA includes all young people including those not in settings or those in alternative provision.						
18D	Promoting the use of apprenticeships and internships for young people with SEND, within the Council, health and schools.						

Focus Area 19. There is a training and development programme for all teams to address consistency in advice, plan writing, Annual Reviews and casework

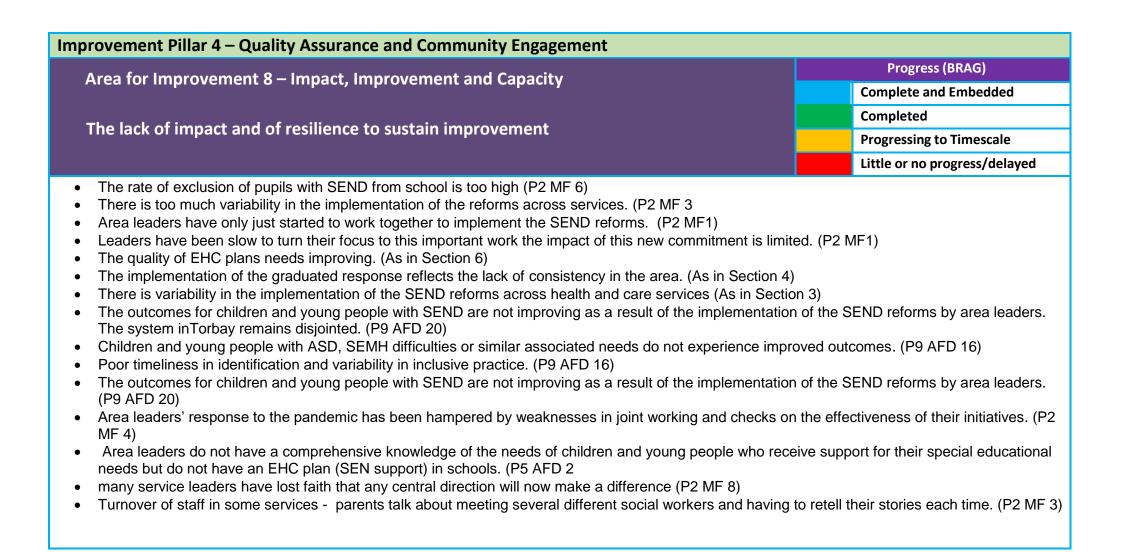|	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of Focus Area
19A	Implement a training and development programme for all teams to address consistency identification, provision of advice to support plan writing andraising standards.(cross ref 1B)						

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Improvement Pillar 4 – Quality Assurance and Community Engagement	
Area for Improvement 8 – Impact, Improvement and Capacity **The lack of impact and of resilience to sustain improvement**	**Progress (BRAG)**
	Complete and Embedded
	Completed
	Progressing to Timescale
	Little or no progress/delayed

- The rate of exclusion of pupils with SEND from school is too high (P2 MF 6)
- There is too much variability in the implementation of the reforms across services. (P2 MF 3
- Area leaders have only just started to work together to implement the SEND reforms. (P2 MF1)
- Leaders have been slow to turn their focus to this important work the impact of this new commitment is limited. (P2 MF1)
- The quality of EHC plans needs improving. (As in Section 6)
- The implementation of the graduated response reflects the lack of consistency in the area. (As in Section 4)
- There is variability in the implementation of the SEND reforms across health and care services (As in Section 3)
- The outcomes for children and young people with SEND are not improving as a result of the implementation of the SEND reforms by area leaders. The system inTorbay remains disjointed. (P9 AFD 20)
- Children and young people with ASD, SEMH difficulties or similar associated needs do not experience improved outcomes. (P9 AFD 16)
- Poor timeliness in identification and variability in inclusive practice. (P9 AFD 16)
- The outcomes for children and young people with SEND are not improving as a result of the implementation of the SEND reforms by area leaders. (P9 AFD 20)
- Area leaders' response to the pandemic has been hampered by weaknesses in joint working and checks on the effectiveness of their initiatives. (P2 MF 4)
- Area leaders do not have a comprehensive knowledge of the needs of children and young people who receive support for their special educational needs but do not have an EHC plan (SEN support) in schools. (P5 AFD 2
- many service leaders have lost faith that any central direction will now make a difference (P2 MF 8)
- Turnover of staff in some services - parents talk about meeting several different social workers and having to retell their stories each time. (P2 MF 3)

Focus Area 20- Exclusion data is analysed sufficiently to direct input so that exclusion rates are reduced?

	Milestone Actions	Accountable Officer	Milestone Start Date	Milestone End Date	RAG	Evidence of Impact	Overall Impact of Focus Area
20A	Explore how there can be parity of behaviour and policy/practices across schools.						
20B	Explore how those things that are already working, such as restorative processes and practices and training on attachment awareness can be utilised more fully. (cross ref: 1B)						
20C	Review the quality and use of alternative provision and its impact.						
20D	Create an increased knowledge of exclusions across all agencies. (cross ref 3A)						

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