Highlight Report for Strategic Management Group

Report of	SENDIASS	Date of Report	11/4/24
Author	Sarah Wike	Date of SMG	18/4/24

Key to RAG	At risk: There is a risk that this priority is not progressing as expected and this requires escalation from SMG to SEND OB. A mitigation plan may be required.		Vulnerable: The priority area is vulnerable due to lack of progress in some areas and may have implications for improvements. This may require escalation to SMG		On track: The priority area is on track for improvements and there are no issues raised.	
------------	---	--	--	--	--	--

Highli	ights								Challenges	RAG Rating
Case Work – Quarter 4 Total Number of cases = 470 this is an increase from quarter 3 which was recorded as 370 with 653 interventions within those case numbers, of the 470 cases there are 719 interventions recorded within those case numbers.							Unable to close cases timely.			
Comp	Comparison Data between the 4 quarters 2023 – 2024						Rise in request for appeal			
Q	EY	KS1	KS2	KS3	KS4	Post 16	Post 18	Unknown	work as it is a key phase transfer phase and these are level 4 case work	

Q1	41	73	100	171	88	24	9	79
Q2	48	55	90	133	64	34	13	76
Q3	56	69	118	174	92	24	8	112
Q4	60	72	151	219	74	36	8	99

Consistencies noted across the financial year data story indicates:

Highest primary SEND need requiring IAS continues to be ASD and SEMH (ADHD/Unmet or under assessment/awaiting assessment), with SEN as status but no diagnosis being second highest area of need.

Intervention Subcategories requiring IAS shows around a similar percentage profile between those children and young people in EHCP phases and those at SEN support phases.

Referral Source requiring IAS illustrates a gradual increase in referrals/signposting from partners across health, education, and care.

Mediation and tribunal requiring IAS illustrates a similar pattern throughout 75 percent of the financial year (Q1 -Q3) of around 20 tribunal appeals and approximately 60 mediations with an increase at Q4 by 10 for tribunal appeals.

interventions and require higher level of capacity from within the service offer.

Staff have required more support from manager due to some of the complexities of cases.

Parental expectation of what the service can do and does not do has been challenged and challenging.

Starting to see the impact of safety valve in operation around placements (section I of the EHCP).

Still have a high number of children and young people not receiving a full-time education.

Quarter 4 Data Reporting 1/1/24 – 31/3/2	24
Total number of referrals/requests for I/	AS = 470 (Interventions = 719)
Staff Case Work Activity	
Assistant Case Officer (37 hours pw)	171
Case Officers (100 hours pw)	264
Manager (37 hours <u>pw)</u>	35
Referral Sources – per Interventions 719	
Word of Mouth	111
Used Service Before	503
Websearch	12
Social Media	5
Social Care Partners	30
Health Partners	13
Education Partners	13
Unknown	32
The service saw an increase of 100 referrals in are still holding cases longer than we would li feel the pressure of the rise in demand for IAS term of this quarter we also had higher than a unused leave and this has meant the capacity where needed to staff as additional to their c	ike due to being unresolved. Staff S, however during the last half average annual leave taken due to to meet demand was redirected
the service. This was successful on the whole	with only a couple of low level

concerns raised about wai addressed swiftyly.	ting times for IAS	by case officers and this was
Friage – 1 month snapshot	of profile of refe	rrals.
February (1/2/24 – 29/2/24)	
Snapshot of profile of refe	rrals/enquiries in	to the service through Triage
Referral Source	Figures	Growth/Reduction to last snapshot report
Facebook	42	New Capture
Calls to Helpline	43	Increase + 28
Email	97	Decrease - 71
Requestry Online	60	Increase + 14
Other Services/organisations	21	Increase + 1
Previous snapshot data to	tal = 249	
Current snapshot data tot	al = 263	

What we are achieving	Maintaining the response	
TRIAGE – waiting time, referral turnover – 1-3 days on average 48 hours turn	time and time of demand	
around (increase from last quarter of 24 hour turn around).	for IAS.	
Assistant case officer managing high number of cases at level 1/2 of intervention		
levels. SENDIASS officers report the benefit of this when they then pick a case up		
as they feel the parents have already achieved a base level of information and		
advice.		
Joint working – partnerships with others continues to be developed – focus has		
been around promotional material, sharing knowledge and information and		
developing our links with the family hubs agenda.		
Strategic Networking and partnership working is going well, we report into the		
SEND Partnership Board.		
CRM – data story boarding and the annual collection for the SEND data		
dashboard is completed.		
Service development plan is completed.		
Service work together and have had some focussed sessions together as a team		
to look at collective responsibilities for SENDIASs offer – focus has been on the		
data story and supporting each other through peer mentoring coaching with		
complex case work.		
SEND Appeal session was held and this enabled the staff to cover more work for		
this area of IAS in a shorter time frame.		
Refreshed publicity leaflets and materials has been completed and we are in		
process of video development about what the service is and what it is not for the		
local area understanding.		
The outline for joint commissioning arrangements written and agreed, awaiting		
sign off and will then be published.		

SMG parent members have been offered IPSEA legal training relevant to their role within SMG.	
Work Underway Developing working arrangements with the Family Hubs – SENDIASS staff will work one day a week from a Hub and be effective partners with the family hub developments locally.	
Reflective practitioner layer to staff development has been implemented and this gives staff opportunity to provide critical analysis of the service offer's strengths, weaknesses, opportunities, and threats, to identify key issues for families and offer solutions to how the service can improve and develop.	
Keep under review the Cross Data system the service has in place to illustrate accurate data story telling for the quarterly reporting strategically and within the SEND Data Dashboard.	
Develop proactive links with the Consortium to achieve the relevant standards required for an IASS (2.3 The IASS works with local partners, including local parent and young people forums to inform and influence policy and practice in the local area).	
Production of a publicity video that will show case what IASS is in the local area and what it cannot offer.	

Work with SMG members and create a publicity resource about its role, who are members and what it can achieve in the local area.		
Develop and support SMG parent representatives.		
Service Development		
SENDIASS staff continue to work through the IPSEA legal training, and two case officers are now working through level 3.	Maintain staff value and resilience as case work	
PDRs are complete for all staff in readiness for the new financial year and service development plan.	demand increases. Retain case officers as they	
Supervisions take place monthly with staff.	develop more experience and skills.	
The team hold weekly touch down meetings for staff to drop in and out of dependant on commitments. This is where the team can raise issues as a team and also, we can problem solve or deep dive into a case to support individual staff members where a case is more complex.		