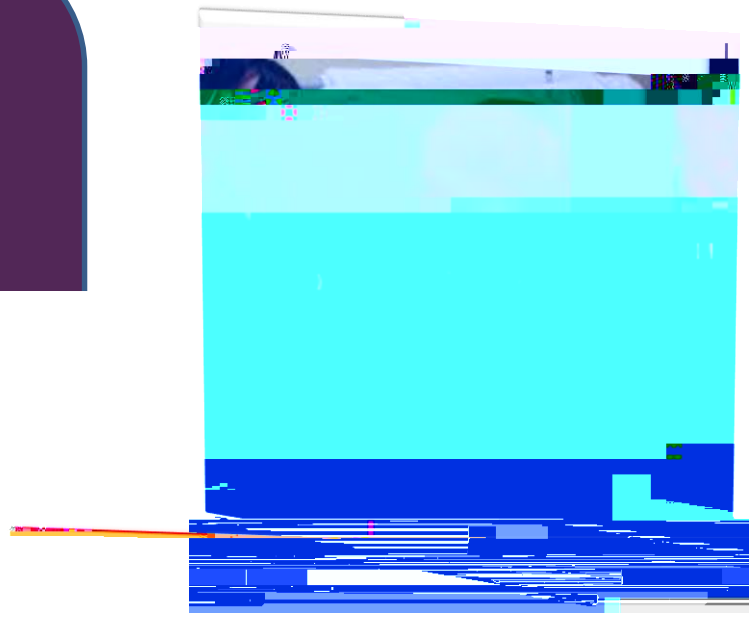
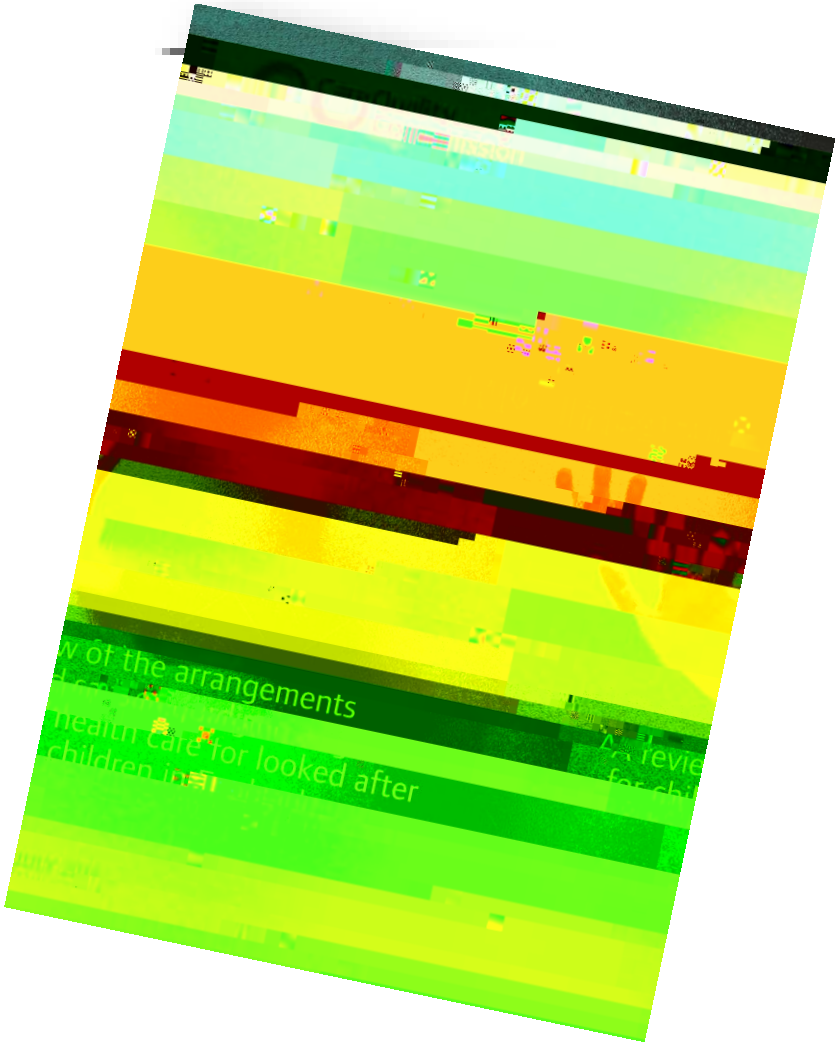
Introduction – Key Findings

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- Children and young people identified as needing SEND support had not benefited from the implementation of the Code of Practice well enough
- Children and young people who have SEND were found to be excluded, absent or missing from school much more frequently than other pupils nationally
- School leaders had used unofficial exclusions too readily to cope with children and young people who have SEND
- Access to therapy services was a weakness in half of the local areas inspected

Access to child and adolescent mental health services (CAMHS) was poor in over a third of local areas

There had not been enough progress in implementing a coordinated 0 ±25 service for children and young people who have SEND

& K L O G U H Q ¶ V D Q G \ R X Q J S H R S O H ¶ V 6 (1 ' Z H U H years, particularly for those with complex needs. Parents generally felt supported and involved in the process

In over a third of the local areas inspected, leaders across education, health and care did not involve children and young people or their parents sufficiently in planning and reviewing their provision (a process known as co -production)

Many local area leaders were unaware of the depth of frustration among local parents and what their concerns were about

A large proportion of parents in the local areas inspected lacked F R Q I L G H Q F H L Q W K H D E L O L W \ R I P D L Q V W U H D I needs

In the most effective local areas, strong strategic leadership had led to established joint working between education, health and care services. This underpinned their success when implementing the reforms of the Code of Practice

Professionals have made progress in dealing with the immediate challenges presented by the volume of cases of domestic abuse. However, domestic abuse is a widespread public health issue that needs a long -term strategy to reduce its prevalence.

Involving children, young people and their parents, families and carers in decisions about their care makes it easier to provide good quality care

Having a single key worker to co-ordinate care from different teams helps ensure care is joined up and enables the child to build up trust and rapport with a single practitioner

When services stay in regular contact with children and young people it improves their experience of care and helps bridge a gap if they are waiting for treatment.

Advance planning, good communication and information sharing between services makes it easier for young people to make the transition between services and from child to adult services

Putting the child at the centre makes it easier for teams to collaborate and overcome different professional and organisational cultures

Simple steps can make it easier for teams to work together ± joint meetings, co-location of teams

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A lot of good work has been done by agencies to improve the understanding of domestic abuse

All the JTAIs identified strengths where services were co-located. However, the benefits of co-location can be achieved without the need to locate professionals in the same building

Inspectors noted strengths in working with communities and minority groups in some local authorities

In all three reports, examples of good practice demonstrated
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Interviews with children, young people and their carers nearly
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Examples of innovative solutions to problems can be found in many inspections

In nearly all inspections there is a person, a group or a team
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their care.

The three JTAIs have been repeated, with slight amendments to the scope. For example, the CSE JTAI has a greater emphasis on gangs and County lines

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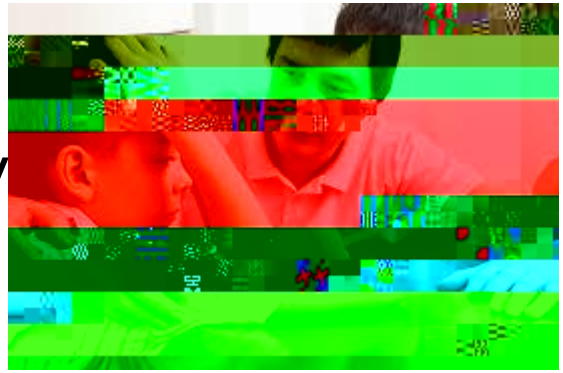

BREAKING NEWS ±2019
JTAI will focus on child and adolescent mental health services

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