

Summary stakeholder SEF discussions by group

The local area needs to know how well	What is working well	What could be even better	Actions which could be taken (by whom, when and priority 1-5 [5 is high])
<p>SEF Table 1 Evaluation criterion: Children and young people's needs are identified accurately and assessed in a timely and effective way</p>	<p><u>CYP</u></p> <ul style="list-style-type: none"> Talking to YP to understand what they need The information is usually passed on quickly The staff know YP needs, and they don't presume things Assessments are done effectively School can see signs that I need help <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> Specialist school meeting needs Once assessed they receive correct support Not working well - parents resorting to pay for assessments Once in system needs are identified <p><u>Education</u></p> <ul style="list-style-type: none"> Inclusion and adaptation for medical needs Becoming more data rich around identification Annual reviews EHC needs assessments Baselining at school start Multi agency work Strong partnerships Effective strategies Supporting most vulnerable School good in identifying needs using a systematic approach Within time limits Data <p><u>Health</u></p> <ul style="list-style-type: none"> We are mostly meeting 18-week referral assessment targets MDT meeting/inclusion panel to discuss cases Skilled clinicians Good quality assessments 	<p><u>CYP</u></p> <ul style="list-style-type: none"> Information for supply teachers prep for changes in staffing more information for subject teachers Understanding individual needs More help for students to understand their own needs Teaching YP how to express themselves Having fewer different teachers Making sure the student is involved and asked More staff to get to know YP better Educated to use the correct and current terminology i.e., Hearing impaired –deaf, visually impaired – blind Consideration for school timetable Journey to get to the right school provision was too long <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> Needs being identified, not ignored or punished Being listened to in order to be assessed properly and access the right setting Difficulty getting an EHCP, health needs and disability are seen differently to learning disabilities Staff listen to parents more and act on it Needs to start in early years Shorter and timely assessments Enter the system sooner Needs identified at right time and support put in place. <p><u>Education</u></p> <ul style="list-style-type: none"> Training offer for ECTs Access to specialists (SALTs/EPs) Keeping all stakeholders up to date Making the system more refocused to parent support Services understanding of SEND needs Access to specialists - EP/SALT/OT Understanding the difference between child at home and school. Health and social care more timely Rationalisation of info @ transfer Medical info quickly out of date <p><u>Health</u></p> <ul style="list-style-type: none"> The skills of mainstream schools in identification of SLCN are variable Community paediatrics/ADOS assessment wait times 	<p><u>CYP</u></p> <ul style="list-style-type: none"> Regular meetings like the SEND conference Make sure important information is passed on especially to cover teachers Ask the students Staff Training Time spent with student Communication between the schools/home and Health care Previous school needed more resources <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> Accountability in mainstream reflective outcomes that impact children not simple tick boxes To protect SEND children in mainstream from staff, more education and traction All children with SEN or disability have the right to assessment. Avoid situation where parents forced to pay themselves, impacts on families and outcome creates inequities Too many professionals/steps to get help Early identification form health, vital its linked up with education <p><u>Education</u></p> <ul style="list-style-type: none"> Training programmes for post Covid refreshers Rationalisation of data/information Create portal of live information for all Recruitment EHCP Portal Local authority partners use the same system. <p><u>Health</u></p>

	<ul style="list-style-type: none"> • Good communication with partners • Crisis/psychosocial assessments @ A&E • Once in receipt of support parents' value the support. • System working together to improve • SLCN - youth justice project • FACT and FACT+ understood well <p><u>Social care</u></p> <ul style="list-style-type: none"> • CWD/transition are working together • EHCP reviews • CSC process • EHCP link well • MASH timely assessments 	<ul style="list-style-type: none"> • Waiting lists for ADHD, Autism, CHAMS • Gaps in service provision • Referral forms and referral pathway • Information sharing between agencies • Limited resources and increased demands and complexities • Understanding of developmental language disorder - SLCN <p><u>Social care</u></p> <ul style="list-style-type: none"> • Co-locate with all partners • EHCP more celebratory tone. • Working collaboratively with partners 	<ul style="list-style-type: none"> • Training for schools to recognise and intervene at universal and targeted levels for SLCN • Increasing nurse led/SLT/AHP clinics • ICS CYP transformation programmes
--	---	--	--

<p>SEF Table 2 Evaluation criterion: Children, young people and their families participate in decision-making about their individual plans and support</p>	<p><u>CYP</u></p> <ul style="list-style-type: none"> • There is usually an opportunity to give feedback • Parents and carers get involved so they can pass on information • EHCP meetings • Lessons • Trips • School asks for my opinion and take the time to get to know me • Regular/daily check ins with parents and carers <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • Some Teachers are open and welcoming to parental contribution • The right people are in the room at the same time • EHCP needs in some settings, have been accommodating to changes • It's great to be involved in every step, however sometimes it shouldn't be left to parents to provide so much input. <p><u>Education</u></p> <ul style="list-style-type: none"> • Flexible models for engagement • Good Annual reviews for EHCPs and for SEN support plans • Co-production meetings work well. • Parents and CYP to contribute and are vocal 	<p><u>CYP</u></p> <ul style="list-style-type: none"> • Observing and recording is important. • Making meetings more fun and shorter so YP want to attend • More evening opportunities or more notice • If someone doesn't seem to be listening find someone that does and can help • Not having parents speak for you/YP need to have their own voice • Staffing • Coffee mornings <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • Plans should involve children supported by parents, not all children can advocate solo • Better communication between health and education • Does not feel collaborative, feels like need is talked down. • Already made a decision and parents have to agree, parents blame, coerced into agreeing. • Listen to what parents are saying – rather than making the decision as a school • Families to be included in decision making • Clearer information and easier access to information - We are not SEN experts <p><u>Education</u></p> <ul style="list-style-type: none"> • Checking that the balance is correct between the CYP and parent voice • Pre- and non-verbal pupil participation in EHCPs • Balance and resource of action • CSC involvement in EHC • CYP mental capacity may affect voice • Parents directed to local offer 	<p><u>CYP</u></p> <ul style="list-style-type: none"> • Look at the structure of reviews and make them more friendly • Give lots of notice for meetings • Advice for students • Not just advice for parents <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • Refusal to access – Better next steps and more support. • Better communication • Co-production parent and school • Be more inclusive parents are the expert on their children listen to us • Reparative to cover voices of parents using BSL <p><u>Education</u></p> <ul style="list-style-type: none"> • Visibility of the local offer and making it more user friendly • More use of advocates to get a true voice • Would like better communication from social care services with CYP and parents/care • Share how/when views are sought at quadrant • Dev, parent/carer understanding of purpose of sharing views • Sessions regarding Local offer • Centralised place for SEND info
---	--	---	--

	<p><u>Health</u></p> <ul style="list-style-type: none"> • The Strat assessment process allows parents to express aspirations • Involving/including whole MDT in meetings • Co-produce treatment goals with CYP and families • Inclusion and involvement of CYP and families in assessments • More complex reviews • CYP participation in health assessments and treatment plans. <p><u>Social care</u></p> <ul style="list-style-type: none"> • Processes are in place to gain views • Voice of child captured in meeting and individual reviewer • Advocacy for CYP • CIC pathway plans • Youth justice intervention • FGC in CIC 	<ul style="list-style-type: none"> • Understanding of education health and social care roles <p><u>Health</u></p> <ul style="list-style-type: none"> • CYP are less included in decision making • Capture/involve CYP views • Limits of service provision prevent true coproduction with CYP • Annual review process need to be invited in a timely way. • Sharing information, e.g. ADOS reports, parents are responsible for this. • IT systems don't connect together <p><u>Social care</u></p> <ul style="list-style-type: none"> • Greater flexibility and resources • Think about other ways to capture Exit planning /sign poster 	<p><u>Health</u></p> <ul style="list-style-type: none"> • Access to communication resources to support the voice of the child • Support more CYP to attend and contribute to reviews <p><u>Social care</u></p> <ul style="list-style-type: none"> •
<p>SEF Table 3 Evaluation criterion: Children and young people receive the right help and support at the right time</p>	<p><u>CYP</u></p> <ul style="list-style-type: none"> • Small class sizes and lots of staff means we get the support we need • Speak to a trusted adult • Take time out • Regularly use intervention mentors • Provision in place <p><u>Parents/care</u></p> <ul style="list-style-type: none"> • Severe SEND needs picked up quicker <p><u>Education</u></p> <ul style="list-style-type: none"> • Clarity of expectations • Support from SEND team/ specialist teaching teams • Support from mental health teams • Specialist teaching teams • Inclusion partnership 	<p><u>CYP</u></p> <ul style="list-style-type: none"> • In mainstream schools more support TA support is needed • Not putting so much pressure on the need to say what's wrong • More Staff • More resources • Medical appointments need to be more convenient and consistent • <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • Entirely reactive – everything has been pushed for by parents • Lacking links between pre-school and specialist school • Lack of training and awareness • More resources • Identify multiple needs quicker • Not working well • Diagnosis does not bring the support needed <p><u>Education</u></p> <ul style="list-style-type: none"> • Recruitment of teachers, TAS and MKCCC teams • Vacancies in teams result in impact on support available • Consistency in understanding voice e.g., the strength of different voices vs the actual and known evaluated 	<p><u>CYP</u></p> <ul style="list-style-type: none"> • Money <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • To start in early years early intervention • Make more use of available resources • Follow legal requirements deliver EHCP proactively • More streamline of needs - too many departments involved • More free support so parents don't have to use advocates/CFP • Not SENDIAS/questioning independence <p><u>Education</u></p> <ul style="list-style-type: none"> • Look carefully at the specific needs of CYP with high levels of need • Review of wider SEND services

- SEND support plan early identification
- Help identified through SEND assessment

Health

- The ASD assessment pathway has been redesigned leading to earlier diagnosis and support
- Experienced and skilled clinicians
- Evidence based interventions
- Seen very quickly in A&E

•
Social care

- Schools are provided some health services
- SLCN – youth justice
- MASH good at identifying needs and then what next
- ACT now – knife crime projects

- needs – making sure that no one voice is disproportionate
- When to seek the right support –awareness
 - Behaviour SEN
 - SALT particularly for vulnerable children and YP
 - Mental health team
 - CAMHS
 - Early help needed
 - Parents who shout the loudest get more
 - The support to meet the needs

Health

- There are still post assessment waiting lists for children with specialist SLCN
- More services developing a waiting well services
- Gaps in treatment across services
- CAMHS and schools are working well together
- Early intervention – resource capacity is limited

Social care

- Transition service could be more coordinated.
- Agencies to provide support to families
- Delay in accessing some services
- Much clearer referral pathways
- CIC to refer to ESP

Health

- The offer across the wider workforce needs articulating in a multiagency way, to ensure needs are met at universal and targeted levels before processing to specialist
- Managing expectations
- Sharing learning

Social care

SEF Table 4
Evaluation criterion: Children and young people are well prepared for their next steps and achieve strong outcomes

CYP

- Transition days
- Booklets and information
- Careers week
- Get more support with less students and more staff
- Calm environment
- Moving to a college getting prepared
- I am unstoppable, I don't need to worry about the stuff like how I will get up the stairs, that's already dealt with
- GCSE options that some schools do not offer like hair and beauty or Motor vehicles
- Small class groups
- 1-1 support
- Lots of information is shared and passed to the next year

Parents/carers

- Entirely teacher dependent
- This has varied very teacher and support specific
- At SEN school well prepared for next steps
- Parent involvement is good

CYP

- Support for interview skills
- How to apply for college jobs
- Physical experiences e.g., interacting with others and new people like conference
- Transition from school to college - better communication
- Transition week to start earlier so YP are more prepared
- Reduce pressure
- Calm down
- Secondary transfer phase easier, Romans field has multiple children from different locations
- Staffing resources

Parents/carers

- All transitions treated as important for Autistic Kids,
- Ensuring SEN kids are still pushed
- Transition from junior school to secondary was too broad - Not specific to YP needs and specialist support
- Timely reviews to enable planning and progress

CYP

- Workshops for YP in groups
- Heads reorganising transitions

Parents/carers

- Help at every transition stage
- Make sure services are timely.
- Clearer transition information and support in mainstream between years schools and settings
- Better steps to ensure children going into specialist have a smooth transition

	<p><u>Education</u></p> <ul style="list-style-type: none"> • Primary and secondary phased transitions are good. • EY Inclusion team and transition • <p><u>Health</u></p> <ul style="list-style-type: none"> • SLT care plans and reports are clear re next steps • Development of transition lead roles in complex medical needs and Mental Health. • CYP made aware of services working and supporting them. <p><u>Social care</u></p> <ul style="list-style-type: none"> • Transition pathway has been reviewed and refreshed • Yes – if needs are identified • No – if needs not assessed • SOFEA • McIntyre provider • Transition panel for adult social care support 	<p><u>Education</u></p> <ul style="list-style-type: none"> • Concern for KS4 education outcomes • Tertiary provision • Adult social services criteria are limited • More Varied work experience available <p><u>Health</u></p> <ul style="list-style-type: none"> • Discussing transitions earlier in EHCP reviews. • Measuring outcomes, we need to be better • Transition into adult services across all health services. <p><u>Social care</u></p> <ul style="list-style-type: none"> • Transitions in YOT • Better access to English and maths level 2 for all • YP to access workplace 	<ul style="list-style-type: none"> • Not in our experience with mainstream • Child does not have the understanding - not happening • LA- to support transitions nursery to primary as this impact YP mental health <p><u>Education</u></p> <ul style="list-style-type: none"> • Post 18 provision of SEND needs reviewing. <p><u>Health</u></p> <ul style="list-style-type: none"> • Talking about transition earlier • Joint agreed outcomes for preparing for adulthood. • Digital resources for ASD being pulled together • Consider group transition sessions for CYP and families <p><u>Social care</u></p>
<p>SEF Table 5 Evaluation criterion: Children and young people with SEND are valued, visible and included in their communities</p>	<p><u>CYP</u></p> <ul style="list-style-type: none"> • Depends on which community • Student panel • Student council • Good friendships and involved in the local community <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • The school Ethos is inclusive, they encourage all to be kind • They educate all about specific SEN <p><u>Education</u></p> <ul style="list-style-type: none"> • In schools - celebrated focussed on Inclusion. <p><u>Health</u></p> <ul style="list-style-type: none"> • There is lots of value currently given to understanding the autistic neurodivergent CYP • Availabilities of charities in MK • Range of SEND inclusive sessions • Inclusive health services 	<p><u>CYP</u></p> <ul style="list-style-type: none"> • Lack of understanding in the school for peer group - makes YP feel unsafe • Being Autistic is portrayed as weird • Impact of social media i.e., Tik Tok <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • SEN could be much more included and valued within school. • Pride is done well due to LGBTQ+ teacher, where is the SEND representation? • More training for teachers and students, mandatory for SEN and disabilities • All teachers get half termly update on all needs • Awareness taught in services, schools, health care, GPs across the board • Mainstream to be more inclusive of SEND <p><u>Education</u></p> <ul style="list-style-type: none"> • After school clubs • Access funding for support outside of school • Internship, Applicable to SEND <p><u>Health</u></p> <ul style="list-style-type: none"> • There is almost no awareness of developmental language disorder which is 7x more common the ASD and has mental health consequences 	<p><u>CYP</u></p> <ul style="list-style-type: none"> • More peer information on Autism • People with Autism feel that their peer group is tolerant of them • Support to deal independently with incidents from intolerant peers <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • The right access to the correct information training. • Make training mandatory and a priority – filtered to all • SENCO having more power in a mainstream setting <p><u>Education</u></p> <p><u>Health</u></p> <ul style="list-style-type: none"> • Training and awareness - raising of developmental language disorder and its impact on CYP outcomes • Supporting the voluntary sector more • How do we show impact and outcomes.

	<p><u>Social care</u></p> <ul style="list-style-type: none"> • Accessible community groups • Social events • Working with local groups to ensure inclusivity • If needs are identified yes • Interpreting services for a deaf child • Young offenders have additional SEN needs identified 	<ul style="list-style-type: none"> • Capturing the voice of the child • Supported apprenticeships <p><u>Social care</u></p> <ul style="list-style-type: none"> • 	<p><u>Social care</u></p>
<p>SEF Table 6 Evaluation criterion: Leaders are ambitious for children and young people with SEND</p>	<p><u>CYP</u></p> <ul style="list-style-type: none"> • Staff are there to help YP <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • Health – Physio and OT supportive and worked with parent to educate school • Health and education have been very positive <p><u>Education</u></p> <ul style="list-style-type: none"> • The majority of settings/school are inclusive and up for challenge • Accountability and ownership for high aspirations • They are ambitious but without the service to back it up • Ownership and oversight from senior leaders • Strong desire across provisions for children and young people to achieve and succeed • Consistency including academics • Majority of schools in MK are inclusive • Collaborative working • We want our children to do well – we are reflective <p><u>Health</u></p> <ul style="list-style-type: none"> • Stake holder events • Super Saturday surgery lists • Discuss national criteria expectations and measurements <p><u>Social care</u></p> <ul style="list-style-type: none"> • Knowing children well • CIC working creatively to find roles for YP despite barriers 	<p><u>CYP</u></p> <ul style="list-style-type: none"> • <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • Academically capable YP with SEN, feel they are left unnoticed if they are not failing. • Be ambitious for YP • Not labelling SEN YP as low potential and giving low targets • Leaders not ambitious for YP <p><u>Education</u></p> <ul style="list-style-type: none"> • Communication across and between services • Health and social updates for schools • Consistency from all schools and settings • Funding/resources • Appropriate provision • Communication within own services (NHS) <p><u>Health</u></p> <ul style="list-style-type: none"> • More services having focus groups • Ambition has to translate into actions – challenging with resources and demand <p><u>Social care</u></p> <ul style="list-style-type: none"> • Complex children with health needs - working more collaboratively with health colleagues • Shared ambition 	<p><u>CYP</u></p> <ul style="list-style-type: none"> • <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • Support children with reasonable adjustments, these need to be implemented by EHCP • Lack of schools to meet need, spaces in provision • Understanding in mainstream of SEN/BSL communication <p><u>Education</u></p> <ul style="list-style-type: none"> • Live updates (from data from new portal) • Continue to improve consistency • Training • System led approach to the local offer • Shared best practice • Training /CPD • Consider assessments and identification of gaps: Do they need the tools to assess? Tools and strategies to support <p><u>Health</u></p> <ul style="list-style-type: none"> • Autism project <p><u>Social care</u></p>
<p>SEF Table 7 Evaluation criterion: Leaders actively engage and work with children, young people, and families (coproduction)</p>	<p><u>CYP</u></p> <ul style="list-style-type: none"> • Parents and carers get involved so they can pass on information on • EHCP • School/college decisions <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • SEN provision - Very positive • From PACA perspective we feel they do • CFP yes, Health visitor and GP • No from BSL community 	<p><u>CYP</u></p>	<p><u>CYP</u></p>
		<p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • Head actively avoids engagement • Not much direct contact with LA or SEND team. • Actually listening to what parents are putting across and CYP understanding • No active engagement 	<p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • Actually deliver EHCP plan instead of missing it out – Follow the law • See our children work on what is seen rather than a piece of paper

	<p><u>Education</u></p> <ul style="list-style-type: none"> Youth participation group Early help and assessments Training and help for families Sometimes there is proactivity in engagement Areas of strength in terms of coproduction e.g., home to school transport Proactivity addressing areas of concern Proactive interventions are in place like the SEND conference Training/programmes for parents <p><u>Health</u></p> <ul style="list-style-type: none"> 15 steps at MKUH Local send event Good pockets of work Parent engagement Patients' participation PCF – health hold coffee mornings DCO role is very visible MKUH – open sessions for families /meet teams More co-production of board level <p><u>Social care</u></p> <ul style="list-style-type: none"> Working with PACA MK Carers Participation and gaining feedback from YP to inform service progression Engagement and participation 	<ul style="list-style-type: none"> No coproduction or action Currently tick box exercise <p><u>Education</u></p> <ul style="list-style-type: none"> More consistency in engaging with CYP/families Information is not always accessible when shared To continue working in partnership/schools/families Authentic partnerships, this needs to be more of a culture Communication/information that is accessible for all Need to understand the support and engagement of older CYP, including through cross agency working <p><u>Health</u></p> <ul style="list-style-type: none"> CYP engagement we need more of this Increase YP co-production and involving them in service improvements Can always do more <p><u>Social</u></p> <ul style="list-style-type: none"> Include children and YP more 	<p><u>Education</u></p> <ul style="list-style-type: none"> Continued collaboration Continued information sharing Post 16 focus to include consistency of support Increased access to support e.g. translators Continuers collaborative working with parents/families/carers Post 16- engagement of families when receiving EHCP <p><u>Health</u></p> <ul style="list-style-type: none"> We are listening to feedback about our EY parent training offer and modifying accordingly Staff development to support CYP co-production <p><u>Social care</u></p>
<p>SEF Table 8 Evaluation criterion: Leaders accurate self-evaluation and understanding of CYPs needs</p>	<p><u>CYP</u></p> <ul style="list-style-type: none"> Provision in place, Talking to YP to understand what they need The staff know YP needs, and they don't presume things School can see signs that I need help * <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> Individual provision does self-evaluate but as SEND as a whole in the local area unsure 	<p><u>CYP</u></p> <ul style="list-style-type: none"> Information for supply teachers prep for changes in staffing more information for subject teachers Understanding individual needs More help for students to understand their own needs Teaching YP how to express themselves Having fewer different teachers More staff to get to know YP better Educated to use the correct and current terminology i.e., Hearing impaired –deaf, visually impaired – blind Staffing * Repartition needs deleting <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> Training understanding the law Proactive and work for creative solution to help CYP meet outcomes They do not understand needs, it is all different - children are different More training for mainstream Don't feel they are understanding 	<p><u>CYP</u></p> <ul style="list-style-type: none"> Further research on this, including discussing with YP Regular meetings like the SEND conference Make sure important information is passed on especially to cover teachers Training Time spent with student Communication <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> Alternative option provision from external providers for Mental Health Quality of independent goals

	<p><u>Education</u></p> <ul style="list-style-type: none"> • Work well to understand the needs • Teachers are understanding of needs and reflective <p><u>Health</u></p> <ul style="list-style-type: none"> • Events like SEND conference • Understand YP needs • EHCP audits • BLMK health SEND group • CETR's feedback root cause analysis <p><u>Social care</u></p> <ul style="list-style-type: none"> • Individual services • Bright spots surely - CIC • Participation • Youth workers 	<p><u>Education</u></p> <ul style="list-style-type: none"> • Gaps around learning outcomes • Continuous self-evaluations – allowing for reflection time. • Frustrations for all around funding/resources to meet needs • All agencies working together <p><u>Health</u></p> <ul style="list-style-type: none"> • We need to understand the proportions of different levels of need within our population (U, T, S) • Having the infrastructure to implement changes that are required <p><u>Social care</u></p> <ul style="list-style-type: none"> • Getting feedback from service users • NEET • Home schooled 	<ul style="list-style-type: none"> • More Training and understanding • Lack of schools to meet need, spaces in provision <p><u>Education</u></p> <ul style="list-style-type: none"> • Checking that there a robust system across the area to allow individual self-evaluation information to be fed into the area evaluation • Parental views are continued to be shared and encouraged • Older pupils – encourage engagement <p><u>Health</u></p> <ul style="list-style-type: none"> • We could use published data to give an indication of the SLCN population • Local data Comparisons with national expectations <p><u>Social care</u></p>
<p>Table 9 Evaluation criterion: Leaders commission services and provision to meet the needs and aspirations of CYP</p>	<p><u>CYP</u></p> <ul style="list-style-type: none"> • <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • SEN provision positive • In a special school need are 90% met otherwise in mainstream a lot less 20% <p><u>Education</u></p> <ul style="list-style-type: none"> • Good reputation of SEN settings • Wider range of services and joint working with other LA, and early years settings • Specialist teaching team • Bespoke packages • Place planning <p><u>Health</u></p> <ul style="list-style-type: none"> • The key workers allocated to children/YP on the dynamic support register • MK deal • Mind crisis café <p><u>Social care</u></p>	<p><u>CYP</u></p> <ul style="list-style-type: none"> • <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • Individualised support for children • Recognise their potential • Actions to meet bespoke packages • Reactive rather than proactive • Misappropriation of Childs ECHP funding to help several other SEN YP and fail them as well. <p><u>Education</u></p> <ul style="list-style-type: none"> • Too reactive • Gaps in terms of FE • Making outcomes accessible for children and their families • Single point of contact, one referral that gets triaged to best place • Funding restrictions • Lack of Specialist schools to meet need. <p><u>Health</u></p> <ul style="list-style-type: none"> • Awareness of what support is out there • Gaps in service • Adult needs post 16 provision. • Funding/demand increased <p><u>Social Care</u></p>	<p><u>CYP</u></p> <ul style="list-style-type: none"> • <p><u>Parents/carers</u></p> <ul style="list-style-type: none"> • Meet YP needs with Dyslexia resources • Technology resources • Correct use of funding provision map • Listen to parents and children who know their children • Lack of schools to meet need, spaces in provision <p><u>Education</u></p> <ul style="list-style-type: none"> • Systematic approach to collating and analysing evaluation from all services in the local area • Joint commissioning • Everyone has a greater awareness of systems and provision in place <p><u>Health</u></p> <p><u>Social care</u></p>

SEF Table 10
Evaluation criteria: Leaders evaluate services and make improvements & Leaders create an environment for effective practice and multi-agency working to flourish

CYP

- Support in school
-

Parents/carers

- SEN provision is positive
- Needs to happen to ensure best outcome for children
-

Education

- Joint working with other agencies and professionals
- Leaders are evaluating trying to make improvements to support all

Health

- Gaps in service provision recognised and filled with new roles e.g. transition nurse
- Audits to guide change and enable improvements
- Multiagency improving at service level
- Good culture
- MDT approaches
- Transforming care
- Partnership programme

Social care

CYP

- Lack of communication
- Lack of support at home

Parents/carers

- Identify problems and make actions
- No, we do not feel certain needs are being met – BSL community

Education

- Greater consistency

Health

- We need to develop understanding of outcomes in order to design joined up multiagency/interagency services to meet those outcomes to avoid duplication of effect/waste of resources
- More of an MDT approach when making changes
- Different IT
- System and barrier, interoperability

Social care

CYP

- Parent workshops for better understanding and support at home

Parents/carers

- Parents talk about the fight for their kids when it should be a conversation towards the same outcome
- Training needs to be mandatory for schools
- Use technology
- EHCP – Delay for YP
- Time wasting exercise from schools
-

Education

- Individual service evaluation

Health

- More work to define outcomes at local area/service/individual level – with the golden thread to join them up
- CF Bedford model

Social care