

# Nottinghamshire RISE Support Summary Report

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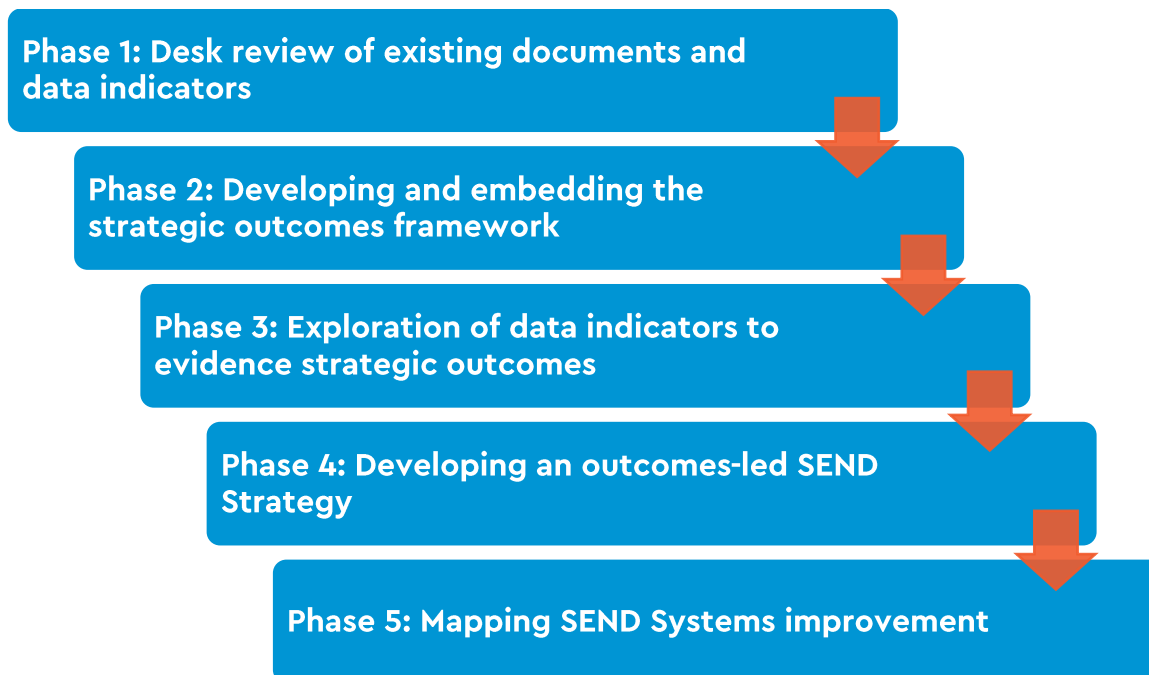
## 1. Background

Following Nottinghamshire's Local Area SEND Inspection, conducted by Ofsted and the CQC, the local area received Outcome 3: *'There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently.'*

The DfE Case Lead in particular identified that "[t]he local area does not use outcomes effectively."

In this context, the Research and Improvement for SEND Excellence (RISE) Partnership was commissioned through the DfE to undertake a programme of support, working with strategic partners in Nottinghamshire to identify and develop new strategic outcomes, and begin to embed them into a new SEND Strategy and ongoing Improvement Work.

To support leaders and colleagues in the local area in delivering an outcomes-led SEND Strategy, RISE delivered a five-step, phased package of support. It aimed to build a shared understanding of strategic outcomes and their purpose for colleagues and leaders across the partnership, how to evidence impact of improvement work in Nottinghamshire, and factoring this approach into an outcomes-led SEND Strategy. Towards the end of the initial support, CDC colleagues were invited by the DCS, alongside other local leaders, to offer feedback to the Nottinghamshire Improvement Board. This report will provide an overview of each of the phases of support, the outcomes and outputs and highlight areas of success and further needed development.



## 2. Programme of support

### 2.1. Phase 1: Desk review of existing documents and data indicators

This Desk Review applied the Outcomes-Based Accountability™ (OBA) methodology, an approach to shaping change that focusses on improving and monitoring outcomes, rather than outputs. The outputs were the services, programmes and systems that need to be put in place to support this. The outcomes are the changes in children and young people's lives that you (the local area) are aiming to initiate.

The Desk Review found that while there were outlined ambitions for children and young people, these were not explicit for disabled children and those with special educational needs (SEN) and their families. Drawing these ambitions out as metrics to be measured against would help communicate the aims and ambitions of Nottinghamshire's SEND Strategy.

Additionally, while there was a range of quantifiable data being recorded and shared in Nottinghamshire, there was no single strategic data-dashboard to evidence improvements against the desired measurable outcomes for disabled children and young people and those with special educational needs (SEN).

Overall, the review made 5 recommendations:

- There should be mechanisms to capture children and young people's views about their lives, as well as continue to capture parent carers' views separately
- Consider other sources of information held by services that work disabled children and young people, and those with SEN, in particular health and VCS organisations.

- Emphasise and prioritise health data sharing and establishment of health indicators, highlighting these indicators to colleagues to ensure their importance is embedded into practice, for future reporting and inspections, and to meet all statutory requirements.
- Ensure outcomes-based data indicators are included in the dataset. Outcome-based datasets should be able to answer, "so what?" and "what difference has it made?" questions.
- Develop a Data Dashboard that brings together the key data indicators to evidence strategic outcomes. These key indicators should be agreed against the themes of the strategic outcomes by a range of stakeholders. The workshop on the 6<sup>th</sup> of November should support you to do this effectively.

## **2.2. Phase 2: Developing and embedding the strategic outcomes framework**

In September, colleagues came together to develop understanding and explore the benefits of strategic outcomes as a guide for strategic planning. Colleagues from across Nottinghamshire, including parent/carers, strategic leaders, and education and health professionals attended.

Through the day, attendees were asked to take a holistic view of what makes a good life for a child or young person, and then focussed this view in on children with disabilities and those with SEN. These 'ingredients for a good life' were then themed to provide draft outcome statements that pertained to children and young people, found below. It was made clear that through consultation with children and young people and their families, as well as other professionals, these statements were likely to change and develop, while maintaining the core theme of the statements. This is a necessary part of the consultation and coproduction process to ensure they reflect the views and desires of the children and young people affected.

### **Draft outcome statements**

- Be well physically and emotionally.
- Be and feel safe.
- Be loved and valued by somebody I trust.
- Be prepared for the future I want.
- I want to play and have fun.
- Ask me first.

This workshop also resulted in an initial actions list for some attendees. These largely focussed on delivering wider consultation with disabled children and young people and those with SEN

to ensure these draft outcome statements were reflective of what they and their families consider to be the ingredients of a 'good life'.

### **2.3. Phase 3: Exploration of data indicators to evidence strategic outcomes**

The second in-person workshop introduced an outcomes-based approach to data, that is, how to evidence that there are improvements in meeting the strategic outcomes in Nottinghamshire. As well as exploring good practice, the findings of the Phase 1 Desk Review were presented.

Attendees worked in mixed groups to consider what the draft outcomes would actually mean for children and young people and their families, and what they would experience differently if these outcomes were met.

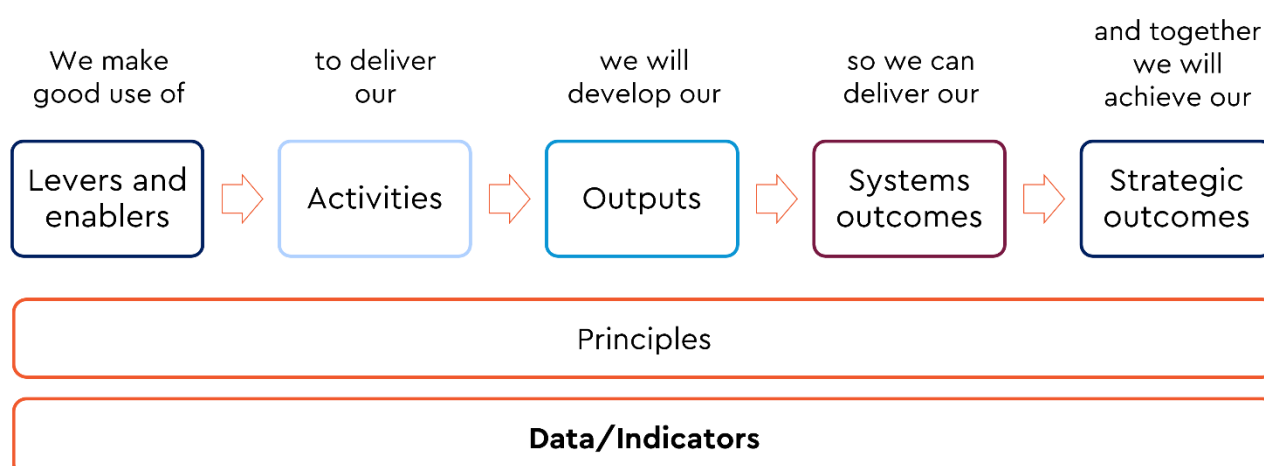
There was an opportunity to discuss barriers to a cross-system outcomes-based data dashboard that could work for and across local area partners to give a strategic level overview of outcomes for children and young people with disabilities and those with SEN. A summary of these identified barriers can be found in the Phase 3 Workshop Summary Notes.

Building on work from the Phase 2 workshop, attendees discussed proxy measures, or 'data indicators', to evidence the draft strategic outcomes, pending a wider consultation process. The summary of these, as linked with the Desk Review recommendations, can be found in Appendix 1, and the 'on-the-day' list of suggested data indicators can be found in the Phase 3 Workshop Summary Notes.

### **2.4. Phase 4: Developing an outcomes-led SEND Strategy**

This workshop built on the two before it and sought to bring the strands together. It explored what makes a good SEND strategy, considering good practice, and exploring the purpose of a SEND Strategy, as well as ways to communicate the Strategy to the affected communities.

At this stage of the process, this workshop also began to explicitly link the emerging features of the new Nottinghamshire SEND Strategy, the outcomes and data indicators, and the Priority Actions set in the *Priority Action Plan*. Overlapping with the previous workshop, attendees built on the identification of barriers contributing to each of the priority actions and sought to establish a logic model to begin to identify what was available to mitigate and overcome them. This logic model, following the progression of the simplified example below, sought to group the levers and enablers, as well as identify and define the activities and outputs that would lead to reaching the strategic outcomes currently being developed.



Using this model as a guide, groups contributed to a draft logic model as seen in Appendix 2.

The logic model helps to consolidate complex change. Attendees were asked to consider how they could use this document to communicate with families, the workforce, and external stakeholders to demonstrate their progress as an area. Attendees worked in groups and then provided feedback to the whole group from their discussions.

## 2.5. Phase 5: Mapping SEND Systems improvement

This final workshop was held as a half-day online session, bringing previous participants back together to review ongoing work being delivered by Nottinghamshire colleagues.

Nottinghamshire colleagues shared the newly developed data dashboard draft (Appendix 3). The original ambition was to align the data indicators (in the draft data dashboard) with the logic model and with the identified activities and outputs planned in the Phase 4 workshop (Appendix 2).

As discussions continued, it emerged that many participants wanted to instead feed back on the data indicators themselves to evidence against the draft outcome statements and the associated areas. Therefore, the session instead focussed on this aspect and allowed RISE colleagues to collect and feedback to Nottinghamshire about general themes and concerns around the data indicators, as well as multiple suggestions around 'data owners' who would be responsible for the collection and reporting of the data indicators outlined.

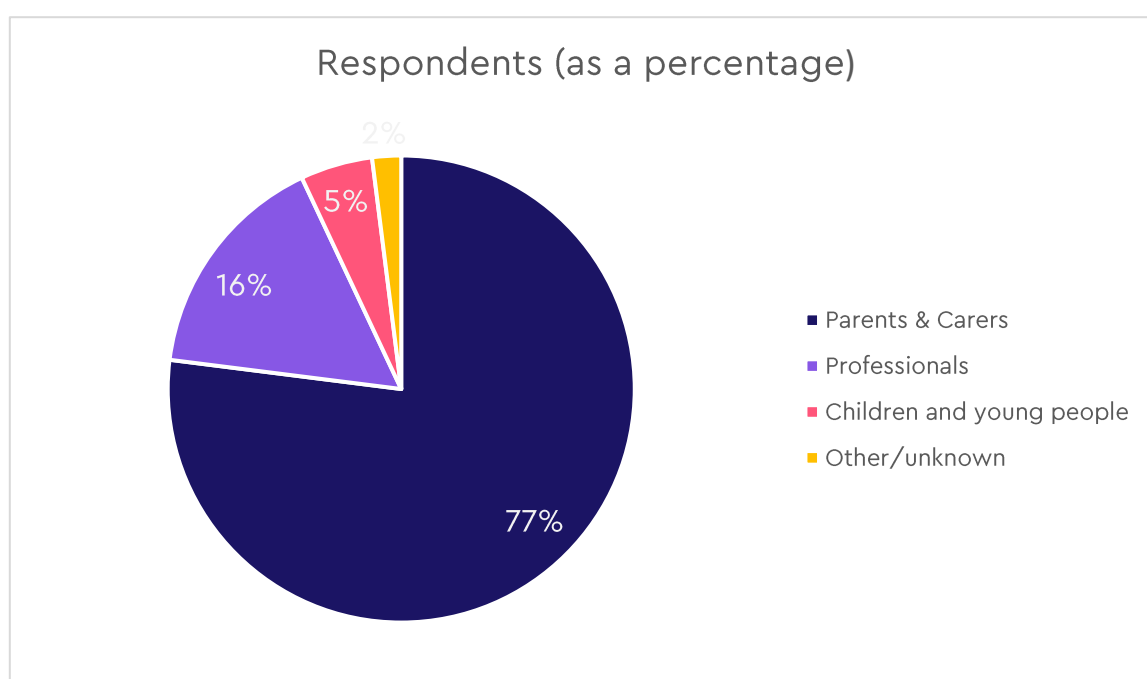
## 3. Action and Impact in Nottinghamshire

Following initial phases of RISE support, and alongside some aspects, Nottinghamshire colleagues planned and delivered a series of interventions against actions set in workshops and beyond.

An underpinning aspect of this work was a wide-reaching series of consultation events. This included a survey, the SEND Outcomes Survey that was shared through a range of networks, a series of 5 in-person SEND Strategy Engagement events, as well as an online event. Following requests from parents and carers, an additional seventh parent/carers-only event was held last week.

The SEND Outcomes Statement Survey received 557 responses, with 85% of respondents feeling that the proposed outcomes were 'very important'. Further information about responses can be seen below.

Outcomes	Percentage rated 'very important'
1. I want to be well physically and emotionally	92%
2. I want to be and feel safe	93%
3. I want to be loved and valued by someone I trust	89%
4. I want to be prepared for the future I want	81%
5. I want to be able to play and have fun	83%
6. I want to be asked first	73%



In total, close to 300 colleagues from across the partnership will have attended one of the Nottinghamshire SEND Strategy Events. This included more than 100 school leaders and SENCOs, approximately 75 health colleagues and more than 60 parents and carers.

Participants were asked in small mixed groups to consider the following three exercises:

1. Review the draft outcomes

2. Review the contents and layout of a SEND Strategy for Nottinghamshire – using examples from across the country for ideas a
3. The key actions required to deliver the outcomes for disabled children and young people and those with SEN.

Following these consultations, the outcome statements have been agreed, phrased as 'I' statements, and going further to also frame them as 'I need' statements. These outcome statements are as follows:

- I need to be listened to and heard.
- I need to be the healthiest I can be.
- I need to be safe and feel safe.
- I need to be accepted and valued by people I trust.
- I need to be prepared for my future.
- I need to enjoy life and have fun.

Additionally, Nottinghamshire colleagues have continued to work on the data dashboard draft (Appendix 3) to outline the indicators that will evidence the progress made against these outcome statements. This data is drawn from across the partnership, with owners being responsible for the collection and collation of it. Moving forward, the Nottinghamshire Partnership and Improvement Group (PAIG) will hold overall ownership.

## 4. Appendices

### 4.1. Appendix 1

<u>Outcomes</u>	<u>Number</u>	<u>Indicators</u>	<u>Notes</u>
Be well physically and emotionally	1.1	EHCPs issued within 20 weeks (inc exceptional circumstances)	
	1.2	EHCP pupils transferred from mainstream to special/independent schools	
	1.3	EHCP pupils transferred from special/independent schools to mainstream	This measure could be considered to show the impact of effective Ordinarily Available Provision and could be a proxy indicator for effective services.
	1.4	# of EHC Plans	
	1.5	# of referrals to Occupational Therapy (OT) team	While the number of referrals is useful to know, it should be considered in wider context to identify what impact it has had. E.g. % of CYP reaching EHCP outcomes related to their OT.
	1.6	Waiting times for Occupational Therapy Assessments	This answers the question of how well we have done and is useful alongside other health indicators to see how services are doing year on year.



	1.7	PC views on EHCP and ARs meeting needs and process	Specifying whose views are being sought is positive. It could include % levels of satisfaction to be more specific.
	1.8	PC Views on healthcare	As in 1.7, % would be useful
	1.9	% CYP with SEND who report that they know how to stay healthy and have the support they need to do so	Added by CDC
	1.10	% of CYP with long-term conditions who report these conditions are well managed	
	1.11	% CYP and parent carers who report the care and support they receive is right and appropriate for them	
Be and feel safe	2.1	% of fixed term exclusions for EHCP and SEN support CYP in education	
	2.2	% of permanent exclusions for EHCP and SEN support CYP in education	
	2.3	% absence for EHCP and SEN Support	
	2.4	Vulnerable children with an EHCP (by need: EHE, CPP, AP, Reduced timetable, CiN, LA)	A good way of seeing 'what has been done'
	2.5	% of CYP with SEND who feel safe and like they belong in their local community	Added by CDC

	2.6	% of CYP with SEND who feel safe and like they belong in their education setting	
	2.7	% of Parent Carers who agree that the professionals who care for their child safely meet their health needs	
	2.8	% of CYP with SEND who reported bullying to education staff who say the that the bullying has now stopped.	
	2.9	# of MASH referrals for CYP with SEND	
Be loved and valued by somebody I trust	3.1	CYP experiences of relationships and bullying	This could be split into two specific measures E.g. See 3.5 & # of SEND CYP who report they have experienced bullying in education or the community
	3.2	PC Support and confidence in SEND Services and Provision	This could be measured with a number or % of those who report having confidence
	3.3	PC Levels of Satisfaction in LA SEND Services	This seems similar to 3.2
	3.4	% of CYP who report they have positive relationships with others	Added by CDC

	3.5	% of CYP with SEND who report that they have a friend/friends or trusted person who they can talk to	
	3.6	% of CYP who give a high rating to the support they have received	
Be prepared for the future I want	4.1	% of SEN 16–17-year-olds in education and training	This could show impact more effectively by focussing on the output. e.g., % of SEN 16–17-year-olds who leave education and training with a qualification or job
	4.2	% Meeting expected standards or above at Primary, Secondary and qualified to Level 2 by age 19	
	4.3	% of pupils with EHCP or SEN Support by school district	
	4.4	% of pupils with EHCP or SEN Support by school placement	
	4.5	% of Annual Reviews completed on time	
	4.6	# of first destinations of year 11 pupils from special schools (2021 leavers)	
	4.7	PC view of progression in education setting	
	4.8	PC view on education and training support	
	4.9	% of adults with learning disabilities at home or with family	

	4.10	% of adults with learning disabilities in paid employment	
	4.11	# of Supported Internships	4.1 – 4.11 should be reduced to a maximum of 4 indicators
	4.12	% of children and young people with SEND who say they are learning new things every year	Added by CDC
	4.13	% CYP with SEND who report that they are able to safely and confidently access public transport	
	4.14	% of 18–25-year-olds with SEND who report their living environment reflects their choices	
	4.15	% of children and young people (11+) who report that they have been supported to think about and prepare for their future	
I want to play and have fun	5.1	# of CYP accessing Community Short Breaks	This draft outcome should have 1 – 3 more indicators
	5.2	% CYP with SEND who are involved in a club, group or hobby they enjoy	Added by CDC
	5.3	% CYP who report that they enjoy their life (most of the time)	

	5.4	% of CYP, including those aged 18-25, who report they are involved with and enjoy a social activity of their choice	
	5.5	% parent carers who report confidence that activities on offer meet their child's support needs	
Ask me first	6.1	What CYP think could be better in their education setting	Indicators 6.1 – 6.3 are good examples of ways to embed CYP voice
	6.2	What CYP find important to them in an education setting?	
	6.3	What CYP would change in their lives if they could	
	6.4	% of SEN support plans and EHCPs which meaningfully include CYP voice	Added by CDC
	6.5	% CYP with SEND who report that that the people who look after them care about their opinion	

## 4.2. Appendix 2

<u>Levers and enablers</u>	<u>Activities</u>	<u>Outputs</u>	<u>Outcomes</u>
<p><b>Legislation/Guidance</b> SEND Code of Practice &amp; Termly Reviews. Ofsted inspection Framework. Local transformation Plan for Mental Health. Integrated Care Strategy Care Act.</p> <p><b>Partnerships &amp; Structures in place</b> SEND Improvement board. Partnership Assurance Improvement Group (PAIG) CYP Forums and board. Strong relationships &amp; partnerships in Nottinghamshire.</p>	<p><b>Quality assurance</b> Conduct audit of all QA processes (<b>to review</b>). Learning and improvement cycle.</p> <p><b>CYP &amp; parent/carer voice</b> Review Co-production strategy/Charter (<b>to review</b>). Focus Groups for SEND Strategy &amp; Outcomes Framework – focusing on wishes &amp; feeling of child. Use Survey(s), Apps &amp; events for 18-25 to co-produce more.</p> <p><b>System mapping</b></p>	<p><b>Policies</b> Policies which clarify who is supporting (learning &amp; pastoral) Voice of Child strategy.</p> <p><b>Strategies/Frameworks</b> Recognition in Looked After Strategy about additional needs &amp; challenges for this cohort. Quality assurance framework. Improved LDA Annual Checks. Joint Strategic Needs Assessment. Preparing for Adulthood Strategy. Attendance at School Strategy. Clear transition Pathways for Health &amp; Social Care.</p>	Be well physically and emotionally
			I want to play and have fun

<p>Strong VCS organisations. System for flagging when the CYP doesn't feel okay &amp; wants to talk to someone. Review meetings. Springboard meetings. EHCP and Annual review meetings.</p> <p>Family hubs/community centres/community assets in general (<b>but a recognition that there's not equity here</b>)</p> <p><b>Existing work</b> (nationally or locally) Data enabling workstreams Project Search/Supported internships Co-production, and task/finish groups. Integrated Children's Disability Service – Short Breaks.</p>	<p>Create a document of supported internships and incorporate into the Local Offer. Understand the local interdependencies – initiatives, policies and programmes that work in/across areas. Develop further the Local Offer (including ways it is communicated) (<b>to review</b>). Review Joint Commissioning Framework.</p> <p><b>Resource development</b> Develop &amp; promote further the Nott Alone/Neurodiversity website. Create easy read of JSNA. Increase # of community assets.</p> <p><b>Relationship and partnerships</b> Set up/promote a schools' network. Hold more parent/carers coffee mornings. Host Preparation for Adulthood-specific events.</p>	<p>Impartial Careers Strategy. Inclusive Housing Strategy.</p> <p><b>Processes</b> Robust safeguarding processes Accessible Tools/Processes to enable CYP to share their views &amp; gather CYP feelings. Clear guidance to families &amp; settings on support available. Shared data dashboard for collection and feedback on Travel training Programme. Disability Confident Badge. An embedded Preparing for Adulthood process. Pegasus Scheme.</p> <p><b>Resources</b> Local Offer webpages and directory. Clear guidance beyond the Local Offer. Nott Alone webpages. Health Dashboard. Clear and accessible short break offer and community activities.</p>	Ask me first
			Be and feel safe
			Be loved and valued by someone I trust

<b>Schools</b> School Environments which network, signpost to, communicate, host & generate volunteers. Virtual School – monitoring and reviewing provision for LACs. Careers advisors. School head meetings. School Training Partnership Agreements. PSHE and Physical education.	Establish community network for providers to share information. Link community providers to venues/public buildings <b>(to review)</b> .  <b>Workforce Development</b> Relationship-based work for all staff <b>(Helen Sanderson Associates – relationship circle)</b> . Training for clubs and organisations on SEND. Upskill/Train practitioners & School Staff/SENCOs on Transition Planning. Training for large employers around reasonable adjustments. Develop travel training scheme.	Travel training programme. Physical & Health Provision needs to meet needs of Local Population (ASD Friendly & differentiated sessions). Accessible health resources for CYP.  <b>People</b> More senior mental health practitioners in schools. Post-16 knowledgeable EHCP lead professionals. Skilled and knowledgeable delivery staff.	Be prepared for the future I want
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### 4.3. Appendix 3

Note: This is the draft PAIG dataset and not the final version.

## Nottinghamshire Local Area Outcomes Dataset – version 0.3

Outcome 1	Metric		Source	Data owner	Frequency	Good is ↑ or ↓	Current performance	Brief commentary
I want to be well physically and emotionally.	1	Percentage of children and young people with SEND by SEN Primary Need category by those with an EHCP or SEN Support.	NCC	Business intelligence team	Quarterly	N/A		



	2	Number of children and young people aged 0 to 25 on the dynamic support register.	ICB		Quarterly	↓		
	3	Percentage of children and young people aged 14-25 on the Learning Disability register who have had an annual health check.	ICB		Quarterly	↑		
	4	Percentage of children and young people waiting longer than 18 weeks to access / to receive treatment for the health services <sup>1</sup> they need.	ICB		Quarterly	↓		
	5	Percentage of parents / carers who agree that the professionals who care for their child safely meet their health needs.	ICB		Every 6 months	↑		
	6	Percentage of children and young people with SEND reporting an improvement in their anxiety levels after accessing mental health support.	ICB		Every 6 months	↑		
	7	Percentage of families, children and young people who report the care and support they receive is right and appropriate for them.	NCC / ICB		Every 6 months	↑		

<sup>1</sup> Neurodevelopmental pathway (inc. NBS and community paediatrics), therapy services (SLT, OT and PT), continence, healthy weight management, acute needs, long-term condition management services

Outcome 2  I want to be and feel safe.	Metric		Source	Data owner	Frequency	Good is ↑ or ↓	Current performance	Brief commentary
	1	Percentage of overall absence in primary, secondary, and special schools	NCC + education settings	Business intelligence team	Termly (2 terms behind)	↓		
	2	Percentage of families with a transition plan for their children and young people feel supported, understand what will happen when and who will help us. (CCYPS <sup>2</sup> )	ICB		Every 6 months	↑		
	3	Number of children and young people with an EHCP awaiting an education placement.	NCC	ICDS	Monthly	↓		
	4	Number of children and young people with SEND on part-time tables.	NCC + education settings	Business intelligence team	Termly (2 terms behind)	↓		
	5	Number and percentage of children and young people with SEN receiving a suspension or permanent exclusion from an education setting.	NCC / School Census	Business intelligence team	Termly (2 terms behind)	↓		
	6	Percentage of children and young people open to Children's Social Care (or the Youth Justice Team) who have an EHCP (or receive SEN Support).	NCC	Business intelligence team	Quarterly	↓		

<sup>2</sup> [Community Children and Young People's Service | Nottinghamshire Healthcare NHS Foundation Trust](#)

	7	Percentage of parents and carers who agree that their continuing care package meets the needs of their child or young person.	ICB		Every 6 months	↑		
	8	Percentage of families who report that the healthcare professionals who care for their children and young people have the relevant skills and expertise to meet their needs.	ICB		Every 6 months	↓		

Outcome 3  I want to be loved and valued by someone I trust.	Metric		Source	Data owner	Frequency	Good is ↑ or ↓	Current performance	Brief commentary
	1	Percentage of children and young people with SEND who report that there is someone at their education setting they can go to if they feel worried.	??		Every 6 months	↑		
	2	Percentage of children and young people with SEND who report that they have a friend/friends or trusted person who they can talk to.	??		Every 6 months	↑		
	3	Percentage of parents / carers who stated that they know who to contact to get the support they need for their child.	??		Every 6 months	↑		

	4	Percentage of children and young people who report they are listened to and that they can trust the healthcare professionals who care for them.	??		Every 6 months	↑		
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Outcome 4  I want to be prepared for the future I want.	Metric		Source	Data owner	Frequency	Good is ↑ or ↓	Current performance	Brief commentary
	1	Percentage of 2-year health checks reaching age expectations in communication.	ICB		Annual	↑		
	2	Early years foundation stage attainment (Reaching a 'Good Level of Development')	NCC	Business intelligence team	Annual	↑		
	3	Percentage of 11-year-old pupils with SEN Support or EHCP achieving expected standard in KS2 attainment.	NCC	Business intelligence team	Annual	↑		
	4	16-year-olds average Progress 8 score of all pupils with SEN.	NCC	Business intelligence team	Annual	↑		
	5	Percentage of EHCPs which captures the child's or young person's voice and identifies aspirations and outcomes.	NCC		Quarterly	↑		
	6	Post 16 / 18 destinations – locally determined including supported internships.	NCC	Denis McCarthy / Louise Benson	Annual	↑		

	7	Percentage of young people with SEND who report that they can safely and confidently access public transport.	NCC		Annual	↑		
	8	Percentage of young people who report that they have had discussion and support in transitional from paediatric to adult healthcare services	ICB	Holly	Every 6 months	↑		
	8	Percentage of young people who have transitioned to adult healthcare services by 18.	ICB	Holly	Every 6 months	↑		

Outcome 5  I want to be able to play and have fun.	Metric		Source	Data owner	Frequency	Good is ↑ or ↓	Current performance	Brief commentary
	1	Number of personal budget applications and acceptances for community short breaks.	NCC	Children's Commissioning Team	Every 6 months	↑		
	2	Percentage of children and young people with SEND who are involved in a club, group, or hobby in school or the community.	???		Every 6 months	↑		
	3	Percentage of parents / carers who report confidence that activities on offer meet their child's or young person's needs.	???		Every 6 months	↑		
	4	Percentage of children and young people who report that their PT / OT therapy is aiding their ability to enjoy life.	ICB		Every 6 months	↑		
	5	Parents and carers feel better able to understand their children and how they enjoy themselves following interaction with professionals.	ICB / NCC		Every 6 months	↑		

Outcome 6  I want to be asked first.	Metric		Source	Data owner	Frequency	Good is ↑ or ↓	Current performance	Brief commentary
	1	Percentage of children and young people with SEND who feel their opinion is valued by those who care for them.	ICB / NCC		Every 6 months	↑		

	2	Percentage of children and young people with an EHCP who are involved in the annual review process.	NCC	ICDS	Every 6 months	↑		
	3	Percentage of young people who report that they have been supported to think about and prepare for their future	NCC	ICDS	Every 6 months	↑		
	4	Percentage of young people who have had a “You know your mind” assessment completed, and recommendations enacted from this.	ICB		Every 6 months	↑		