Individual Decision

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The attached report will be taken as
Individual Portfolio Member Decision on:

Thursday 4 October 2018

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West Berkshire
C O U N C I L

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Individual Executive Member Decision

The West Berkshire SEND Strategy 2018-2023

Committee considering report:	Individual Executive Member Decision
Date ID to be signed:	04 October 2018
Portfolio Member:	Councillor Lynne Doherty
Date Portfolio Member agreed report:	19 September 2018
Forward Plan Ref:	ID3620

1. Purpose of the Report

1.1 This report presents the West Berkshire strategy for improving outcomes for children and young people with Special Educational Needs and Disabilities aged 0-25 years.

1.2 This strategy has been jointly produced with parents, carers, West Berkshire Clinical Commissioning Group, public health, NHS specialist services, early year's settings, schools and further education providers and sets out a shared strategic vision for SEND provision in West Berkshire for the next five years:

"for all children and young people with special education needs and disabilities to have the right support and opportunities at the right time so that they become resilient, happy adults."

1.3 The strategy outlines collective partnership commitments and anticipated outcomes that will emerge as a result of the work delivered around the following five strategic objectives:

1. Improving inclusion and education outcomes for children with SEND in early years settings and mainstream schools

2. Developing a continuum of local provision to meet the needs of children with SEND (including Autistic Spectrum Disorder (ASD) and Social Emotional Mental Health (SEMH)

3. Enabling young people to enjoy good physical and mental health and wellbeing

4. Improving Post 16, education, learning, employment and training

5. Improving positive transitions for young people with SEND to enable them to prepare for adulthood

1.4 The draft SEND Strategy was consulted on widely through a public consultation exercise for six weeks from 11 June 2018 to 20 July 2018. This involved an online survey, alongside a series of public engagement events to seek views from a wide range of key stakeholders and to enable people to share their thoughts and ideas to help shape this final version of the document.

1.5   Analysis of the consultation feedback is presented in Appendix 1. Appendix 2, presents the final strategy, updated in response to the consultation findings.

2.   Recommendation

2.1   The Executive Portfolio holder for Children and Young People is recommended to:

- Approve the new West Berkshire SEND Strategy (2018-2023)

3.   Implications

3.1   **Financial:**

The new SEND Strategy will set the framework for future budgeting decisions for the annual SEND High Needs Budget which is approximately £20,000,000.

Due to increased demand, this budget is under increasing pressure and the strategy proposes new approaches to meet identified challenges, including setting up new provision to reduce expenditure on external placements.

All revenue funding to deliver the SEND Strategy will come from the High Needs Block budget

Policy:

The new SEND Strategy for West Berkshire establishes a new clear strategic multi partnership approach and direction for the SEND System in West Berkshire in response to financial and demand challenges facing the local authority and new legislative requirements.

3.2   **Personnel:**

There are no immediate personnel implications. Where new local provision for SEND is to be set up, staff would generally be employees of schools rather than the Council. All funding for new posts would come from the High Needs Block budget.

3.3   **Legal:**

In September 2014, the introduction of the Children and Families Act brought about major reforms to the way local authorities and other organisations support children and young people with special educational needs and disabilities.

The Special Educational Needs and Disability Code of Practice 0-25 years is the related statutory guidance for organisations which work with and support children and young people. This places a duty on the local authority to consult children with SEND and their parents or carers when reviewing local SEN and social care provision.

Public consultation has taken place on the new West Berkshire SEND Strategy (2018-23). Appendix 2, presents the findings from this consultation exercise.

The consultation exercise meets the common law duties in respect of procedural fairness, as well as duties set out in the statutory guidance that children, young

people their parents and carers must be consulted in determining the council's strategy for SEND.

In considering recommendations in this report, the local authority must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (The Public Sector Equality Duty). A proportionate level of equality is required to discharge this duty.

3.4   **Risk Management:**

Implementation of the Strategy could be jeopardised if there is insufficient funding in the High Needs Block. The strategy is designed to reduce expenditure in the long term, but it may be necessary to set deficit HNB budgets in the short to medium term while savings are realised, subject to the agreement of the Schools Forum.

This is a multi partnership strategy. Financial challenges within other organisations could risk the success of multi agency approaches to meet identified challenges.

3.5   **Property:**

There are no immediate property implications but the new provision to be set up for children with SEND will require space in our mainstream schools, so if space is not already available, there will be capital costs, although these have yet to be identified in detail.

4.   Consultation Responses

4.1   Appendix 2, presents the findings from the consultation exercise.

4.2   In summary, the overall response was a positive welcome that West Berkshire and its partners are committed to work together to champion the long term wellbeing of children and young people with SEND.

4.3   The vision, principles and intended outcomes strategic objectives and actions

Before submitting comments, respondents were asked to indicate their broad support or disagreement with the core elements of the draft SEND Strategy, the proposed vision, principles, intended outcomes and each of the five strategic objectives for development. Overall, there was strong support for the proposed vision, with 80% of respondents either strongly agreeing or agreeing with the vision statement. 72% of respondents either strongly agreed or agreed with the underlying principles. 75% of respondents agreed with the intended outcomes.

4.4   Comments submitted that corroborate the welcome given to the strategy include:

> *I like the 'quality first' approach that is being proposed. Your wants and wishes are clear and there is clarity over the need to ensure this is not just one agency's responsibility but that championing our young people will only work with a multi agency directive.*
>
> *I feel you have them right, including person centred, early help, and greater*

> *independence, choice and control given to them and their families*
>
> *If it even comes to fruition it could be good*

4.5   Themes prompting several comments and / or discussion at consultative meetings

- Workforce training and development and the need to raise wider awareness and understanding of SEND

- Inclusion – The need to understand and respond appropriately to the different sets of behaviours presented by children with SEND in order to support their inclusion rather than exclusion

- The need for clearer and accessible information to support children's transition to adult services

- The need to review support currently provided for parents and carers with children who have SEND and for young carers

- The need for greater clarity on pathways of care and support for children and young people with Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder (ADHD)

- Supporting children and young people with learning disabilities who also have emotional health and wellbeing needs

- Opportunities post 16 and post 19 – There is strong support for an increasing focus on young people with SEND post 16 and post 19, both to maintain improvements in learning and wellbeing achieved at school and to orientate school and care better to equip young people with the skills to become as independent as possible.

- Early intervention and early years – Several respondents to the on-line survey and those taking part in the public consultation events highlighted the importance of maintaining and improving support for young children so that needs can be identified early. The importance of early intervention for groups such as those with ASD, learning difficulties and impairments was cited and the evidence that this results in better lifelong outcomes for the child. Ensuring more effective reaching of all families with young children with additional needs to be emphasised, with an emphasis on support rather than extensive assessments.

5.   Other options considered

5.1   The Children and Families Act (2014), requires local authorities to keep the provision for children and young people with SEND under review through a local strategic review and planning for future SEND provision. This statutory obligation, alongside future challenges posed by increasing demand for High Needs Funding and further financial restrictions resulting from the new financial funding formula for schools mean that it is imperative to target resources effectively and achieve even better value for money in our investments through strategic planning.

6.   Introduction/Background

6.1   The Children and Families Act 2014, introduced the most significant reforms to the Special Education Needs system in almost thirty years.

6.2   The reforms place new statutory duties on local authorities to plan for SEND provision in their area, these include:

•   Putting children and parents at the heart of the system,

•   Extending provision from birth to 25 years and

•   Introducing and extending rights and protection to young people by introducing new education, health and care plans.

•   Applying a "whole area" approach that includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early year's settings, schools and further education providers.

•   A requirement for local authorities to keep special education provision under review

6.3   The number of children with education, health and care plans has increased by 14% since 2013 as a result of the age range increasing to include young people up to the age of 25.

6.4   There has also been an increase in the population of children with EHC Plans who attend special as opposed to mainstream schools, with associated financial pressures.

6.5   Additionally, the Government has introduced a new national funding formula for schools which will require even more effort to target our resources effectively and achieve even better value for money in the investment we make to improve pupil outcomes.

6.6   It is against this context that West Berkshire has undertaken a review of its provision for children and young people with SEN and disabilities with the aim to agree with children, young people and parents and partners across health, education and social care a joint overarching vision for SEND in West Berkshire for the next five years.

7.   Supporting Information

7.1   The review process

The review of SEND was overseen by the West Berkshire SEND Strategic Partnership Board, a multi agency partnership, with parents and carers at its core and comprising stakeholders comprising education, West Berkshire Clinical Commissioning Group, Children and Adult Mental Health Services, Public Health, social care, voluntary and community sector partners and the West Berkshire Lead Member and Executive Portfolio Holder for Children, Education and Young People.

The review considered the following three questions:

- Is our pattern of provision for children and young people with SEN suitable to meet changing needs?

- Do parents and young people find it attractive?

- Will it be affordable within future financial allocations?

7.2   The review worked with children and young people with SEN and disabilities, parents, partners across education, health and social care and the voluntary sector, to gather and analyse evidence and intelligence across:

- Early Years provision

- Mainstream and special schools

- Post 16 institutions

- Health, public health and social care

- Independent living

- The journey and experience for children, young people and parents

7.3   Data analysis and intelligence gathering focused on the following:

- The range of SEN in the area, recent trends and likely changes in the future

- Evidence on how effectively the current pattern of special educational provision meets needs in the area

- Evidence for how effectively the current pattern of special education provision prepares children and young people for adult life

- The range of special education needs that would generally be met by mainstream providers

- The range of SEN and disabilities which would generally be met by specialist providers

- The range of SEN and disabilities which would be generally met by highly specialised providers

A core element was to gather evidence about what works well across the current system, areas for improvement and SEND provision mapping for the future across the whole life cycle from birth through to young adulthood:

7.4   Key findings

The analysis was translated into a new chapter for the West Berkshire Joint Strategic Needs Assessment and entitled "Special Education Needs and Disabilities" (http://info.westberks.gov.uk/article/35239)

The analysis identified five overarching strategic themes. These themes formed the five strategic objectives for the SEND Strategy:

1. Improving inclusion and education outcomes for children with SEND in early years settings and mainstream schools

2. Developing a continuum of local provision to meet the needs of children with SEND (including Autistic Spectrum Disorder (ASD) and Social Emotional Mental Health (SEMH)

3. Enabling young people to enjoy good physical and mental health and wellbeing

4. Improving Post 16, education, learning, employment and training

5. Improving positive transitions for young people with SEND to enable them to prepare for adulthood

7.5   Five strategic multi agency working groups were established under each strategic theme. These groups met during a period of three months from February 2018 to May 2018, to develop recommendations on the key priorities and action plans under each of the five strategic themes. Parents were the core of each working group.

7.6   Vision and guiding principles

At the heart of establishing this shared direction and commitment is the joint vision, agreed through a series of visioning sessions involving our partners and parents:

Our vision for all children and young people with special education needs and disabilities is that they have the right support and opportunities at the right time so that they become resilient, happy adults.

This vision is underpinned by a set of guiding principles:

• All our plans, services and policies are coproduced with families

• Children and young people with SEND feel safe and protected from harm. They are seen, heard and helped, effectively safeguarded, properly supported and their lives improved by everyone working together.

• A person centred approach to service delivery

• A focus on inclusive practices, removing barriers to learning and high quality teaching

• Systematic, proactive and appropriate early identification and early help and provision made available locally within supportive communities

• Children, young people and their parents are enabled to plan and make choices about their support as much as possible in decision making

• Greater independence, choice and control for young people and their families over support

• Successful preparation for adulthood, including supporting independence, independent living and training and employment

- Partnership – Education, health and social care services working well together, supported by voluntary and independent organisations and sharing accurate information in the best interests of the child and family

- Integrated, evidence based, high quality services, interventions and approaches – local as far as possible

- Funding and support is allocated fairly and openly

7.7   Outcomes

The Joint Strategic Needs Assessment (JSNA) updated in 2018, highlights four main areas where children with SEND face barriers to achieving the outcomes their peers can expect. These are also the outcomes for the SEND Strategy:

- Good education attainment

- Employment opportunities

- Good health

- Good mental health

8.   Proposal(s)

8.1   Appendix 1, presents the West Berkshire SEND Strategy 2018-2023, setting out the strategic objectives, priorities and actions to improve outcomes for children and young people with SEND, IN West Berkshire.

9.   Conclusion(s)

9.1   This report presents the strategic, financial and legal context for the West Berkshire SEND review and its outcome - the West Berkshire SEND Strategy (2018-2023).

9.2   The Executive Portfolio Holder for Children, Young People and Families is requested to approve this Strategy for implementation.

10.   Appendices

Appendix A: Data Protection Impact Assessment
Appendix B: Equalities Impact Assessment
Appendix C: West Berkshire SEND Strategy (2018-2023)
Appendix D: Report of findings from the public consultation exercise

11.   Background Papers

Special Educational Needs and Disability (SEND)

https://www.gov.uk/topic/schools-colleges-childrens-services/special-educational-needs-disabilities

Special Educational Needs and Disabilities Code of Practice 0-25 years; Department for Education and Department for Health, 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

West Berkshire Joint Strategic Needs Assessment Special Educational Needs and Disabilities

http://info.westberks.gov.uk/article/35239

Subject to Call-In:

Yes: ☒   No: ☐

Wards affected:

All

Strategic Aims and Priorities Supported:

The proposals will help achieve the following Council Strategy aim(s):

☒   **BEC –   Better educated communities**
☒   **P&S –   Protect and support those who need it**
☒   **HQL –   Maintain a high quality of life within our communities**

The proposals contained in this report will help to achieve the following Council Strategy priorities:

☒   **BEC1 – Improve educational attainment**
☒   **BEC2 – Close the educational attainment gap**
☒   **P&S1 – Good at safeguarding children and vulnerable adults**
☒   **HQL1 – Support communities to do more to help themselves**

Officer details:

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Appendix A

Data Protection Impact Assessment – Stage One

The General Data Protection Regulations require a Data Protection Impact Assessment (DPIA) for certain projects that have a significant impact on the rights of data subjects.

Should you require additional guidance in completing this assessment, please refer to the Information Management Officer via dp@westberks.gov.uk

Directorate:	Communities
Service:	Education
Team:	SEN and Disabled Children's Team
Lead Officer:	Nina Bhakiri
Title of Project/System:	"From birth to adulthood" Our strategy for improving outcomes achieved by children and young people aged 0-25 with special educational needs and / or disabilities 2018 - 2023
Date of Assessment:	21 September 2018

Do you need to do a Data Protection Impact Assessment (DPIA)?

	Yes	No
Will you be processing SENSITIVE or "special category" personal data? Note – sensitive personal data is described as "*data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation*"	☒	☐
Will you be processing data on a large scale? Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both	☒	☐
Will your project or system have a "social media" dimension? Note – will it have an interactive element which allows users to communicate directly with one another?	☐	☐
Will any decisions be automated? Note – does your system or process involve circumstances where an individual's input is "scored" or assessed without intervention/review/checking by a human being? Will there be any "profiling" of data subjects?	☐	☐
Will your project/system involve CCTV or monitoring of an area accessible to the public?	☐	☐
Will you be using the data you collect to match or cross-reference against another existing set of data?	☐	☐
Will you be using any novel, or technologically advanced systems or processes? Note – this could include biometrics, "internet of things" connectivity or anything that is currently not widely utilised	☐	☐

If you answer "Yes" to any of the above, you will probably need to complete Data Protection Impact Assessment - Stage Two. If you are unsure, please consult with the Information Management Officer before proceeding.

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Equality Analysis Template – Stage One

Name of policy, strategy or function:	Draft SEND Strategy 2018-2023
Version and release date of item (if applicable):	
Owner of item being assessed:	Jane Seymour
Name of assessor:	Jane Seymour
Date of assessment:	7 June 2018

Is this a:		**Is this:**	
Policy		**New or proposed**	Yes
Strategy	Yes	**Already exists and is being reviewed**	
Function		**Is changing**	
Service			

1 What are the main aims, objectives and intended outcomes of the policy, strategy function or service and who is likely to benefit from it?	
Aims:	The aim of the strategy is to improve provision and services for children with Special Educational Needs and or Disabilities (SEND) aged 0 to 25.
Objectives:	The draft SEND Strategy has 3 priority areas.
	These are:
	1. To increase the capacity of early years and mainstream settings to meet the needs of children with SEND
	2. To develop the local continuum of provision for children with SEND, including Autistic Spectrum Disorder (ASD), Social, Emotional and Mental Health Difficulties (SEMH) and Moderate

1	**What are the main aims, objectives and intended outcomes of the policy, strategy function or service and who is likely to benefit from it?**

	Learning Difficulties (MLD)
	3. To improve the range of post 16 SEND provision for young people with SEND and their access to employment
	4. To develop positive transitions for young people with SEND to prepare them well for adulthood
	5. To promote the emotional and physical health of young people with SEND
Outcomes:	The outcomes we are seeking include the following: 1. To increase the capacity of early years and mainstream settings to meet the needs of children with SEND • Increased levels of skills and confidence amongst staff to meet the needs of children with SEND • Parents reporting good levels of satisfaction with provision made for children with SEND by mainstream schools • A reduction in placements in special schools 2. To develop the local continuum of provision for children with SEND, including ASD and SEMH • Additional high quality facilities set up locally for children with Autistic Spectrum Disorder (ASD), Social, Emotional and Mental Health Difficulties (SEMH) and Moderate Learning Difficulties (MLD), which are co designed with families and have the confidence of families • Reduced pressure on our two maintained special schools, The Castle and Brookfields • Reduced reliance on external specialist placements 3. To improve the range of post 16 SEND provision for young people with SEND and their access to employment • Additional high quality local provision for post 19 students with SEND which are co designed with families and have the confidence of families. • More local support to access employment including an increase in supported

1	What are the main aims, objectives and intended outcomes of the policy, strategy function or service and who is likely to benefit from it?

	internships • Reduced reliance on external specialist post 19 placements • An increase in the number of young people with SEND accessing employment 4. To develop positive transitions for young people with SEND to prepare them well for adulthood • Parents and young people report greater satisfaction with transition between services • Young people with SEND transition smoothly from children's to adults' services and feel they have adequate information about processes and services 5. To promote the emotional and physical health of young people with SEND • Children with SEND are well supported by universal and specialist health services • There is good support available for children who are waiting for a specialist assessment or service
Benefits:	Children and young people with SEND and their families will have better provision in mainstream schools and more options to access good quality local specialist provision, allowing children to remain at home and within their local communities. Young people with SEND will have better post 16 and post 19 FE options available to them and increased access to employment. Transition to adulthood will be achieved more smoothly and easily. Young people with SEND will achieve better educational and life outcomes and stress on families with disabled children will be reduced. Financial pressure on the High Needs Block will reduce, as a result of reduced reliance on external placements. This will allow more investment in local SEND services.

2	**Note which groups may be affected by the policy, strategy, function or service. Consider how they may be affected, whether it is positively or negatively and what sources of information have been used to determine this.**	
Group Affected	**What might be the effect?**	**Information to support this.**
Age	The SEND Strategy covers children and young people aged 0 to 25 years. The maximum age at which young people with SEND can access support through an Education, Health and Care Plan has relatively recently changed from 19 to 25 years. The strategy therefore has a particular focus on developing provision and opportunities for 19 to 25 year olds with SEND, including access to paid employment. This should help to reduce inequalities for young people with SEND in this age group.	
Gender reassignment	No impact	
Marriage and civil partnership	No impact	
Pregnancy or maternity	No impact	
Race, religion or belief	No impact	
Sex and sexual orientation	No impact	
Disability	The SEND Strategy is aimed specifically at children and young people with SEN & Disabilities. It is designed to have, and should have, a positive impact as set out under "Benefits" above. The intention of the strategy is to remove some of the barriers children	

2	Note which groups may be affected by the policy, strategy, function or service. Consider how they may be affected, whether it is positively or negatively and what sources of information have been used to determine this.	
Group Affected	**What might be the effect?**	**Information to support this.**
	with SEND face and give them better access to services and support, so it will reduce inequality for this group.	

Further Comments relating to the item:
The SEND Strategy has been produced in an inclusive way with extensive involvement of parents and carers of children with SEND.

3	Result

Are there any aspects of the policy, strategy, function or service, including how it is delivered or accessed, that could contribute to inequality?	**No**
The strategy will reduce inequalities.	
Will the policy, strategy, function or service have an adverse impact upon the lives of people, including employees and service users?	**No**

4	Identify next steps as appropriate:	
Stage Two required		
Owner of Stage Two assessment:		
Timescale for Stage Two assessment:		
Stage Two not required:	Stage Two not required	

Signed: Jane Seymour   **Date: 07/06/2018**

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West Berkshire Council

"From birth to young adulthood"

Our strategy for improving outcomes achieved by children and young people with special education needs and / or disabilities 2018 - 2023

NHS
Berkshire West
Clinical Commissioning Group

West Berkshire
Parent Carer
Forum

West Berkshire
C O U N C I L

Contents

1. Executive Summary

West Berkshire's strategy for improving the outcomes achieved by children and young people aged 0-25 with special educational needs and/or disabilities (SEND) 2018 -2023 outlines the vision and key priorities for supporting West Berkshire's children and young people with SEND.

Our vision for all children and young people with special educational needs and disabilities is that they have the right support and opportunities at the right time so that they become resilient, happy adults.

To achieve our ambitions for children and young people with SEND, we will continue to focus on taking actions to reduce inequalities and closing the gap between those who already do well and those who may need extra support to thrive.

Where possible we believe that every West Berkshire child and young person should be able to access the support they need in the community near where they live.

Through strong leadership and cohesive approaches we want to ensure that all children and young people with SEND are seen, heard, helped and safeguarded across the whole SEND system and that as professionals we are alert to their risks and respond effectively before escalation of needs

This strategy is our shared plan setting out our vision and plans for improving the outcomes for every West Berkshire child and young person with SEND. Our plan is to achieve our objectives and to meet the requirements of the Children and Families Act in a way that is ambitious, inclusive and realistic in a challenging financial context.

Our effective implementation of the Government's SEND reforms will continue to require a cultural shift across education, health and care agencies in both children's and adult services and partner agencies. This will require a shared focus on the outcomes for children and young people with SEND.

Our strategy has been shaped through the views of parents and carers and children and young people represented in every stage of the development cycle, from inception through to final consultation. Parents and carers children and young people will also be central to implementing our strategy and its evaluation phase.

Our five broad priority areas/outcomes are to:

- Support early years settings and mainstream schools to improve inclusion and educational outcomes for children with SEND
- Develop a continuum of local provision to meet the needs of children with SEND (including autistic spectrum disorder (ASD) and social, emotional and mental, health difficulties (SEMH))
- Enable children and young people with SEND to enjoy good physical and mental health and wellbeing
- Improve post 16, education, learning, employment and training
- Develop positive transitions for young people with SEND to enable them to prepare for adulthood

2. Introduction

The Children and Families Act 2014 introduced one of the biggest changes to SEN in a generation; a new statutory duty on the local authority to ensure that the views, wishes and feelings of children, young people and their parents are at the centre of decision making and they are given the right support and information to ensure they are able to participate in decisions which help them to achieve good outcomes.

Now in 2018, we have completed a review of our progress in delivering the requirements of the Children and Families Act 2014; this document is our shared vision and our next steps for improving the outcomes for every West Berkshire child and young person with SEND.

This strategy aims to meet the requirements of the Children and Families Act in a way that is ambitious, inclusive and realistic in a challenging financial context. It forms the Council's policy for SEND and was developed with stakeholders responsible for implementing changes and with parents and carers at the core.

Real progress has already been made. We have continued to improve and expand our provision by establishing new primary and secondary ASD resources at Fir Tree and Trinity Schools. We have developed our Emotional Health Academy to help children, young people and families find support for emotional well-being earlier, faster and more easily. We have also developed a new supported employment service for young people aged 16-25 years. Through the Government's High Needs Funding, we have supported greater capacity in the system. We have seen steady improvements in progress and outcomes for children and young people with special education needs and disabilities. At the same time we have successfully implemented the reforms, introduced the new Education Health and Care Plans and developed our local offer.

By the end of 2017, 3000 West Berkshire children were benefitting from the new arrangements. West Berkshire continues to have many reasons to be proud of its services and its specialist provision. The number of SEND places has increased and we have delivered good value for money. We propose to develop more provision and we will continue to focus on improving both the outcomes and rates of progress for children and young people with SEND.

The Government described the reforms as the most transformational change in SEN for thirty years and acknowledged that the Act would require significant cultural and procedural changes and time to embed these. To achieve this, West Berkshire set out a four year transition period to March 2018 to implement the national changes. All statements of special education need were successfully converted to Education Health and Care Plans by the statutory March 2018 deadline.

Going forward we recognise that there is still much to do, to keep pace with demand, to improve the quality of provision further and to ensure that more children and young people can have the identified support they need in local schools and early years settings.

Children and young people with SEND in West Berkshire are making better progress, yet the gap between their attainment and that of other learners has remained wider than we would like and in some cases it is increasing.

One of the biggest challenges for this strategy is to ensure that we can improve support for children with autism and social, emotional and mental health difficulties (SEMH) across all schools and that we improve our joint commissioning with our health partners to ensure health inequalities and access to key services is addressed.

The Government will introduce a new national funding formula for schools in 2018 -19 and in relation to High Needs, based on current proposals, we will not have any increases in the High Needs Funding that West Berkshire receives over the period of 2018-2023. This will require even more effort to target our resources effectively and achieve even better value for money in the investments we make to improve pupil outcomes. We must deliver this strategy in a way that is affordable and provides value for money, whilst recognising the unprecedented increase in the number of pupils supported by high needs funding and the corresponding increase in pressure on broader health and social care services.

3. Our vision for SEND support in West Berkshire

Our vision for all children and young people with special education needs and disabilities is that they have the right support and opportunities at the right time so that they become resilient, happy adults.

We want to be aspirational and ambitious for all our children and young people with SEND.

To achieve our ambitions for children and young people with SEND, we will continue to focus on taking actions to reduce inequalities and closing the gap between those who already do well and those who may need extra support to thrive. Where possible we believe that every West Berkshire child and young person should be supported in the community where they live.

We will achieve this through access to good quality local early years provision, schools and further education settings. In addition to the right learning opportunities, children with SEND should be offered access to appropriate health and care support in response to their diagnosed needs. Underpinning this vision is a focus on individual assets and understanding of children, young people and families' skills and knowledge, resilience, finances, social networks and involvement in community activities.

West Berkshire is committed to early intervention and prevention, providing early help in a timely way so that the needs of local children and young people do not increase. Making sure that we identify needs early and provide the right support, is key to improving outcomes for children and young people with SEND. We will continue to focus on a 'Quality First' approach in our universal settings (in early years, schools and colleges) so that more children learn and make good progress without the need for additional support.

We are committed to safeguarding and protecting all our children and young people with SEND. Everyone who comes into contact with children and young people with SEND and their families has a role to play in:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes

We want to provide a well-planned continuum of provision from birth to age 25. This means high quality and well integrated services across education, health and social care, which work closely with young people, their parents and carers and where individual needs are met without unnecessary bureaucracy or delay. We aim to meet the needs of children and young people in universal and mainstream settings wherever possible and where more specialist help is needed, we will aim to provide it in West Berkshire wherever possible.

We want the journey from childhood to adolescence and through to adulthood to be a good experience for every child and young person. We want them to be getting the right information, advice and guidance in the right places at the right time depending on their needs. We want young people's experience of adolescence to be one where taking informed risks, making choices, being challenged and challenging boundaries is about the growing up journey.

The term "special education needs" does not mean the child/young person's needs will only be educational. Whilst educational progress is fundamental to the SEND Code of Practice, ensuring that children and young people with SEND have access to good opportunities to make educational progress requires a broader approach which includes family and health needs.

In essence, our vision is underpinned in our strategic principles:

- All our plans, services and policies are coproduced with families
- Children and young people with SEND feel safe and protected from harm. They are seen, heard and helped, effectively safeguarded, properly supported and their lives improved by everyone working together.
- A person centred approach to service delivery
- A focus on inclusive practices, removing barriers to learning and high quality teaching
- Systematic, proactive and appropriate early identification and early help and provision made available locally within supportive communities
- Children, young people and their parents are enabled to plan and make choices about their support as much as possible in decision making
- Greater independence, choice and control for young people and their families over support
- Successful preparation for adulthood, including supporting independence, independent living and training and employment
- Partnership – Education, Health and Social Care services working well together, supported by voluntary and independent organisations and sharing accurate information in the best interests of the child and family
- Integrated, evidence based, high quality services, interventions and approaches – local as far as possible
- Funding and support is allocated fairly and openly

4. Outcomes

The Joint Strategic Needs Assessment (JSNA) updated in 2018, highlights four main areas where children with SEND face barriers to achieving the outcomes their peers can expect. These outcome area are:

- Good education attainment
- Employment opportunities
- Good health
- Good mental health

Education / attainment

In 2017, 8% of SEN pupils with statements / EHCPs achieved the expected standard in reading, writing and maths at KS2 compared to 6% the year before; this represents a gap with the non-SEND population of 63% and is in line with national averages. At KS4, 5% of pupils with Statements / EHCPs achieved 5 GCSEs Grade A* to C. This was below the national average of 10.5%.

Children at SEN support were achieving above the national average in Phonics in 2015, but since then performance has fallen with 42% achieving the expected level in 2017, compared to 47% nationally. Performance of children with SEND at Key Stage 2 has also been variable and has not been consistently above the national average.

Educational attainment is the foundation for opening future opportunities for all children with SEND, however, resilience, social networks and involvement in community activities are also key factors for a fulfilling and independent life.

Employment opportunities

Young people with special education needs and disabilities often struggle to get paid work when they leave education. This could be due to a lack of work experience opportunities, through to the sometime negative attitudes of employers and a lack of accessible information. In England only 5.7% of working age (aged 18 - 64 years) service users who received long term support during the year with a primary support reason of learning disability support were in paid employment. In West Berkshire, this was 6.0% (2016-17).

In West Berkshire, the percentage of 17 year olds at SEN Support who are in Education, Employment or Training is higher than the national average, 94% compared to 88%

Yet, the overwhelming majority of young people are capable of sustainable paid employment with the right preparation and support. Both the Children and Families Act 2014 and the Care Act 2014, strongly endorse participation in work as a desired and fulfilling outcome. The SEND reforms and the introduction of EHC Plans from year 9 and extended to 25 year olds requires local authorities to give greater consideration to the support a young person might need after school.

In West Berkshire, different pathways for gaining employment are being set up. These include supported employment approaches in schools, supported internships and better access to apprenticeships.

Good health outcomes

Young people with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions including for example age related conditions or illnesses. Barriers to good physical and mental health can include for example, a lack of availability and access to leisure and cultural and other public facilities and transport. They may be less likely to be able to access leisure, cultural, public facilities and transport that will enable them to stay physically and mentally healthy.

People with learning disabilities are three times more likely to die early compared to the general population. Men with learning disabilities live, on average, 13 less years than men in the general population. Life expectancy for women with learning disabilities is 20 years less than the general female population.

In West Berkshire, through the Berkshire Transforming Care Joint Health and Social Care Plan[1] we are driving forward system wide change to improve services for people with learning disabilities and / or autism, who display behaviour that challenges.

Good mental health

Social and mental health issues are more prevalent in those with SEND. Children and young people with SEND are more likely to experience anxiety disorders, Social Emotional and Mental Health issues and behaviour that challenges. Research suggests that children with a learning disability are over twice as likely to experience anxiety disorders and approximately six times as likely to experience conduct disorders. In particular, there is a high incidence of comorbid SEMH difficulties in children and young people with neurodevelopmental issues such as Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

The Emotional Health Academy is West Berkshire's support for mild to moderate mental health in children and young people. Its goal is to help children and young people as early as possible and to stop emotional health problems from getting worse. A service evaluation has evidenced improvements in waiting times due to increasing access to briefer and more cost effective interventions.

The Council and West Berkshire Clinical Commissioning Group's goals for the next five years, are designed to:

- Improve the transition between Child and Adolescent Mental Health services and adult mental health services.

- Improve whole system working so that diagnosis is not seen as the only route to right support at the right time. This relates in particular to children and young people who are waiting for assessments for ASD and ADHD. For example, Autism Berkshire and Parenting Special Children have been commissioned to provide pre and post assessment support; there is also an on-line peer support system called "Young SHaRON"

- Reduce waiting times for diagnosis and treatment, including for ASD.

5. Achieving our vision and outcomes – The key enablers

The key enablers to take this strategy forward and to realise our vision:

1. Processes

- A well planned continuum of provision from birth to 25 years that meets the needs of children and young people with SEND and their families. This means **integrated services across education, health and social care which work closely with parents and carers** and ensures that individual needs are met without unnecessary bureaucracy and delay.
- **Ensuring local SEND services are inclusive of and integrated with high quality NHS and voluntary and community services** so that the experience of families accessing services is positive and children and young people's learning, development, safety, wellbeing and health outcomes are well promoted alongside their educational progress and achievements.
- Our strategy requires a robust system of **early identification** of children and young people's needs. It has been developed on the principle of evidence based, targeted interventions delivered by trained staff to ensure families have their needs met early and they do not experience the level of challenge and difficulty in their lives that require statutory interventions.
- A coherent SEND system designed with the child's need at the centre
- The success of our strategy is reliant on a **whole school/team approach** rather than a stand-alone and therefore fragmented "silo" approach to children and young people with SEND.

2. Infrastructure and resources

- Strong strategic leadership by the Council, the education sector, Health and Social Care, across the SEND system in West Berkshire
- **Local education, training and support**: a place in a good or outstanding school or provision, mainstream where appropriate, as close to home as possible with health and social care support for children and their families, where needed
- **Improving provision and increasing parental choice**: working in partnership with providers in the voluntary, community and independent sectors who share our values and vision.
- As we continue to see our High Needs expenditure increase, indications are that the National Funding Formula will cap this. **Partnership working with schools** will be fundamental to developing more effective and innovative ways to use high needs funding in mainstream schools

3. People

- **Early years settings, schools, colleges and care support services to have the capacity, skills and confidence to deliver high quality provision for children and young people with SEND** in order to improve their educational, health and care outcomes and their access to wider social development and opportunities to participate in their local community.

- The importance of providing **good training for all staff, whichever setting they are working in**. To achieve this aim we need to use the best expertise and knowledge in educational establishments and other services, to increase capacity throughout the area by sharing best practice and by promoting a model of collaborative working and shared responsibility.

- A commitment to achieve the best possible outcomes for children and young people, which support inclusion, **developing independence and successful preparation for adulthood.**

4. Joint strategic leadership and management:

- **Strong governance, accountability and challenge** through the West Berkshire SEND Strategic Partnership Board and the West Berkshire Health and Wellbeing Board

- The vision for SEND is a golden thread weaving through all provider services, including schools, through a **clear commitment from senior leaders** including school governing boards

- **Robust pace and delivery** of our plans through joint working with the range of support, provision and services across a child or young person's life from birth through to young adulthood

- **All teams and services working towards our strategy** through team plans, individual performance and development targets

- Budgets aligned to our strategic priorities

6. How the strategy was developed –The SEND Review

The review of SEND was overseen by the West Berkshire SEND Strategic Partnership Board, a multi agency partnership, with parents and carers at its core and comprising stakeholders across education, health, public health, social care partners, voluntary and community sector partners and the West Berkshire Lead Member and Executive Portfolio Holder for Children, Education and Young People. Our review comprised:

Phase 1: Data and evidence gathering and analysis to answer:

In West Berkshire:

1. Is our pattern of provision for children and young people with SEND suitable to meet changing needs?
2. Do parents and young people find it attractive?
3. Will it be affordable within future financial allocations?

We gathered and analysed:

- Data on the range of SEN in the area, recent trends and likely changes in the future
- Evidence on how effectively the current pattern of special educational provision meets needs in the area
- Evidence for how effectively the current pattern of special educational provision prepares children and young people for adult life
- The range of special education needs that would generally be met by mainstream providers
- The range of SEN and disabilities which would generally be met by specialist providers
- The range of SEN and disabilities which would be generally met by highly specialised providers

A core element was to gather evidence about what works well across the current system, areas for improvement and SEND provision mapping for the future across the whole life cycle from birth through to young adulthood:

Early Years Provision	Mainstream and special schools	Post 16 institutions	Independent supported living

Phase 2: Analysis and shaping of emerging themes

Our analysis identified a number of common issues, falling into five overarching strategic themes. These themes were agreed by the SEND Strategic Partnership Board as the five strategic themes needed to strengthen and improve current arrangements for SEND across West Berkshire and the basis for the SEND Strategy:

Improving inclusion and education outcomes for children with SEND in Early Years settings and mainstream schools

Developing a continuum of local provision to meet the needs of children with SEND (including ASD and SEMH)

Good physical and mental health and wellbeing

Improving Post 16, education, learning, employment and training

Positive transitions for young people with SEND to enable them to prepare for adulthood

Five strategic multi agency working groups were established under each strategic theme. These groups met during a period of three months from February 2018 to May 2018, to develop recommendations on the key priorities to be included in a new strategic approach for SEND in West Berkshire, under each of the five strategic themes.

Parents and carers were involved in all strategic group discussions. Building on this work, through a series of visioning events a joint vision statement was developed.

Phase 3: Public Consultation

The SEND Strategic Partnership Board has given agreement for the vision and priorities to be consulted on more widely through a public consultation exercise to run for six weeks from 11 June 2018 to 20 July 2018. This will involve an online survey, alongside a series of public engagement events to seek views from a wide range of key stakeholders and to enable people to share their thoughts and ideas to help shape the final version of the document.

7. Population: some key facts

West Berkshire – The Place and its People

The Council Strategy is about making West Berkshire a better place to live, work and learn. The map highlights some of the key areas of work that have been important in shaping this Strategy.

- 81.6% of working age residents have achieved good National Vocational Qualifications
- 25,798 children in 81 schools, 900 of which have a Special Educational Needs plan
- 67,587 homes (9%) - 6,083 new homes have been built in the last 10 years (incl 1,248 affordable homes)
- Between 2005 and 2015 our population grew by 7% and it is predicted to increase by 6% over the next 10 years.
- Over 640 children in need
- 1,606 older people and adults with a disability accessing long term support in the year
- 159 looked after children
- Population of 156,837 (+0.9%)
- In the top 10% of the least deprived local authorities
- Fewer young people offending
- The crime rate is low (+14%)
- 879.7 miles of road
- 74% of West Berkshire lies within an Area of Outstanding Natural Beauty
- 8,975 registered businesses (+10.5%)

(figure in brackets represents the % change between 2015 and 2017)

West Berkshire makes up over half of the geographical area of the county of Berkshire - covering an area of 272 square miles. It lies on the western fringe of the South East region, centrally located, at a crossroads where the South East meets the South West and where the south coast comes up to meet the southern Midlands.

Nearly three quarters of West Berkshire is classified as part of the North Wessex Downs Area of Outstanding Natural Beauty (AONB), a landscape of the highest national importance. Within the AONB the diversity and mix of landscapes ranges from the high large scale rolling chalk downland with its intensive arable farming, to small hamlets clustered along fast chalk streams, and floodplain with lush wetland vegetation associated with the River Kennet.

West Berkshire has one of the most dispersed populations in the South East with 2.2 people per hectare (ONS Mid-year estimate 2014.)

The proportion of people in the working age group (35-64)

is higher than the national average and we have a marginally smaller proportion of people aged over 65, compared to the South East.

Wards with 20% (1 in 5) of its population of retirement age are Aldermaston, Speen and Westwood.

The youngest Wards in West Berkshire are Chieveley, Clay Hill, Greenham and Thatcham South and Crookham, with an average age of less than 38 years. Those Wards with the highest percentage of 0-9 year olds (15-16%) are Greenham, Sulhamsted and Thatcham South and Crookham.

The significant amount of rural areas within West Berkshire has considerable implications for the commissioning of services for its residents. Access to services will be a challenge in very rural wards, requiring outreach or transport solutions, as people who do not have access to cars will rely on public transport.

In terms of SEND we know:

- Numbers at SEN Support decreased steadily from 2011-2016 but began to rise again in 2017 and are just under national average
- WBC had 897 Statements / EHCPs in 2017, 1.9% of 0-25 population (which compares to 1.6% nationally)
- Number of Statements / EHCPs has increased by 14% since 2011
- Main growth is in the 16 to 25 age group
- Children with ASD form by far the largest % of the Statemented / EHCP cohort at 39%
- The number of children with a Statement / EHCP with a primary need of ASD has risen from 246 in 2011 to 345 in 2017
- The next largest groups of children with a Statement / EHCP are those with a primary need of Moderate Learning Difficulties and Social, Emotional and Mental Health Difficulties
- Numbers attending The Castle and Brookfields Special Schools, maintained by WBC, have increased by 23% since 2011
- The increase in placements is mainly accounted for by children with Moderate Learning Difficulties moving from mainstream schools
- Numbers attending Free Special Schools and special schools maintained by other Local Authorities have increased by 20%
- Numbers in independent and non-maintained special schools have not risen, but costs have increased, and an increase in numbers is expected in 2018-19
- The increase in special school placements is mainly accounted for by children with ASD and SEMH
- There is an increase in both numbers and cost of young people with Statements / EHCPs in FE Colleges

- The budget which funds all EHCPs in mainstream, resourced & special schools and FE Colleges, plus most SEN support services, is called the High Needs Block Budget and is allocated by central Government to LAs
- WBC's HNB budget has been in deficit since 2016-17. This could have an impact on funding of other SEN services
- Generally strong performance of children with SEND at Early Years Foundation Stage
- Performance of children with SEND in Phonics tests is lower than national average for SEND children and the gap between the SEND and non-SEND populations is wider than it is nationally
- Performance of children with SEND at Key Stage 2 & GCSE is variable
- Number of children classified as persistent absentees within the SEND population was lower than national average and decreasing
- % of school sessions missed by children with SEND was lower than national average and decreasing
- Fixed term exclusions of children with SEND lower than national average, though proportion with an identified SEND is increasing
- No permanent exclusions of children with Statements / EHCPs
- Rising number of children at SEN Support being permanently excluded
- % of young people with SEND achieving Level 2 qualification by age 19 years better than national average
- Higher % of young people with SEND aged 17 years are in education, employment or training (EET) than nationally
- However, only 6% of adults with learning disabilities are in employment in WBC (6.3% nationally)

8. The Policy context

Our priorities for children with SEND are shaped by the Children and Families Act 2014. The Act sets out the responsibility to improve services, life chances and choices for vulnerable children and to support families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The Act extends the SEND system from birth to 25, where appropriate, giving children, young people and their parents/carers greater control and choice in decisions and ensuring needs are properly met.

The new approach to special educational needs and disability makes provision for:

- children and young people and their families to be at the heart of the system
- close cooperation between all the services that support children and their families through the joint planning and commissioning of services
- early identification of children and young people with SEN and/ or disabilities (SEND)
- a clear and easy to understand 'local offer' of education, health and social care support to children and young people with SEND and their families
- support provided in mainstream settings where possible for children with more complex needs
- a coordinated assessment of needs and a new Education, Health and Care plan (EHC plan) from the age of 0 to 25 years, for the first time giving new rights and protection to 16-25 year olds in further education and training comparable to those in school
- a clear focus on outcomes for children and young people with EHC plans, anticipating the education, health and care support they will need and planning for a clear pathway through education into adulthood, including finding paid employment
- a focus on living independently and participating in their community
- increased choice, opportunity and control for parents and young people including a greater range of specialist educational provision, mainstream schools and colleges for which Parents, carers and young people to be able to express a preference and the offer of a personal budget for those children and young people who have an EHC plan.

The Local Policy context

The West Berkshire Health and Wellbeing strategy sets out a clear aim to give every child the best start in life. Its strategic objectives are:

- To give every child the very best start in life
- Support mental health and wellbeing throughout life

The SEND reforms are an important cornerstone for the work of West Berkshire SEND Strategic Partnership Board and a key aspect of the West Berkshire Children's Delivery Group.

The Berkshire West Clinical Commissioning Group Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, covers the whole spectrum of services for children and young people's emotional and mental health and wellbeing. It has a vision "to ensure that every child or young person gets the help they need when and where they need it. Its mission is that "by 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing".

This new SEND Strategy aims to ensure that:

- there is a shared, inclusive vision for effective planning for children and young people from 0 to 25
- we will have an effective needs analysis evidence base to help us plan and decide how to best use our resources
- we listen to the views, aspirations and ambitions of children and young people and their parents and carers when we develop and commission person centred services
- resources are used where they will make the biggest difference, supporting integrated working through evidence based practice and early identification
- there are clear and well publicised pathways for children and young people and their families, with swift and easy access to support and effective planning in preparation for adulthood
- we have high quality, effective and accessible provision across universal and specialist support
- we have speedy resolution of problems and disagreements.

9. What we have achieved 2013-18

Our achievements since 2013 include:

- Development and implementation of a person centred Education, Health and Care assessment and planning process which has received positive feedback from parents. One parent said:
  "The EHC is far superior to the Statement. Its focus is my child and is so much more direct with regards to what must be put in place to help him achieve. I thought that it was just another paper exercise but am pleasantly surprised by how it has helped me already in assuring that my son is supported adequately in his further education'

- Very good performance on meeting the 20 week timescale for completion of Education, Health and Care assessments

- Development of Local Offer website, annual Local Offer events for parents and practitioners and outreach support

- Strong strategic co production of services with parents and developing strategic engagement with young people with SEND through the SEND Youth Forum

- Generally good outcomes for children with SEND, with particularly strong outcomes in the Early Years Foundation Stage, good performance of children with EHCPs in Phonics and very good performance of children at SEN Support at GCSE

- A significant reduction in the number of children with SEND being excluded from school, as a result of a successful Exclusion Reduction Strategy

- Evidence from the 2017 SEND Parent Survey of reasonable levels of satisfaction with SEN provision in schools and high levels in relation to some schools. One parent said:
  "X School has a fantastic SEN Department, they communicate well with me and are wonderful with my son and understand his needs"

- A good range of SEN Support services to assist with identification and assessment

- Increased young people with SEND accessing paid employment, some with support from the recently commissioned Supported Employment Service for 16 to 25 year olds with SEND

- Jointly commissioned Emotional Health Academy which provides prompt access to support for children with SEMH difficulties and has reduced CAMHS referrals

10. Our challenges and opportunities
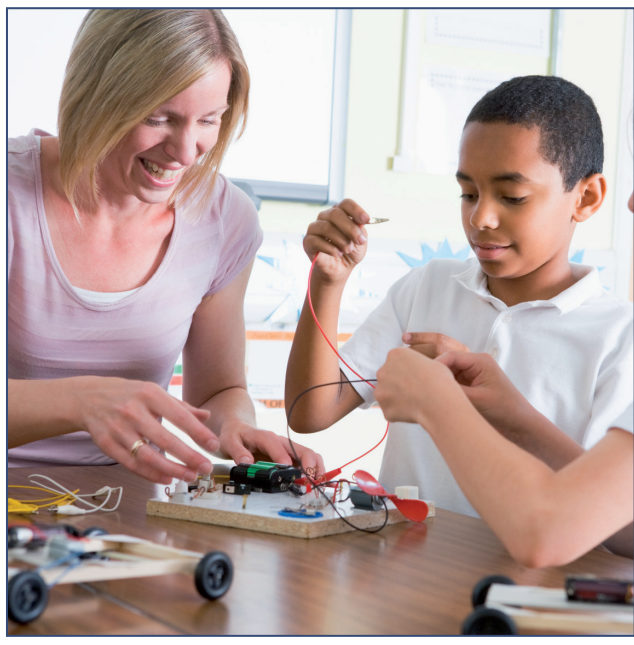
We continue to face a number of challenges, many of which reflect the national position:

- The quality of SEND provision is variable across our schools. Between 14% and 22% of parents who responded to the 2017 Parent SEND Survey expressed dissatisfaction in relation to 12 different aspects of SEND provision in schools.
- Attainment of children with SEND is good in some areas but less consistent in others, for example at Key Stage 2 (the end of primary phase).
- Provision for children with SEND, particularly children with ASD and SEMH, is not yet good enough in some of our schools. Some parents report a lack of understanding of ASD in particular in some schools. One parent said:
  "My son is autistic and a lot of staff forget that especially cover staff and dinner ladies. Because my son is quiet they think he's ok but sometimes he's not"
- There is a significant increase in the number of children being diagnosed with ASD. This is putting pressure on all services. The number of children with ASD moving to specialist placements is increasing. The waiting list for ASD assessment by CAMHS is not getting shorter in spite of additional investment by the CCG.
- The percentage of children with Education, Health and Care Plans who are educated in mainstream schools has reduced from 49.7% in 2013 to 33% in 2017. In addition to ASD placements, increasing numbers of children with SEMH and MLD (Moderate Learning Difficulties) are moving from mainstream to specialist placements. Our local special schools are reaching the limits of building development which can take place on their sites. The increase in specialist placements is also putting a lot of strain on the High Needs Budget which has consistently overspent over a number of years. Reductions have had to be made to some preventative SEND services in order to support the increasing cost of specialist placements.
- There is a need for clearer outcomes data for young people with SEND who attend FE Colleges, and for that data to inform commissioning. For some young people and parents the part time nature of FE College provision is a challenge
- Whilst access to employment is increasing, there is a need to spread good supported employment practice across all our Post 16 Providers and increase access to supported internships and apprenticeships
- Transition from Children's Social Care to Adult Social Care has been problematic in the past. It is improving but there is further work to do to secure timely and smooth transitions in all cases
- There is also a need to clarify pathways from some paediatric health services to adult health services, including therapies and mental health services
- Some children and families would benefit from accessing Social Care support for their disabled child earlier than they currently do. Children who do not meet the threshold for Children's Social Care can sometimes lack support to access social activities and develop friendships and self confidence

We can also take advantage of the following opportunities:

- We have very strong support from local parents who are working with us proactively to assist in the redesign of services. We also have increasing opportunities to involve young people with SEND in service developments through the SEND Youth Forum
- There a very strong working relationships between the Council, the CCG, the Berkshire Healthcare Foundation Trust and the Royal Berkshire Hospital Trust. We have a shared vision for children with SEND and a strong commitment to joint working and joint commissioning
- We have good engagement of local service providers, including schools, who are also keen to be part of our improvement journey for children with SEND
- The creation of more local services and reduction in external placements would allow us over time to invest in more preventative and early intervention services for children with SEND

11. Our strategic priorities for SEND in West Berkshire (2018-2023) and high level action plans

Strategic Objective 1

We want to support early years providers and mainstream schools to improve inclusion and educational outcomes for children with SEND

Research tells us conclusively that high quality care and learning experiences in the early years have a significant impact on outcomes for children and lay the foundations for better life chances. There is no group for whom this is more important than children with SEN and Disabilities.

We are committed to ensuring inclusive education of children and young people and the removal of barriers to learning. There is an expectation that all educational settings will work to enable all children and young people to develop, learn, participate and achieve their best possible educational and other outcomes.

We want every child's needs to be met, as far as possible, in their local community, by local early years providers and mainstream schools.

We expect every early years provider and mainstream school to make effective provision for children with SEND, so that they make good progress in their learning and can move on easily to the next stage of their education and later into employment and independent adult life.

What outcomes do we want to see?

- The percentage of children with SEND assessed in Early Years Foundation Stage as achieving a Good Level of Development to increase year on year. These children are better able to engage with the national curriculum and more likely to reach their full potential at school.
- Children and young people with SEND achieve well at every stage of their learning, including in Phonics, at Key Stages 1 and 2, at GCSE and post 16.
- All children and young people with SEND make good progress relative to their starting points and needs.
- The overall gap between attainment of children with SEND and all children to reduce.
- The number of children with SEND being excluded from school to reduce.

- Good attendance of children with SEND
- Children with SEND to make clear, evidence based progress against their EHC Plan outcomes.
- The percentage of children with Education, Health and Care Plans who are being educated in mainstream as opposed to special schools to increase
- Parents report increasing confidence in the ability of mainstream schools to meet their child's needs

Why is this important?

Parents and carers have told us that it is their most important priority for their children to get the help and support they need at the earliest opportunity. Early identification and intervention is essential to prevent underachievement and improve outcomes and improve children's life chances.

It is particularly important in the early years that there is prompt identification and support for any special educational needs a child may have. Delay at this stage can give rise to further learning difficulties and subsequently to a loss of self-esteem, frustration in learning and possibly to behaviour difficulties.

Children with SEND need to have good quality support in their mainstream schools so that they can achieve their academic potential and maintain their self-esteem and confidence. Schools should have in place robust systems for identifying and assessing need and making provision to meet needs, both for children with SEND who do not have an Education, Health and Care Plan (children at "SEN Support") and for children who have EHCPs. Provision should be person centred so that both the child and the family are involved in decisions about how they will be supported.

If this high quality provision is not in place, children will not reach their potential and may become disaffected, suffer loss of self-esteem and potentially develop emotional or behavioural difficulties.

Most schools in West Berkshire make good provision for children with SEND. However, the performance of children with SEND is not yet as consistently good as we would like it to be and there are too many children with SEND being excluded from school. Some parents report dissatisfaction with SEND provision made by their child's mainstream school.

Most children with SEND should be able to have their needs met in their local mainstream school, with the right support. There will always be some children who will be best placed in special schools. However, we need to ensure that when children move to special schools it is because their needs cannot be met in a mainstream school environment, and not because their school did not have the right knowledge and skills to support them.

What do we need to have in place to achieve our outcomes?

In order to achieve our vision of high quality SEND provision in all early years settings and mainstream schools, we need to have the following in place:

- Integrated reviews for all two year olds in early years provision, to support the early identification of SEND.
- Professionals who work with very young children, including Health Visitors, identifying children with SEND early and making appropriate onward referrals
- Funding arrangements which support children in the early years to be able to access the right support at the right time as part of the graduated approach
- Robust arrangements in early years settings and mainstream schools to identify, assess and support children with SEND, following the graduated approach set out in the SEND Code of Practice ("assess, plan, do, review")
- A knowledgeable and well trained workforce with sufficient skills to support children with SEND effectively in early years settings and schools
- Access for families and schools to a range of support services to assist with identification and assessment
- Good quality information, advice and guidance to assist early years settings and schools to meet the needs of children with SEND
- Commitment to person centred approaches across all education settings and services so that children and families are equal partners in decisions which are made about how their needs will be met
- NHS providers work in a formal partnership arrangement with the Local Authority to provide a joined up approach for children with SEND.

What are our priorities?

Working with partners, including families, the following priorities have been identified:

1. Timely identification and assessment, across education, health and social care, that leads to earlier intervention
2. Development of joined up services and approaches
3. Improve attainment and progress of children with SEND
4. Increase expertise and confidence of staff in mainstream settings to meet the needs of children with SEND

Key Actions.

A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below.

PRIORITY 1: Timely identification and assessment, across education, health and social care that leads to earlier intervention

1.1 Ensure that the two year checks are integrated and are effective in identifying children with SEND and making the necessary onward referrals

1.2 Develop and pilot an identification tool for all early years settings to use to support identification of SEND

1.3 Develop a training module for mainstream schools on early identification of SEND; all SENCOs to be trained as trainers so that they can disseminate the training within their schools and to feeder early years settings. This will include identification of specific literacy difficulties

1.4 Clarify referral processes and pathways to different support services so that early years settings and schools are clear about services which are available and how to refer

1.5 Screen children who are undergoing Education, Health and Care assessments, with parents' consent, to ascertain whether the family would benefit from Social Care support

PRIORITY 2: Development of joined up services and approaches

2.1 Review referral processes for speech and language therapy, occupational therapy and physiotherapy, to see if they could be more streamlined and consistent for children with and without EHCPs

2.2 Review SEN Support services to consider how they could work together more effectively to provide better support to schools and children

2.3 Develop protocols and best practice for transitions from early years settings to schools and between schools

PRIORITY 3: Improve the attainment and progress of children with SEND

3.1 Provide targeted support to schools with higher percentages of pupils with SEND not reaching expected standards, or with higher numbers of children with SEND who are being excluded

3.2 Identify schools which have best practice in getting children with SEND to the expected standard and share their good practice

3.3 Deliver a programme to improve the performance of all children in Phonics, including children with SEND

3.4 Deliver a programme to improve the performance of all children in Mathematics at primary level, including children with SEND

PRIORITY 4: Increase the expertise and confidence of staff in mainstream settings to meet the needs of children with SEND

4.1 Develop and promote the role of SENCO in early years settings

4.2 Support implementation of the new job description and competency framework for SENCOs in early years settings

4.3 Encourage take up by early years settings and schools of SEND Early Years training offered by local specialist services, including Dingley's Promise, a local specialist early years provider

4.4 Identify examples of good practice in SEND in mainstream settings and disseminate through best practice sessions at SENCO networks and Heads' Forum meetings

4.5 Increase the reach of training opportunities by, for example, offering within school training in schools where specific areas for development have been identified

4.6 Develop an on line forum for SENCOs

4.7 Deliver to schools and other professionals a new training module on Autistic Spectrum Disorder

4.8 Extend awareness of PPEP care training modules and their delivery in schools (see glossary)

4.9 Develop a West Berkshire ASD Pack for schools

4.10 Increase access to training in ADHD

4.11 Increase access to training on attachment difficulties

4.12 Establish behaviour and attendance leads in secondary schools and some targeted primary schools and offer a professional development programme

4.13 Develop SEMH guidance and resource bank, including guidance on behaviour and disciplinary policies and anti bullying policies.

4.14 Review SEND training for NQTs

4.15 Promote disability awareness training in schools.

4.16 Promote duty of schools to publish an access plan

4.17 Promote secondments between mainstream and special schools

Strategic Objective 2

We want to develop a continuum of local provision to meet the needs of children with SEND, including MLD, ASD and SEMH

West Berkshire Council maintains a range of provision for children with special educational needs. Most children with SEND will have their needs met in their local mainstream schools. All schools have delegated SEN budgets to help them to support children who have SEND but who do not have an Education, Health and Care Plan, that is, children who are at "SEN Support". In the case of children with Education, Health and Care Plans, the school's resources will be supplemented by additional funding provided by the Local Authority.

Where children with EHCPs cannot have their needs met in their local school, they may attend a West Berkshire mainstream school with a resourced unit attached to it, or a West Berkshire maintained special school.

West Berkshire maintains 11 resourced units in mainstream schools:

The Winchcombe Primary School – speech and language difficulties
Speenhamland Primary School – physical disabilities
Westwood Farm Infant and Junior Schools – hearing impairment
Theale Primary School – ASD
Fir Tree Primary School - ASD
Kennet School – hearing impairment
Kennet School – physical disability
Trinity School – ASD
Theale Green School – ASD
Trinity School – specific learning difficulties

In addition, West Berkshire has two maintained special schools, The Castle School and Brookfields School, which both cater for children aged 3 to 19 with learning difficulties who may have other associated difficulties such as physical disability, ASD or sensory impairment. We have also developed local provision for children with SEMH – Engaging Potential.

Children whose needs cannot be met in a West Berkshire resourced unit or special school may attend a non- West Berkshire special school. This could include special schools maintained by other Local Authorities, Free Schools and independent and non- maintained special schools.

West Berkshire Council has developed its provision over time to meet changing needs. However, there is now a high level of pressure for places in our local special schools which needs to be addressed, as well as increasing numbers of children transferring to non- West Berkshire special schools.

As a small unitary Local Authority, West Berkshire will never be entirely self- sufficient in being able to meet the needs of all children with SEND locally. However, there is scope to develop more local provision so that more children are able to have their needs met in local schools and within their own communities.

What outcomes do we want to see?

- Most children with EHCPs attend and achieve well in high quality local provision and are able to remain with their families and in their local communities
- Children remain in contact with local services, as a result of remaining within local education services, and so have continuity of support
- There is an enhanced range of local specialist provision and reduced reliance on external specialist placements

Why is this important?

Most parents / carers of children with SEND tell us that they would prefer their children to be educated locally, provided that suitable high quality provision is available. Where children have to be placed in non- West Berkshire special schools, these can sometimes be some distance away, which makes contact between home and school more difficult, disrupts the young person's local friendships and can affect access to support services. Where children need to be placed in residential schools, this can make reintegration to the local community and to local learning and employment opportunities more difficult when the young person reaches adulthood.

In addition, the cost of specialist placements outside of West Berkshire is rising to a significant extent; the rate at which these costs are rising is not sustainable in the long term and could lead to a reduction in local SEND support services in order to move resources in to specialist placements.

It is fully acknowledged that there will always be some young people who require very specialist provision which cannot be provided within West Berkshire. However, if we can create additional local provision to meet the needs of some of these young people, this will have benefits for those young people and their families and will also enable us to contain costs of specialist placements and protect local SEND support services.

What do we need to have in place to achieve our outcomes?

In order to achieve our vision of an increased range of local high quality SEND provision, we will need to have the following in place:

- Agreement of local schools to host new provision, where the provision is going to be linked to an existing mainstream or special school
- Support from other local agencies, including Health, to develop new facilities in partnership
- Support from local parents to co-design the new provision and ensure it meets parents' requirements
- Capital funding where necessary from the Education Capital Programme
- Agreement from the Schools Forum to allocate resources to meet the set up and running costs of new specialist provision

What are our priorities?

Working with partners, including families, the following priorities have been identified:

1. Develop more local provision for children with ASD who are broadly in the average range of cognitive ability
2. Develop more local provision for children with SEMH difficulties
3. Develop more local provision for children with moderate learning difficulties
4. Improve multi agency intervention for children with learning difficulties who display very challenging behaviours

Key Actions.

A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below.

PRIORITY 1: Develop more local provision for children with ASD who are broadly in the average range of cognitive ability

1.1 Consider feasibility of setting up new primary provision for children with ASD linked to a mainstream primary school, but which offers the opportunity for children to access the full curriculum in the provision if they are unable to access mainstream lessons

1.2 Consider feasibility of setting up new secondary provision for children with ASD linked to a mainstream secondary school, but possibly on a different site, and which offers the opportunity for young people to access the full curriculum in the provision if they are unable to access mainstream lessons. The provision will include post 16.

1.3 Make a case to the Schools Forum to consider enhancing the existing ASD Advisory Team to include trained teaching assistants, working under the supervision of ASD teachers, who can be deployed in schools to support children with ASD

PRIORITY 2: Develop more local provision for children with SEMH difficulties

2.1 Consider the establishment of nurture groups in targeted mainstream schools

2.2 Develop an ADHD Advisory Service, or a broader neuro developmental advisory service for ASD and ADHD

2.3 Consider models of good practice for reducing exclusions at Key Stage Three (12 to 14 year olds) and develop proposals for new KS3 provision, possibly linked to the PRU Service

2.4 Review provision of therapies in PRUs

2.5 Develop new secondary SEMH provision, linked to a mainstream school but possibly on a different site

2.6 Consider whether there is a demand for a new SEMH resource for highly anxious students

2.7 Create links between the Emotional Health Academy and the Anxiety and Depression Clinic and develop new SEMH provision in partnership with these and other relevant services

PRIORITY 3: Develop more local provision for children with moderate learning difficulties

3.1 Profile the children with MLD who are transferring from mainstream to special schools to establish the nature of their learning needs, additional difficulties and age profile to determine feasibility of catering for more of these pupils in MLD resourced units in mainstream schools

3.2 Subject to the above, develop resourced units for children with moderate learning difficulties in primary and secondary schools for children whose needs cannot be met in their local school but who would benefit from some continued access to a mainstream school environment

PRIORITY 4: Improve multi agency intervention for children with learning difficulties who display very challenging behaviours

4.1 Review the multi-agency support which is available for children with learning disabilities who display extremely challenging behaviours to establish whether better multi agency intervention in these cases would enable more children to remain in the local area

4.2 Use case studies of children with highly challenging behaviours who have moved to specialist placements to identify any gaps in services and opportunities for better joint working and commission services accordingly

Strategic Objective 3

We want to improve post 16, education, learning, employment and training

We want all young people with SEND in West Berkshire to fulfil their potential and, as far as possible, meet their aspirations; so that they lead happy, healthy lives and are able to make positive contributions as members of their communities.

We want to support this vision through high quality provision in education, training, work experience, apprenticeships and study programmes that support young people into engagement or employment and provide them with skills for independent or supported living.

What outcomes do we want to see?

- Provision available to all young people with SEND aged 16-25 to access purposeful activities (including education, work experience, supported employment, supported internships, apprenticeships, training including voluntary and community projects as appropriate)
- All young people with SEND have a clear destination pathway and they are able to make appropriate progress, whatever their starting point.
- All young people with SEND post 16 and their parents and carers have access to high quality impartial careers advice and guidance which prepares them for their next steps in life
- All young people have access to work related learning activities, as appropriate to their level of ability, to enable them to work towards paid employment wherever possible
- Through partnership working and joint commissioning arrangements for post 16 SEND services are delivered in a coordinated way
- All young people have access to a range of SEND post 16 services and support to provide increased choice and control

Why is this important?

Young people and young adults, as well as their parents / carers sometimes express their frustration at the lack of information and planning for when young people leave school (year 11 or year 13/14) and college. The number of young people with SEND who currently access apprenticeships, supported internships, supported employment, and ultimately paid employment, needs to increase. On occasions, learners with SEND repeat courses, which do not offer progression or adequate preparation for adulthood.

Although progress has been made in a number of areas of the post 16 curriculum in recent years, both professionals and parents recognise that post 16 SEND provision can be fragmented, lacking in coherence and does not prepare young people with SEND for work or independence as well as it could. Whilst the number of young people with SEND who are NEET (Not in Education, Employment or Training) compares well to national averages, there are still too many young people with SEND who are not engaged in education, training and or employment after leaving school or college. There is a lack of reliable data on the number of young people with EHC Plans who become NEET after they leave College.

What do we need to have in place to achieve our outcomes?

We need a clearly defined multi agency 16-25 pathway for all young people with SEND and young adults that enables participation in appropriate learning opportunities which enable young people to reach their potential and achieve as much independence in life as they can, including paid employment wherever possible. There is no automatic entitlement for young people with an EHCP to remain in education until the age of 25, and for some young people there will be more appropriate pathways to adult life. However, our vision of SEND post 16 recognises that some young people with SEND will require longer to achieve their education or training outcomes to enable them to prepare for adulthood in a meaningful way.

Therefore, our SEND post 16 vision is about having in place:

- High quality provision for education, work experience, supported internships and employment
- Jointly commissioned arrangements and agreed protocols between the West Berkshire SEND Strategic Partnership Board, its partners and its providers for agreed standards of provision
- Increased options and appropriate pathways post 16 with West Berkshire and its neighbouring Local Authorities through development of joint provision where appropriate
- Strengthened collaborative partnership working between Education, Children's and Adult Social Care services and Health to enhance local provision for young people with significant needs

What are our priorities?

With reference to the Ofsted Moving Forward Report (March 2016) and in capturing the discussions from West Berkshire stakeholders, including parents, carers and young people, the following priorities have been identified:

1. Develop the range and choice of local post 16 SEND provision
2. Develop pathways to sustainable employment
3. Improve the quality and accessibility of information about post 16 options for young people with SEND and develop training and guidance for families, providers and employers
4. Develop systems for collecting and monitoring outcomes data from post 16 education providers

Key Actions.

A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The sections below summarise the key actions which are proposed.

Priority 1: Develop the range and choice of local post 16 SEND provision

1.1 Map existing post 16 provision, placement patterns, outcomes, future needs and gaps and produce recommendations for future commissioning

1.2 Create more joined up packages of support around young people whose college placements are part time

1.3 Provide better access to speech and language therapy, occupational therapy and physiotherapy in local FE colleges

1.4 Extend the model of post 16 Education providers running social enterprises to provide real work experience for students

1.5 Support mainstream secondary schools to develop their post 16 offer for young people with SEND, offering greater choice and flexibility and using models of good practice

1.6 Develop a new post 16 GCSE programme at Newbury College for learners with additional needs, who may need to take fewer subjects or need more time to complete courses

1.7 Develop new local post 19 provision for young people who are capable of progressing to employment, but who may be vulnerable in a large college environment, focusing on life skills and employment

Priority 2: Develop pathways to sustainable employment with partner agencies

2.1 Work with local employers, through the Local Enterprise Partnership, to make the business case for employing young people with SEND and encourage alternative means of recruitment, eg. work trials and apprenticeships.

2.2 Create locally agreed standards and definitions for work experience and supported internships

2.3 Promote the use and understanding of supported employment practice across all Education providers, through guidance and training

2.4 Increase the number of qualified job coaches across all post 16 Education providers

2.5 Develop the Council's role as an employer of young people with SEND

2.6 Develop more supported internship opportunities through schools, FE Colleges and other providers, which lead to paid employment

2.7 Develop support for young people to set up their own businesses

Priority 3: Improve the quality and accessibility of information about post 16 options for young people with SEND and develop training and guidance for families, providers and employers

3.1 Review and improve the content of the Local Offer in relation to FE and employment

3.2 Create information leaflets on pathways which are made available to parents by schools, early in the transition planning process

3.3 Disseminate information and best practice guidance to parents, practitioners and employers from the British Association for Supported Employment, including within school / College training

3.4 Identify young ambassadors to promote the range of post 16 options including supported internships and employment

3.5 Run an annual SEND employment conference for families and providers

3.6 Create a SEND Careers pack for mainstream schools

3.7 Work with the local SEN & Disability Information Advice and Support Service (which provides independent advice for parents and young people) to develop their role in offering information and advice on post 16 options

Priority 4: Develop systems for collating and monitoring outcomes data from post 16 education providers

4.1 Agree with local providers a standardised system for reporting on outcomes / destinations from courses undertaken by young people with SEND

4.2 Incorporate clearer outcome data requirements in to the commissioning expectations for education providers where the Local Authority is funding placements

4.3 Outcomes data from post 16 education providers to be routinely used to inform commissioning, including progression to HE

4.4 Collate outcomes data on the numbers of young people with SEND going to university

Strategic Objective 4

We want to develop positive transitions for young people with SEND to enable them to prepare for adulthood

All young people with SEND and their carers should experience the transition to adulthood as a positive time. We want to prepare disabled children and young people for adult life as early as possible in order to allow them to develop the skills and knowledge they will need to have choice and control over their lives.

We want to achieve our vision by:

- Supporting young people with SEND to reach their potential as adults by developing the skills they need in order to be able to make informed decisions about the future
- Ensuring the transition process is driven by the needs, views and wishes of the young person and their family
- Supporting young people with SEND and their families to understand their rights and the options available to them

What outcomes do we want to see?

The outcomes that form the focus of this objective are written from the young person's perspective and are:

- I will be able to live as independently as possible
- I am receiving the services I need, when I need them.
- I understand what is planned and when things will happen, I am not surprised or worried about what is happening as I have the information I need.
- I am able to voice my views, wishes and opinions and they are listened to.
- I know who to ask for help if I am not sure of something and they respond to me in a timely way.
- My family and I understand what will happen to my funding as I transition to adulthood.
- I will be helped to make choices about my future, including where I will live and where I will go to school, college or work.
- I can access an advocate to support me and to make sure my views are heard and responded to.

Why is this important?

Parents and carers identify preparation for adulthood as one of their greatest areas of concern, particularly the transfer from Children's to Adult Social Care Services, including support with independent living, and from paediatric to adult Health Services. We know from research that it has traditionally been the case that disabled children are likely to have poorer outcomes across a range of indicators compared to their non-disabled peers, including lower educational attainment, less access to health services and therefore poorer employment outcomes .

For any young person, the journey from childhood to adulthood involves consolidating their individual identity, achieving independence, establishing adult relationships and finding meaningful occupation. For those who have long term conditions and or disabilities this passage brings additional concern about whether, how and where their on-going educational, health and social care needs will be met.

Additionally, in many cases the health needs of these young people will have been met by the same people who have looked after them for as long as they can remember. So, one of the changes as they reach adulthood is the transfer to an adult environment, where they may need to consult several different health teams, therapy teams and adult social care services. This transition is a major milestone and a period where a young person's health and social needs should be regularly reviewed and assessed. It is a time that is recognised as one of increased risk. Young people move from the "safe" environment of paediatric teams, who generally coordinate all their health service environments, to a very different adult environment where they may need to consult several different health teams, therapy teams and adult social care services.

At the same time these young people are experiencing all the other changes that take place as they approach adulthood, including the need to establish their own identity, have friendships and feel part of their community. Many of them are dependent on their parents, carers and health services for some or all of their health and personal needs. These young people and their families face continuous challenge in their everyday life.

Poorly managed transitions can lead to poor health and long term life outcomes. Effective preparation for adulthood, on the other hand, can have a very positive effect in ensuring continuity of support and promoting independence.

Research and evidence show that preparing young people with disability for adulthood can be challenging. Planning for the changes adulthood brings needs to start early and needs to fully involve young people and their families. Young people and their families need access to personalised advice and guidance and understand early, the type of support that might be available to them as adults, so that they have plenty of time to prepare for any possible changes. Young people need to be given the chance to develop new skills that will maximise their chances of being able to live as independently as they can and being able to enter paid employment where possible.

Whilst a lot of work has been done locally to improve the process of transition to adulthood, both in Health and Social Care (including the appointment of a Transitions Manager), it is recognised that there is more work to be done to achieve smooth transitions between services and provide the correct support to enable young people to be well prepared for adulthood.

What do we need to have in place to achieve our outcomes?

Our vision for preparation of young people with SEND for adulthood will require us to have in place:

- A clearly understood transition process which sets out who should be involved and what is expected of professionals and within what timescales, so that parents can hold services to account
- Clear and timely plans to support young people's transition
- Assessment processes which fully involve the young person and their family
- Good quality information about what to expect and support available
- Access to advocacy support for young people if needed

What are our priorities?

1. Professionals and services are working together jointly and effectively
2. Development of more personalised services for young people moving in to adulthood
3. Children and young people with SEND have appropriate assessments and plans at the right time
4. Clear, accessible and up to date information is available

Key Actions.

A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below:

Priority 1: Professionals and services are working together jointly and effectively

1.1 Review processes for transition from Children's Therapy Services to Adult Therapy Services and from the Child and Adolescent Mental Health Service to adult mental health services

1.2 Ensure that the existing Multi Agency Transition Protocol is embedded in practice and develop systems for monitoring implementation

1.3 Increase joint commissioning of services between agencies, eg. supported employment services provided by Children's Services and by Adult Social Care

1.4 Make better joint use of data to identify future needs and inform future commissioning, eg. of supported living arrangements

Priority 2: Development of more personalised services for young people moving in to adulthood

2.1 Increase the personalisation of individual service packages through increased use of Direct Payments in Adult Social Care

2.2 Review ways in which Adult Day Services can provide more personalised support for individual young people

Priority 3: Children and young people with SEND have the appropriate assessments and plans at the right time

3.1 Ensure that agreed processes for early referral from Children's Social Care to Adult Social Care are embedded in practice and improve monitoring of implementation

3.2 Ensure that Education, Health and Care Plans for young people aged 18 to 25 include appropriate outcomes and provision related to Adult Social Care and Health Services, and that they are consistent with ASC Care and Support Plans and the young person's Health Plan, where one exists

3.3 Agree protocols and processes to share and access Health Plans with appropriate professionals, subject to the consent of the young person and their family

3.4 Introduce a "person centred test" to apply throughout the whole transition assessment and planning process

3.5 Collect feedback from families on their experience of transition and use this to develop practice

Priority 4: Clear, accessible and up to date information is available

4.1 Introduce a transitions awareness element within the annual Local Offer event

4.2 Ensure staff and professionals are fully aware of the transitions processes of all relevant agencies and are able to clearly communicate this to young people and their families

4.3 Produce, with families, an information and guidance pack (including a young person friendly version) detailing the criteria for accessing services, transition processes and providing guidance n support and services

Strategic objective 5:

We want children and young people with SEND to enjoy good physical and mental health and wellbeing

We know that healthy, happy children perform well at school, and we know how significant an impact a child's physical and emotional health has on their access to education and their long term life chances.

We will work together in partnership with children and young people and their carers to improve access to the support they need in order to have good health, from both universal and specialised services.

What outcomes do we want to see?

The outcomes that form the focus of this objective are written from the young person's perspective and are:

- I have information about my health provision clearly explained to me
- I am learning how to manage my own health and wellbeing.
- I can use universal services that understand and accommodate my needs.
- I am satisfied with the quality of services I am offered to meet my needs and have confidence in the professionals working with me.
- I feel I am involved in planning and decision making about my health
- My family has the support they need to help them to support me
- I have effective support networks, with friends and family and in my school
- My care is coordinated and connected so people understand my needs and jointly meet them so that I don't have to keep telling my story

Why is this important?

We know that a healthy start in life and good early child development, healthy lifestyle and good emotional health help children to overcome the challenges they may face from time to time. Most children and young people who do not need specialist care and support will access local universal services (for example, GPs, health visitors, school nurses). They should be also able to use and enjoy leisure, play and youth facilities, as these social opportunities are important for good emotional health.

We want to ensure that children with SEND have access to universal services appropriate to their needs, and to any specialist health support they may require.

Where children, young people and families need extra or specialist support, we also know that local education, care and health services delivered in an integrated way leads to better outcomes.

What do we need to have in place to achieve our outcomes?

In order to achieve our vision for the health and well being of children with SEND, we will need to have in place:

- Universal health services which have the appropriate training and support to meet the needs of children with SEND
- Specialist health services which can be accessed in as timely a way as possible, and support made available for families if they do need to wait to access services
- All providers offering person centred services which put the child at the centre
- Good coordination between services
- Support systems for parents and carers of children with SEND
- Help for young people with SEND to develop self confidence and resilience

What are our priorities?

1: Empower young people with SEND and their parents/carers to understand their health and wellbeing needs

2: Support carers and families to enable them to meet their own and their child's needs

3: Improve access to local community based universal services and specialist services

4: Develop care that is more connected and coordinated

5: Promote awareness of and access to services that support families with children who are awaiting assessments by the Child and Adolescent Mental Health Services (CAMHS)

Key Actions.

A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below.

Priority 1: Empower young people with SEND and their parents/carers to understand their health and wellbeing needs

1.1 Review health and wellbeing training and support for schools and young people with SEND to ensure that tailored support is available for children and young people with additional needs

Priority 2: Support carers and families to enable them to meet their own and their child's needs

2.1 Improve professionals' awareness and understanding of the mental and physical health and wellbeing needs of carers and how to support them

2.2 Map and promote existing resources and services which are available to support parents and carers of children with SEND

2.3 Further develop, support and increase carer support networks and seek to strengthen their links with schools

2.4 Review support which is available for parents on issues such as eating, sleeping, toileting and behaviour.

2.5 Promote awareness and support for young carers.

Priority 3: Improve access to local community based universal services and specialist services

3.1 Support universal services, including GPs, school nurses and health visitors, to help them to identify children or young people with SEND, make appropriate referrals and provide support to the family

3.2 Scope gaps in therapy advice and provision, including post 16

3.3 Consider how it may be possible to remodel services / redistribute resources in order to reduce waiting times for CAMHS

3.4 Ensure that ASD, ADHD and anxiety pathways are transparent and understood by all agencies.

3.5 Review access to emotional health and wellbeing support for children with learning disabilities

3.6 Raise the profile of the deaf CAMHS Service and the Adult Social Care Learning Disabilities Health Team

Priority 4: Develop care that is more connected and coordinated

4.1 Develop more joined up information systems across Health and the Local Authority

4.2 Investigate opportunities to improve joint working for SEND through the Connected Care Programme

4.3 Develop more joint or aligned commissioning of services between the Local Authority and the CCG, informed by better data analysis

Priority 5: Promote awareness of and access to services that support families with children who are awaiting assessments by the Child and Adolescent Mental Health Services (CAMHS)

5.1 Consider further development and promotion of the "Young Sharon" on line support service for families of children who are awaiting ASD assessment and review its impact

5.2 Review the impact of the workshops which have been offered for families of children who are awaiting ASD diagnosis

5.3 Ensure that all SEND training for schools emphasises the need for schools to respond to a child's presenting needs and provide support regardless of diagnosis.

12. What will success for children and young people with SEND look like in 2023?

The strategy will be deemed successful if:

- There are clear processes to identify children's needs early and partners communicate and coordinate services well, working together to meet these needs
- Early preventative services help parents to provide appropriate physical and emotional care to their children
- We rely less on statutory assessment of children's special educational needs (SEN) and more on getting the right level of support when it is needed
- Reviews are thorough and lead to improvements in outcomes for the child or young person
- Children and young people with SEND can take part fully in all aspects of education, community and fun activities
- We meet children's needs in mainstream settings wherever possible, and when more specialist help is needed, we are able to provide this in West Berkshire wherever possible
- We use appropriate evidence based interventions so all children and young people with SEND make good progress with their learning and social and emotional development over time
- There is well-coordinated transition for children and young people at all key points through to adulthood, and children, young people and families are positive about their experiences
- Children and young people with SEND have high aspirations, and we support them to be independent, and well prepared for adult life
- We know that provision is improving outcomes; that aspirational yet realistic targets are agreed and progress towards them monitored, and that children and young people with SEND, and their parents and carers, have been involved in setting and reviewing goals
- We give young people with SEND and their parents/carers the right information and advice about the services they can use, at the right time
- Practitioners in education settings feel confident about providing for children with a broad range of SEN and working closely with their parents to provide effective evidence based approaches across the setting
- Children and young people with SEND and their families regularly have a say in designing and evaluating services
- The families of children and young people with SEND tell us that they are satisfied with services and that their needs have been met appropriately
- Our workforce has the right skills and competencies to meet the needs of children and young people with SEND
- Children and young people with complex and additional needs have more choice in services based in the community.

13. Taking the SEND strategy forward - Governance, Monitoring and Review

The delivery of our strategy is not the responsibility of a single agency. It requires a partnership approach, owned by all stakeholders working with children, young people and families. These include health, education, social care, schools and voluntary and community organisations.

Consequently, governance for this strategy will be provided by the West Berkshire SEND Strategic Partnership Board.

We will ensure that work undertaken to achieve our vision and priorities in this Plan is monitored and challenged through the SEND Strategic Partnership Board.

The Board will bring together the local plans, partnerships and initiatives to enable public, private, community and voluntary sectors to work effectively together to deliver on the priorities set out in our Strategy.

The West Berkshire Children's Delivery Group will provide the strategic drive, co-ordination and oversight by receiving regular performance and outcome indicator reports on progress against objectives, while partners grouped under thematic priorities will be the delivery vehicle for implementation of the strategy.

The Children's Delivery Group will be responsible for reporting our progress to the West Berkshire Health and Wellbeing Board which is accountable for enabling integration across all areas of health and social care. The Health and Wellbeing Board are the local system leaders and will be responsible for ensuring that SEND issues are embedded effectively throughout relevant plans and in the delivery of the Health and Wellbeing Strategy.

Appendices

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Appendix 1 - Definition of Disability; Definition of Special Education Needs (SEN)

Children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them.

Children of compulsory school age or a young person have a learning difficulty or disability if they:

a) Have a significantly greater difficulty in learning than the majority of children of the same age; or

b) Have a disability which prevents or hinders them from making use of educational facilities of any kind generally provided for children of the same age in mainstream schools or mainstream post 16 institutions within the Local Education Authority area

c) Are under compulsory school age and fall within the definition at a) or b) above or would so do if special educational provision was not made for them.

For children aged two or over, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers.

For a child under two years of age, special educational provision means educational provision of any kind.

Children and young people with SEND

We know that children with SEND will often have more than one type of need. These children and their families may require additional support for them to help achieve their full potential. Many of these children receive multi-agency input from health services, early years and education and social care, who work closely with families to maximise outcomes for these children and support the families.

Collecting data on children with special educational needs and disabilities is complex because there are a number of definitions, cohort sizes and methodologies in use. There are two main statutory sources of data for children with SEND in schools:

- Information collected by all the maintained schools in West Berkshire as part of the annual school census on all pupils (aged 4) irrespective of where they live

- The SEN2 return is the annual data survey that collects information on all SEN statements and EHC plans of West Berkshire's children and young people.

The DfE refer to four broad areas of need and we adopt this national terminology in order to reliably benchmark our management information systems (data) with national data.

These categories are:

Communication and interaction (incorporating autism and speech, language & communication needs)

Cognition and learning (incorporating specific learning difficulties; moderate learning difficulties; severe learning difficulties and profound & multiple learning difficulties)

Social, emotional and mental health (this has changed from behaviour, emotional & social difficulties in order to separate conduct issues from SEN, with an expectation that underlying causes for 'behaviour' should be fully investigated and not assumed to be child level need)

Sensory and/or physical (incorporating hearing impairment, visual impairment, multi-sensory impairment and physical disabilities)

Appendix 2 - The difference between "children" and "young people"

The Code of Practice paragraph 1.8 sets out the implications of the difference between 'child' and 'young person' in law. The Children and Families Act 2014 gives significant new rights directly to young people once they reach the end of compulsory school age (the end of the academic year in which they turn 16).

When a young person reaches the end of compulsory school age, local authorities and other agencies should normally engage directly with the young person rather than their parent, ensuring that as part of the planning process they identify the relevant people who should be involved and how to involve them. A person is no longer of compulsory school age after the last day of the summer term during the year in which they become 16.

This distinction is important because once a child becomes a young person they are entitled to take decisions in relation to the Act on their own behalf, rather than having their parents take the decisions for them. This is subject to a young person 'having capacity' to take a decision under the Mental Capacity Act 2005.

Appendix 3 - The legal requirements underpinning this strategy

In relation to special educational needs and disabilities (SEND), all statutory services are currently bound by three pieces of legislation and the associated statutory guidance:

1. The Children and Families Act 2014, The Carers Act 2014 and the Equality Act 2010.

   The Carers Act mirrors the Children and Families Act in relation to SEND as this legislation applies to young people with SEND from the age of 18, and wholly so from the age of 25. In The Children and Families Act 2014 (Part 3 relates to SEN) and the SEND Code of Practice set out the following:

   - The strategic planning duties apply to all disabled children and young people and those with SEN;
   - The individual duties generally apply to children and young people with special educational needs and disabilities. Individual duties related to children and young people with a disability are also contained in the Equality Act 2010.

2. The Equality Act 2010 brought together a range of existing equality duties and requirements within one piece of legislation. The Act introduced a single Public Sector Equality Duty (PSED) or 'general duty'; this applies to public bodies, including maintained schools and academies; free schools etc. It covers all protected characteristics - race, disability, sex, age, religion or belief, sexual orientation, pregnancy and maternity and gender reassignment. This combined equality duty came into effect in April 2011.

The duty has three main parts. In carrying out their functions, public bodies (including educational settings) are required to have due regard to the need to:

1. Eliminate discrimination and other conduct that is prohibited by the Act,
2. Advance equality of opportunity between people who share a protected characteristic and people, who do not share it,
3. Foster good relations across all characteristics - between people who share a protected characteristic and people who do not share it.

All settings: early years providers, schools/academies, FE colleges, sixth form colleges, 16-19 academies and independent special schools approved under Section 41 of the Children and Families Act 2014 have duties under the Equality Act 2010.

All publicly funded early years providers must promote equality of opportunity for disabled children. Schools, academies and colleges have wider duties to prevent discrimination, to promote equality of opportunity and to foster good relations.

Local authorities are required to put in place an Accessibility Strategy as specified in schedule 10 of the Act: Accessibility for disabled pupils.

All schools/academies are required to put in place an Accessibility Plan, covering the same responsibilities (see schedule 10). They are also responsible for the provision of auxiliary aids and services for individual pupils. All schools/academies must make reasonable adjustments to meet the

individual needs of children and young people with SEND; this will address the needs of the majority. More specific local guidance about schools' responsibilities is available on the local offer website

Schedule 10 says:

An accessibility strategy is a strategy for, over a prescribed period:

(a) Increasing the extent to which disabled pupils can participate in the schools' curriculum

(b) Improving the physical environment of the schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools;

(c) Improving the delivery to disabled pupils of information, which is readily accessible to pupils who are not disabled.

The delivery of information in (c) must be:

- Within a reasonable time;
- In ways which are determined after taking account of the pupils' disabilities and any preferences expressed by them or their parents.

Appendix 4: Support and Services

The range of support available to children and young people with SEND from the age of 0 up to the age of 25 as appropriate, is set out on the West Berkshire SEND Local Offer website which was launched in September 2014. Since then, in order to continue to meet the requirements of the SEND reforms, and as a result of feedback and involvement by young people, parents, carers and practitioners the Local Offer has been further developed to make the information and range of support more accessible and relevant.

The Local Offer website includes information about the services and support available to children and young people, and their parents and carers. It ranges from information about universal support to targeted and specialist services. It can be filtered by age group (infants & young children, school age children & young people and preparing for adult life) as well as geographic location.

The services and support are currently categorised under the following broad themes:

- Care and Support
- Childcare and Short Breaks
- Leisure and Recreation
- Education and Learning
- Health and Wellbeing
- Preparing for Adulthood
- Travel and Transport

The Local Offer is intended to be a live resource, responsive to local needs with feedback from young people, parents, carers, practitioners and other stakeholders key to its continuous development. The Local Offer is therefore updated on an ongoing basis to ensure it correctly and accurately reflects the area wide local SEND offer.

The West Berkshire local offer can be accessed via:

http://fis.westberks.gov.uk/kb5/westberkshire/fsd/localoffer.page

Appendix 5: A glossary of terms used in the strategy

Academy schools are state-funded schools in England which are directly funded by the Department for Education and independent of local authority control. The terms of the arrangements are set out in individual Academy Funding Agreements.[1] Most academies are secondary schools (and most secondary schools are academies).

Autism Spectrum Disorder (ASD) ASD is a developmental disorder that affects a person's social interaction, communication, interests and behaviour.

Attention Deficit Hyperactivity Disorder (ADHD) Attention deficit hyperactivity disorder (ADHD) is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness

Assessment A process that identifies the strengths and needs across all areas of a child or young person life. An assessment usually involves parents and professionals working with the child or young person to identify any support that is needed.

Assessment coordinator This person is the main point of contact for parents and carers and manages the Education, Health and Care Plan assessment and planning process for children and young people with SEND.

CAMHS Children and Adolescent Mental Health Service.

CCGs Clinical Commissioning Groups were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

Developmental delay A developmental delay is when a child is not meeting their milestones and usually refers to young children.

Direct payments Payments made to a parent or carer (or if appropriate the young person) on behalf of their child or young person so that they can buy services themselves based on their assessed needs.

Early Years Provider/Provision A setting that provides care and education for any children from age 0-5 years old. This could include a pre-school, day nursery, childminder or before/after school provision. Early Years providers may be privately owned, run by voluntary committees or independent (Independent Schools), or maintained by the Local Authority.

Education, Health and Care Plan (EHCP) If you have significant special educational needs, this is a single document, to be used from birth to 25 years of age that sets out your needs and the outcomes you want to achieve.

Emotional Health Academy The Emotional Health Academy is West Berkshire's early intervention emotional health service. The service opened in April 2016 and works alongside services in the public and voluntary sector, including GPs and schools, to strengthen wellbeing and resilience in West Berkshire children, young people and families. The Academy draws on funding from the Local Authority, CCG, Public Health and schools.The goal of the Academy is to support children and young people as early as possible and to stop emotional health problems from getting worse.

Eligibility criteria These are requirements that a child or a young person and family may have to meet to receive a specific service.

Free School in England is a type of academy, a non-profit-making, independent, state-funded school which is free to attend but which is not wholly controlled by a local authority.

Independent Special School Under the Children and Families Act 2014, an independent special school (sometimes called an independent specialist school) is an independent school that is 'specially organised to make special educational provision ('SEP') for students with special educational needs'.

Keyworker Someone who coordinates the assessment and planning process for the child or young person and their family.This person helps to maintain relationships between the family and practitioners and helps the family through the process.

Learning disability A learning disability affects the way someone learns, communicates or does some everyday things. There are many different types of learning disability. They can be described as mild, moderate, severe or profound.

Maintained schools These are state schools funded by public money. They provide education free of charge. Most of this type of school in West Berkshire offer mainstream education, although there are also two maintained special schools.

Non maintained special school A non-maintained special school ('NMS') is a school that is not maintained by a local authority and is specially organised to make Special Educational Provision for children and young people with SEN. The majority of their funding comes via tuition fees.

Nurture groups Nurture Groups are a specialist form of provision for pupils with social, emotional and mental health difficulties. They provide a bridge to reintegration in to mainstream classrooms.

Occupational therapists (OT) Occupational Therapists promote children and young people's health and wellbeing through their everyday activities. An occupational therapist can identify problem areas that children and young people may have in their everyday lives, such as dressing or feeding and will help them to work out solutions.

Paediatrician A doctor specialising in the health needs of babies, children and young people.

Personal assistant A personal assistant is a person employed to provide someone with support in a way that is right for them.

Personal budgets A personal budget is a sum of money made available for children and young people who require additional support over and above what is available to most children through universal services.

Personalisation The principle of a person and family centred support, designed around the individual and family, rather than a one-size fits all approach.

Physiotherapist Assesses and treats children and young people who have difficulties related to movement.

PPEP, Psychological Perspectives in Education and Primary Care

Public Health Public health aims to improve the quality of life through prevention and treatment of disease, including mental health. This is done through the surveillance of cases and health indicators, and through the promotion of healthy behaviors. Common public health initiatives include promoting handwashing and breastfeeding, delivery of vaccinations, suicide prevention and distribution of condoms to control the spread of sexually transmitted diseases.

Safeguarding Safeguarding is a process of making sure vulnerable children and young people are protected from being abused, neglected or exploited. If you are concerned, call

SEMH Social, emotional and mental health needs.

SEND Special educational need and/or disability.

SENCO The teacher at the school who is responsible for helping and supporting children and young people with special educational needs and disabilities.

SENDIASS Special Educational Needs and Disabilities Information, Advice and Support Service.
A service providing impartial information, advice and support to parent carers of children with special educational needs or disabilities and children and young people aged 16-25, about education, health and social care.

Short breaks Services that support families by giving them a break from their caring responsibilities. Short Breaks also enable disabled children and young people to take part in enjoyable, positive activities.

Special schools A school catering only for pupils and students who have special educational needs and disabilities due to severe learning difficulties, physical disabilities or behavioural problems. Most children with special needs are educated in mainstream schools.

Speech and Language therapist (SLT) A professional who helps children and young people who have language difficulties or speech problems.

Transition the journey from being a child to being an adult. Also known as preparing for adulthood.

Universal services Services that are for everyone. For example, schools, health visitors, GPs and leisure activities.

We are committed to being accessible to everyone. If you require this document in an alternative format or translation, please call Jaime Johnson on Telephone 01635 503646.

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WBC/SEND/NB/0918

West Berkshire Council
(Draft) SEND Strategy
2018-2023

Consultation findings
Prepared by Nina Bhakri

NHS
Berkshire West
Clinical Commissioning Group

West Berkshire
Parent Carer
Forum

West Berkshire
COUNCIL

Introduction

The (draft) West Berkshire SEND Strategy was consulted on through a public consultation exercise for six weeks, from 11 June 2018 to 20 July 2018.

The consultation was widely publicised through public press releases and information made available at community venues through the West Berkshire Parent Carer Forum.

The consultation was designed to seek views from the widest range of internal and external stakeholders and to enable people to share their thoughts and ideas to help shape the final version of the document.

Consultation with external stakeholders involved:
- An online survey (also made available in alternative formats)
- A series of four public engagement events in the west and east areas of the Local Authority were held, to seek views from a wide range of key stakeholders and to enable people to share their thoughts and ideas to help shape the final version of the document.
- Focus group consultations with:
  - West Berkshire Parent and Carer Forum
  - Teachers and pupils of Resourced Units
  - Secondary Heads Forum
  - Primary Heads Forum

Internal consultations included briefing the:
  - West Berkshire Health and Wellbeing Board, thus, widening engagement to the council's local governance and political decision making processes.
  - West Berkshire Special Educational and Disabled Children's Teams to include the views of practitioners.

The views of children and young people with SEND, spanning a range of ages, conditions and levels of ability were gathered through specially designed methods and in different types of provision including:
  - *Resourced units*
  - *The Castle special school*
  - *The Castlegate short breaks centre*

Section 1 of this report details findings from the on line consultation.

Section 2 of this report details the findings from the public and internal (West Berkshire Council) consultations.

SECTION 1: CONSULTATION RESPONSES FROM THE ON LINE SURVEY

1. PROFILE OF ONLINE SURVEY RESPONDENTS

1.1 Types of Respondents (Figure 1)

(Respondents could identify themselves as being in more than 1 category)

58 people responded to the on line survey, 30 (51.2%) of respondents were parent / carers and 16 (27.6%) were teachers or school employees and 3 (5.2%) were school governors. 6 (10.3%) were West Berkshire Council (non school) employees and 6 (10.3%) categorised as "other". The lowest number and percentage of responses were received from Early years providers (1 response - 1.7%), Post 16 (1 response - 1.7%) and private or voluntary sector (2 responses - 3.4%).
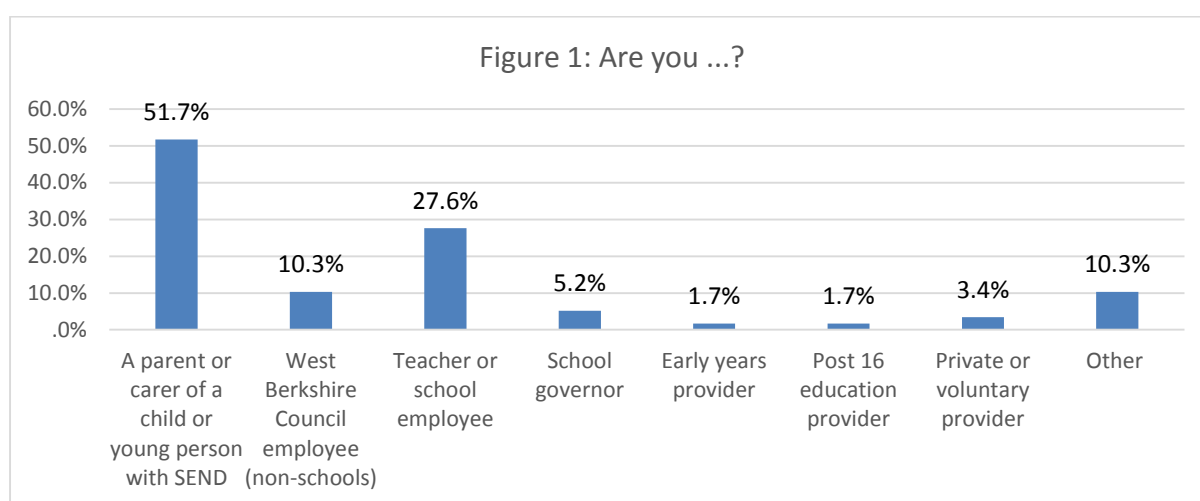
Figure 1: types of respondents

1.2 Type of SEND (Figure 2)

Responses from parents with children with Autistic Spectrum Disorder (14 – 60.9%), Social Emotional Mental Health Difficulties (SEMH) (11 – 47.8%), Speech, Language and Communication Needs (10 – 43.5%) Cognition and Learning Difficulties (9 – 39.1%) and Specific Learning Difficulties (8- 34.8%) represented the five highest categories of SEND.

Parents whose children have a multi sensory impairment (6 - 26.1%) and parents who categorised their child's condition as "other" (6- 26.1%) formed the second highest category.

3 (13.0%) parents who responded have children presenting physical disabilities.

The lowest number and percentage of responses were received from parents whose children have a hearing impairment (1- 4.3%), Visual Impairment (- 4.3%)

Figure 2: Please tell us what types of special education needs or disabilities apply to you or your family.
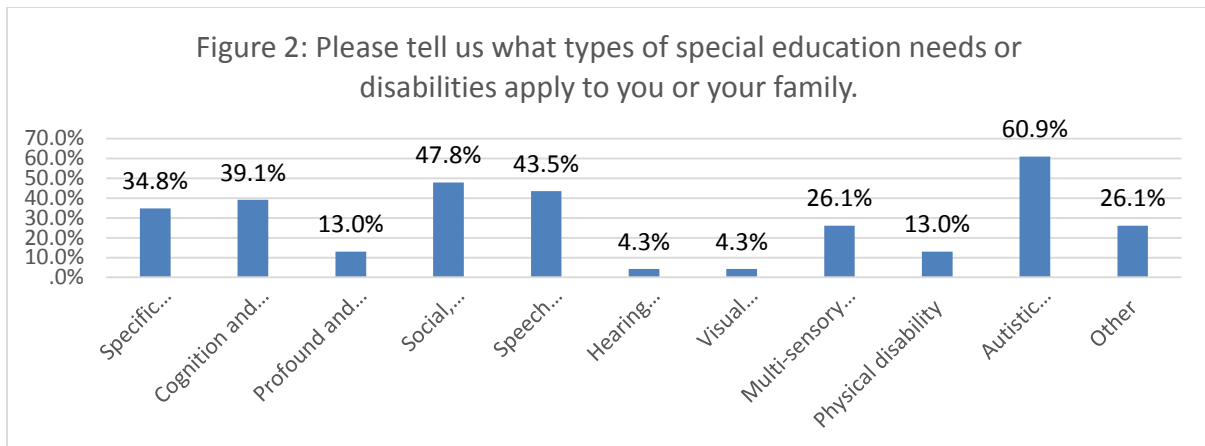
1.3 Age of Child / young person (figure 3)

22 (66.7%) of parents who responded had children aged between 5-18 years.

The lowest category of responses was received from parents whose children are aged between 0-4 years (1 – 3.2%) and 19-25 years (2- 6.5%).

Figure 3: If you're a parent or carer of a child(ren) or young person(s) with SEND, please let us know the age of your child(ren).
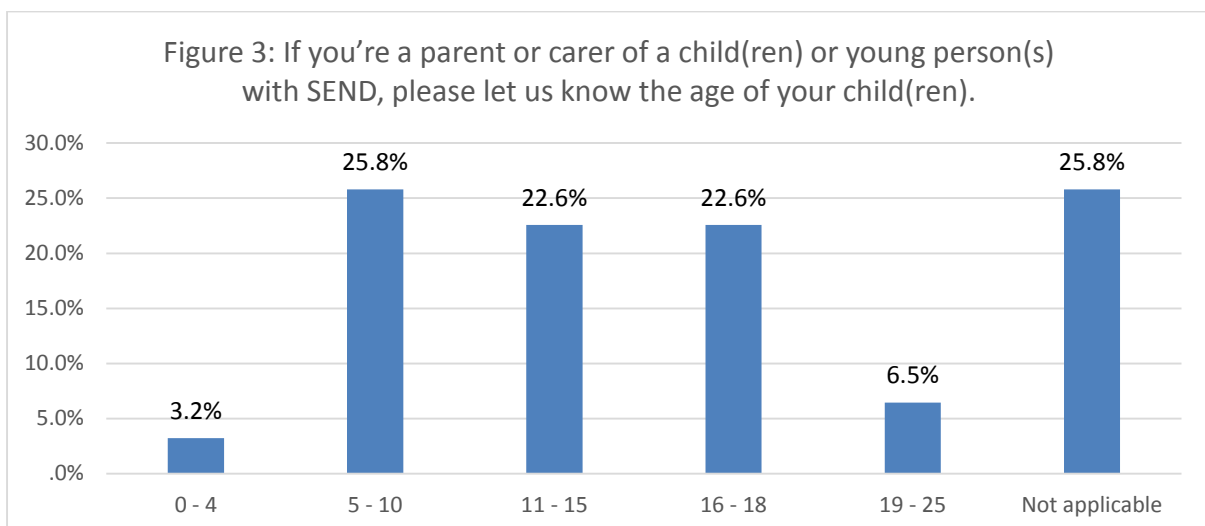
1.4 Response rates

*Parent carers not completing **any** questions beyond question 1:*
18 (60%) parent carers did not complete any survey questions after question 1 (Are you?...).

Low response rate amongst Early Years Providers and parents whose children are aged between 0-4 years of age:

A key objective of the SEND Strategy is to support early years settings and mainstream schools to improve inclusion and educational outcomes for children with SEND schools. However, only one Early Years Provider completed the survey and one parent whose child is between 1-4 years of age completed the survey.

6 | P a g e

Low response rates from parents with children who have physical disabilities:
Only 3 (13.1%) of parents who have children with physical disabilities completed the survey.

1.5 Conclusion and recommendations

- The reasons for the low (completion) response rate amongst parents and carers should be investigated further to help ascertain if for example, in future, more support should be provided to help parents/ carers understand the survey questions or strategy, or if alternative approaches will be more appropriate to increase response rates amongst this group.

- The low response rates amongst early year providers and parents with children in the 1- 4 year age group should also be investigated. There may be a need to increase awareness of SEND issues amongst early years providers to garner their support. There could also be a need to promote awareness of the Strategy amongst parents and carers with children in the 1-4 years age group.

- There may be a need to promote awareness amongst parents whose children have a physical disability and to further understand their needs in order to compile a more representative picture of this group.

2. THE VISION

Our vision for all children and young people with special education needs and disabilities is that they have the right support and opportunities at the right time so that they become resilient, happy adults.

2.1 Overall endorsement for the vision

Figure 5:

How far do you agree with our proposed vision for SEND in West Berkshire?

- 8, 14%
- 38, 66%
- 5, 9%
- 3, 5%
- 2, 3%
- 2, 3%

Legend:
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not answered
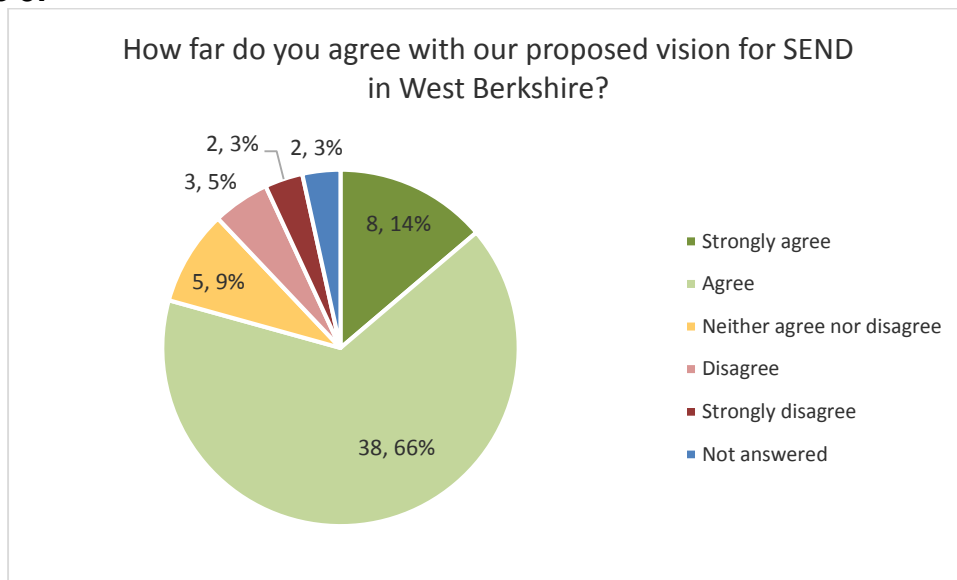
80% (46) of respondents either strongly agreed or agreed with the West Berkshire vision for SEND.

There was also strong endorsement for the vision from the health and wellbeing board and for the underlying life course approach which goes beyond just education.

> *The Health and Wellbeing Board supports the life course approach to the vision for SEND*

2.3 Partnership working

There was strong endorsement for the multi agency approach to working and achieving success and the focus on "quality first".

> *I like the 'quality first' approach that is being proposed. Your wants and wishes are clear and there is clarity over the need to ensure this is not just one agency's responsibility but that championing our young people will only work with a multi agency directive.*

2.4 Realising the vision

Whilst agreeing with the vision, many respondents also questioned how this vision will be realised and be translated into reality, particularly under the forecasted climate of financial constraints and demand challenges.

> *I agree with your vision, (who wouldn't?) but it is not my experience of what happens*
>
> *Intentions are good and well thought out. The key will be ensuring that the practise (sic) lives up to the theory*
>
> *I strongly agree but these are just words and you need to back it up with your actions.*
>
> *The council are cutting so much resources for SEN children.*
>
> *However, as a parent it is hard to know what this will mean in reality for our child.*
>
> *The idea is good but I fear that this approach will be limited by money and resources. Early intervention is all well and good but when it takes eighteen months to two years to get an assessment of ASD the intervention does not then become that early*

2.5 Making inclusion happen

There were comments about the need for a change in culture and practice to make the vision for inclusion happen and for other factors such as bullying to also be addressed.

> *I support the principles of mainstream/inclusive education, and aiming for children and young people with SEND to be supported locally. However for this to work in practice will require a big investment not only in bricks and mortar and staff but also in training for staff in schools and clinical positions (eg speech therapy), and a desire to make inclusion work for students with SEND. I am afraid I have come across a lot of negativity, prejudice and inability to see my child's perspective from both medical and educational professionals over the years.*
>
> *"…With regard to 'maltreatment' does that include bullying for ALL age groups as it can be subjective and doesn't have to be physical it can be lack of inclusion. I also think that education of staff in health care settings, the community, schools, dentists, hospitals and peer groups should be addressed."*
>
> *Improved training for staff in school, plans to support children as they present rather than focus on diagnosis*
>
> *I believe children that do not have a EHCP fall under the radar and do not get the support and guidance that children that do have a EHCP. My son is 17 with severe dyslexia and have struggled for the last 9 Years. He still cannot read and spell and has no self confidence, we are currently at a loss as to what direction he should go in with regards to his career path.*

2.6 Need for stronger focus on other conditions and groups

Comment was made that although the direction was good, the emphasis appeared to be for those with ASD and SEMH. It is felt that is a need to also incorporate a clearer and stronger focus for:

- Children with SPLD.
- Children with SEN who are high functioning and have the ability to exceed expectations of their peers

The need for specialist help available in West Berkshire and through a graded response was also highlighted.

A point was raised that children with literacy access issues can be said to have a disability as defined by the definition of special educational needs in appendix.

> *The key for me is the opportunities available to children with SEND, these should be available to all and a wide range*
>
> *Good direction but mainly aimed at ASD /SEMH. What about Spld which is what most class teachers have to deal with in their classrooms? Children with literacy access issues can be said to have a disability as defined by your definition of special educational needs: point a) in your Appendix 1. Also, under section 12 of your draft, you say you will be successful : "when more specialist help is needed, we are able to provide this in West Berkshire wherever possible." Will you provide specialist help / Resource in W. Berkshire. Will there be a graded response to provision ie not just occasional outside advice?*
>
> *Agree but one thing that is missing is that some children with SEN are high functioning and have the ability to exceed expectations of their peers and should have the opportunity to do so. That is not included and non SEN children have access to 'gifted and talented schemes' so can we strive for that with our SEN children who have that ability. It seems to concentrate on bringing them up to the levels of their peers but not exceeding when they are capable but have needs that require support…"*

2.7 The role of families and communities in the vision

Reference was made to ensure opportunities for parents to also contribute to achieving the vision.

> *I agree with all the goals detailed, and appreciate there will be opportunity for parental input.*

2.8 Disagreement with the vision: Vocabulary - "happiness" and achieving potential

A very small number and percentage of people disagreed (3 - 5.2%) or strongly disagreed (2- 3.4%) with the vision

Use of the word "happy" was commented by three respondents. Two respondents also saw being able to fulfil potential as important.

> *I don't like the use of the word 'happy'.*
>
> *I am concerned about the idea of 'happiness'. Happiness is relative to any situation and not sustained. I think the idea of fulfilment is more appropriate*
>
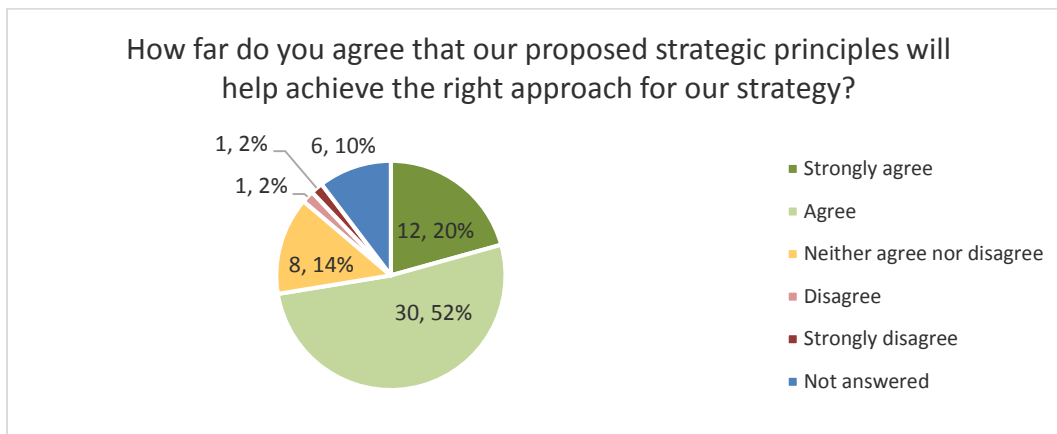> *Happy and resilient are very important issues*
>
> *Yes the vision and the strategic aims are all ones that we would support. The summary encompasses it very well. I would also include achieving their full potential.*
>
> *Not sure it's just about being resilient and happy. It's also about making sure they maximize their full potential.*

3. PRINCIPLES

- All our plans, services and policies are coproduced with families

- Children and young people with SEND feel safe and protected from harm. They are seen, heard and helped, effectively safeguarded, properly supported and their lives improved by everyone working together

- A person centred approach to service delivery

- A focus on inclusive practices, removing barriers to learning and high quality teaching

- Systematic, proactive and appropriate early identification and early help and provision made available locally within supportive communities

- Children, young people and their parents are enabled to plan and make choices about their support as much as possible in decision making

- Greater independence, choice and control for young people and their families over support

- Successful preparation for adulthood, including supporting independence, independent living and training and employment

- Partnership – Education, Health and Social Care services working well together, supported by voluntary and independent organisations and sharing accurate information in the best interests of the child and family

- Integrated, evidence based, high quality services, interventions and approaches – local as far as possible

- Funding and support is allocated fairly and openly

Figure 6:

How far do you agree that our proposed strategic principles will help achieve the right approach for our strategy?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not answered

1, 2% 6, 10%
1, 2%
8, 14%
12, 20%
30, 52%

3.1 Overall support for principles

72% (42) respondents either strongly agreed or agreed with the principles underlying the strategy. Also, although agreeing with the principles, the importance of implementing person centred planning was felt to be important.

> *I feel you have them right, including person centred, early help, and greater independence, choice and control given to them and their families*
>
> *If it even comes to fruition it could be good*
>
> *I agree with every point stated, and can't think of anything else to add.*
>
> *Bases seem to be covered. Difficult to satisfy everyone with a global approach but this is unavoidable. Some adaptability to individual situations/cases should be flagged up*
>
> *In the main they seem to be OK and I like the bit about agencies working together and it being person centred but again will this come down to lack of resources?*

The Health and Wellbeing Board, also endorsed the principles commenting that it supports the principles of coproduction, reducing inequalities and partnership working.

Funding

Although agreeing with the strategic principles, respondents questioned if there was enough funding and resources available for these principles to be realised. The financial challenges facing the voluntary sector and impacting on the provision of community based support was raised.

> *The strategic principles are all valuable, noble and good to aim for but they are general statements and we would question if the local authority have got the funding to be able to match these statements and uphold them all as the authority plan their approach. For example, in practice, it isn't always possible to quickly sort out appropriate support and so a family or individual who feels that they haven't got the support that they want might well question why they haven't got the support when they look at these strategies. Of course there is always the situation where the type and level of support that the family want or perceive that they need does not agree with the type and level of support that professionals believe is needed.*
>
> *Again, I strongly agree but this is easy to say and much harder to put into practice. Our experience is that your officials say the right things but, in the end, it all comes down to money and the needs of the child come second to that.*
>
> *I believe you have got them correct but.....the last point about funding and support is a huge point in a very short sentence and I wonder if this needs to be separated*
>
> *In the main they seem to be OK and I like the bit about agencies working together and it being person centred but again will this come down to lack of resources?*
>
> *It will only work if you have a)enough people to deliver it and b) the right people to deliver it, both of which depend on having appropriate funding.*

Identifying needs and delivering support early

The importance of early identification and support was highlighted by one respondent:

> *One of the issues I have as a Governor and a parent is the issue of identifying a child's SEND in the first place. If you don't achieve that then you can't use the other principles.*

Lack of trust and confidence – communication between agencies and partnership working

Difficulties about partnership working were raised and there was agreement that this is needed at all levels of service provision. Respondents commented on the need for holistic approaches and support for parents having to deal with the impact on children and young people when different agencies don't share information and or apply coherent treatment and referral pathways.

> *Person centred planning needs to ensure a holistic approach, please consider allocating key workers to support parents who deal with many different agencies who appear to operate entirely unaware of what other agencies are doing.*
>
> *Agree but monitoring of progress with clear and measurable outcomes and accountability to the appropriate service when 'things go wrong' with an emphasis on reporting on services which 'pass on' children/adults to avoid referring back to services…*

The right and the need for specialist education to be available if appropriate

Comments were made that specialist education still needs to be recognised as important for some children and young people.

> *I think that inclusion and choice is good, but if a child is better served in a special school this should be both encouraged and supported*

Accountability, reporting and measuring outcomes

There were comments about how agencies and services will be held accountable for identifying need and delivering support.

> *Agree but monitoring of progress with clear and measurable outcomes and accountability to the appropriate service when 'things go wrong' with an emphasis on reporting on services which 'pass on' children/adults to avoid referring back to services.*

4. OUTCOMES

Good education attainment

Employment opportunities

Good health

Good mental health

4.1 Overall support for the proposed outcomes
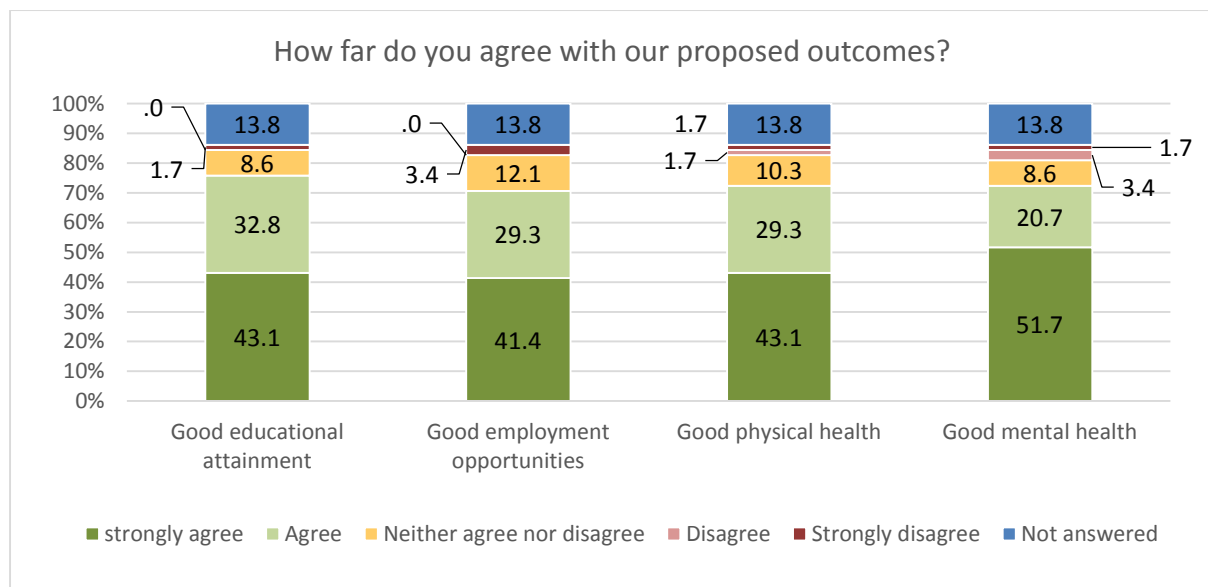
How far do you agree with our proposed outcomes?

	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)	Not answered (%)
Good educational attainment	43.1	32.8	8.6	.0	1.7	13.8
Good employment opportunities	41.4	29.3	12.1	.0	3.4	13.8
Good physical health	43.1	29.3	10.3	1.7	1.7	13.8
Good mental health	51.7	20.7	8.6	3.4	1.7	13.8

13.8% of respondents chose not to answer this question.

72%– 75% of respondents who answered this question, either strongly agreed or agreed with the proposed four outcomes.

The West Berkshire health and wellbeing board also endorsed the proposed four outcomes and their interlinks to overall wellbeing:

"The Health and Wellbeing Board recognises the interplay of each of the four outcomes in overall wellbeing".

Mental health

The majority of comments placed significant importance on good mental health and barriers to achieving this.

Mental health – the basis of progress and development

The importance of good mental health is seen as the fundamental and underpinning basis of overall academic, social and psychological progress, development and success.

Multi agency working

Comments pointed to the importance for agencies across for example, health, social care to work together to develop and implement effective, joint, cohesive approaches.

> *Good mental health is key to children and young people achieving academically, socially and emotionally. It is an area where it is essential that education, health and social care need to work together.*
>
> *You are very dependent on a range of agencies. Education and employment support may take longer over a young person's life, but if you can get the physical & mental support right the others may follow.*

Looking after the mental health and wellbeing of parents and carers

The importance of supporting parents and carers to look after their mental health and wellbeing through respite and counselling was also underlined as a high priority.

> *GP surgeries and health care are unaware of who are carers and offer no support or understanding how difficult it is attending with a child with additional needs, never make any steps to make attending more accessible and lack awareness of how ASD affects communication. Training sorely needed*
>
> *Good mental health is probably the number one for me as this underpins success at all the other things. In addition I think looking after the mental health of the parents/carers is high priority as without this there is much less success of the child/YP succeeding in any of the above, as they need to be supported by parents who have strong mental health themselves, who can help implement correct strategies for the child/yp and help them access educational, life and employment opportunities, fight the battles that need to be fought along the way and so on. This includes appropriate respite and counselling, coaching and other support for parent carers.*

Mental health support and services

The waiting and response times for young people needing access to therapy and support was highlighted as an important factor leading to a worsening of existing conditions, particularly for those who are too ill to attend school.

> *I think you have them right but there is a gap in current NHS provision for mental health support for YP especially. Waiting times for therapy via Camhs are too long and are only exacerbating the illnesses. Especially for those who are out of school due to physical or mental health conditions. Also CBT isn't always an effective approach for a neuro-diverse young person. Maybe access to trained counsellors in schools could work*

Addressing the mental health and wellbeing of those who have learning difficulties or complex needs

Comments pointed to the lack of professional expertise and capacity to understand and support people with severe learning difficulties.

> *Improvements in the way that young people with mental wellbeing issues are supported are absolutely vital but I fear that for young people with severe learning difficulties there is still not the expertise and capacity to support them. For example my child's case (he has SLD, autism, anxiety and some mental health challenges) is "too complex" for the EHA and he has not been able to access any therapeutic support which he desperately needs - I cannot see anything in your plan that would suggest that this is an area that will be invested in.*

Correct, early diagnosis and intervention

The need for greater professional understanding, knowledge and expertise to correctly diagnose conditions and offer effective interventions is seen as key to progress and development.

> *Good educational attainment will be aided by the education professionals being made more aware of certain conditions. ASD is a classic example, on many occasions my child has been labelled naughty when in fact he was struggling to express his emotions!*
>
> *If the right interventions are in place early then it would significantly reduce mental health conditions developing which impact on every area of their lives and affect future employment opportunities.*

Alternative employment, training and qualification options and support for those who will not achieve academic success

Some respondents commented that young people who are not able to achieve formal academic qualifications still need to be acknowledged and be enabled to achieve success and recognition within their own abilities. This could be through identifying and recognising non academic strengths, skills and abilities and encouraging and enabling personal development through alternative routes to academic qualifications and widening alternative options to employment.

> *I agree less with the educational attainment as this is not always an achievable area and also not necessarily crucial to their future and success for a resilient and happy adult!*
>
> *There also needs to be more focus on those with severe learning difficulties who may never have meaningful employment but still need to do meaningful activities with their peers. The necessity of continuing education for these young adults, post 19, is also crucial, as they are still learning and developing everyday albeit in very small steps. To suddenly stop this progress at a particular age, related to the general population, seems wrong.*
>
> *These are good aspirations but whilst they need to achieve as best they can at school, not everyone is on a level playing field. For example my son will never do GCSE's or probably obtain any qualifications. You don't want to put too much pressure on them.*

Stigma and discrimination

Respondents pointed to young people with SEN being marginalised and mistreated through for example bullying, particularly though social media.

Does this cover discrimination?

If children do not have good physical and mental health they have barriers to learning. Add to that the SEN as well and they have been marginalised before they have even started. Employment opportunities are achievable for people on the spectrum as family members in my family have been talented engineers, have doctorates and education up to professor level. However that is because their families have worked hard to help them achieve this and there hasn't been help from anywhere else. Mental health is crucial to well being and the system of children and adults going into crisis before they get help has to change as teenage lives are now being lost. Peer groups also need to be educated on the effect that their behaviour can have on SEN individuals and maltreatment needs to include that of social media and 24/7 bullying.
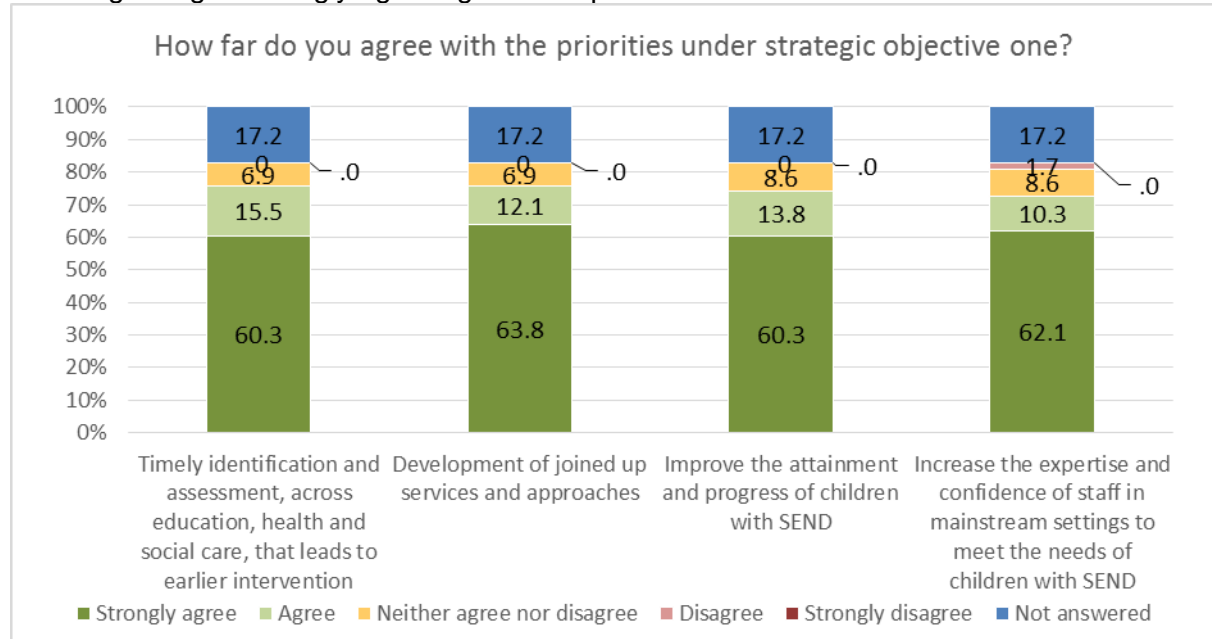
Although I agree with all of the above, Also inclusive citizenship should be a proposed outcome.

5. OBJECTIVE 1

WE WANT TO SUPPORT EARLY YEARS PROVIDERS AND MAINSTREAM SCHOOLS TO IMPROVE INCLUSION AND EDUCATIONAL OUTCOMES FOR CHILDREN WITH SEND

5.1 Overall support for priorities under objective 1
There is strong support for the priorities under objective 1, with between 72.4% - 75.9% either agreeing or strongly agreeing with the priorities.

How far do you agree with the priorities under strategic objective one?

	Timely identification and assessment, across education, health and social care, that leads to earlier intervention	Development of joined up services and approaches	Improve the attainment and progress of children with SEND	Increase the expertise and confidence of staff in mainstream settings to meet the needs of children with SEND
Not answered	17.2	17.2	17.2	17.2
Strongly disagree	0	0	0	1.7
Neither agree nor disagree	6.9	6.9	8.6	8.6
Disagree	.0	.0	.0	.0
Agree	15.5	12.1	13.8	10.3
Strongly agree	60.3	63.8	60.3	62.1

Legend: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree ■ Not answered

5.2 Workforce development

> *It's how it is going to be implemented as teaching staff do not always have the knowledge to meet the child's needs. I was told in primary that my sons needs were not great enough to be assessed. He is now refusing school with lots of diagnosis (paid for by myself) and has just been awarded an EHCP.*
>
> *Educating the educators is crucial. Early careers guidance needs to be stepped up for teenagers well before GCSEs.*

Workforce development – the challenges
Whilst the need for more trained teachers with specialist knowledge, understanding and expertise is acknowledged, respondents felt that the practical constraints and challenges of financing training and releasing staff to train was an important factor in making this a reality, particularly when schools are struggling with a shortage of qualified teaching staff.

> *We have good expertise and confidence but not enough workforce. More expertise is always useful however but attaining this expertise costs money in releasing a member of staff as well as the training itself. The objective itself is laudible.*

Early years settings - gaps in improving provision and support for transition from nursery to reception class

The need for more specialist support and provision in years settings was raised alongside a need for assessment places in maintained settings including maintained nursery schools.

It was also noted that early years training should be targeted at schools which have foundation stage 1 and 2 as well as early years settings.

> *We think that there should be more training for early years settings and classes specifically targeted at young children. We also think there should be assessment places for children in maintained settings (eg maintained nursery schools) so that EHCPs are completed at an appropriate time for transition to reception class. There are so many services that do not cover early years – eg BIT and there are resultant gaps in provision/support.*

Modules need to be included as part of teacher training and staff monitored on how effectively they apply what they have learnt.

> *This sounds very good on paper but training staff in mainstream does not reflect the attitude that can filter through educational settings. Leadership in schools need to have robust training and knowledge with regard to SEN but unfortunately it does not change the culture that a Head can develop through their own attitude to SEN which can affect staff morale and tolerance. Training is available to schools but they do not always access it because of cost, budget/time constraints and staff may not want to undertake it. Resources need to be put into teacher training to encourage a positive attitude to SEN before a teacher qualifies. SENCO's often teach as well so asking them to role out training is not always viable and in the case of my child the SENCO was ignored by staff. Ticking a box does not mean that staff will implement the training even when they have received it so open and frank follow ups need to be put in place and progress monitored to ensure it doesn't get 'watered down'...*

5.3 Early identification
The importance of identifying needs early to develop and implement the right interventions was underlined. This was especially important in cases when children mask their difficulties and parental skills are questioned instead and the behaviours worsen and become entrenched.

> *These are right and very important. Early identification is paramount in employing the right strategies and approach and increasing the child's long term chances of success. Delayed identification of needs leads to compounded layers of difficulties building up with poor self esteem, negative image and behavioural patterns that are harder to undo and rewrite the longer they are allowed to develop and become established. Incorrect strategies and handling of a child all contribute to this. Children with an SEN who 'mask' their difficulties are particularly affected by this and more awareness needs to be given to this common problem and spotting the children who mask, believing the parents if challenging behaviour is not seen within school and not just assuming its always a case of poor parenting and that a parenting course is what is required.*
>
> *Agree with priorities - we did not have a good experience with a mainstream school in another county and have had persistent late or no identification of problems which make it very difficult to intervene properly. The ideal is great but the practice in reality?*

5.4 Mainstream and specialist provision specialist post 19 provision

Respondents commented that options to be educated in mainstream or specialised settings should always be available depending on need.

Specialised post 19 training opportunities also need to be developed.

> *It is important that where possible, children with SEND are able to be in a mainstream setting. I believe this helps them develop and integrate much better. I realise this is not possible for all children with SEND and so they must then have provision in a special school.*
>
> *Inclusion can only work well if the Schools are given the resources and specialist training to support SEN children. However not all SEN children can manage in mainstream schools, so more specialist schools are needed.*

5.5 Assessment referral and diagnosis

Delays for accessing CAHMS services is a recurring concern

> *what about waitlist timescales eg camhs*
>
> *The waiting lists and extreme waiting time for those in real need tend to be in an issue in my opinion.*

5.6 OBJECTIVE 1: ACTIONS

Overall support for actions proposed under objective 1;

69% respondents either strongly agree or agree to the actions proposed under objective 1. A small number and percentage (2 – 4%) either disagree or strongly disagree.

69% (40) respondents agreed or strongly agreed with the actions proposed under Objective one. 19% (11) did not answer. 2 respondents either disagreed or strongly disagreed

Early identification

Respondents pointed out that whilst early identification and response was important and that parents and teachers should be supported to identify needs early, in some cases, children have developed more complex conditions with increasing age. Therefore, early diagnosis should be followed with regular assessments.

Not receiving an early diagnosis can result in children being placed in inappropriate settings without the correct support.

The stigma that parents face and feel when told their child has SEND was also highlighted. Wider publicity on SEND statistics could help to raise awareness and "normalise" SEND.

> *Parents and teachers need help in identifying if a child has a SEND. Parents need to be educated too as identification and referral can be hindered by a parent's shock or embarrassment at being told their child may have a SEND. Publicise the percentage of children that have SEND so that it normalises it for parents (both SEND and non SEND parents).*
>
> *Early identification and intervention are essential for the best outcome to be achieved.*
>
> *Being correctly diagnosed at a very young age is useful but the full extent of the child's complex disability is not always clear at such an early stage. They must be reassessed at least every six months so appropriate intervention can be organised. It's only as the child gets older that some of their complex disabilities are acknowledged by their parents and the professionals.*

Workforce development training and support

Some respondents commented that developing the confidence and expertise of staff in mainstream schools whilst important also needs additional time and financial resources.

The proposal to identify and target support for schools with comparatively poorer SEND pupil attainment rates through for example sharing best practice was acknowledged, but, with this should take into account that school and learning environments vary and children develop at different rates and present individual concerns.

Raising awareness of SEND and support approaches should also be incorporated into initial teacher training.

Priority 4 - was seen as "far reaching". SENCOs being able to access on line support is seen as potentially valuable.

Training for ASD is felt to be particularly needed and also that there is an emerging need for attachment training.

The role and purpose of behaviour and attendance leads in schools should be developed jointly with schools and SENCOs with good practice being shared widely.

The training and development resources already available should be promoted and utilised more effectively. Respondents also commented that the impact of training should be monitored.

As well as increasing the expertise/confidence of mainstream staff there also needs to be time and resources given to these staff in order to allow them to better support all children. The ideas of targeting support at those schools who have a lower percentage of SEND chn meeting age related expectations in and of sharing good practice from within the schools who have a higher percentage is a good idea but will need to be approached with sensitivity because all children are different and one approach will not fit all.

In addition I believe some input into initial teacher training needs to be referenced in the full document.

Priority 4 is very far reaching and if this can achieved then it could be transformational for pupils with SEND in WB. An on line forum for SENCo's would be incredibly useful so this key member of any school team can access support and advice Training for the increasing and dominating category of ASD would be most welcome. The need for attachment training is becoming more necessary with more children presenting as struggling with attachment. Really intrigued by the behaviour and attendance leads in schools - schools should be consulted on how this role could support SENCo/SEND. Sharing good practice as part of this role would be really useful.

Transforming culture, attitudes and behaviours

Whilst training and development are key to improving outcomes, the foremost underlying factor that will change practice and outcomes is the willingness to transparently apply inclusive practices and approaches across the whole learning environment. Strong commitment at a leadership level and translated into culture and policy that is robustly implemented and monitored is key.

Inclusion can only work if staff in mainstream schools - from senior leadership down - actively WANT to include students with SEND (including SLD) - it is firstly an attitudinal thing. Then training, outreach support, involvement of all teaching staff are necessary to make it work. With regard to joined-up services it is important that provision (eg SALT, OT) is there to meet identified need otherwise parents/children end up going round and round in circles.

Provision to meet health needs and referral processes

The gap in provision for specific health services was highlighted, for example, not all children have had a health visiting check. There is a need to increase take up of two year health checks.

There is a need for "joined up" services, approaches and greater clarity in referral processes, particularly between for example, Speech Language Therapies and Occupational Therapy.

GPs are seen as a crucial link in early diagnosis, referral to appropriate support. However, poor links and communications between GPs and other health services (for example Health Visitors and GPs and Early years settings) can result in ineffective and incoherent referral routes, processes and communications.

In addition to "Dingley's Promise", there is a need to raise awareness of other community and voluntary providers who also deliver training and support (for example, maintained nursery schools).

especially the development of joined up services and making the referral process for certain services clearer

…With regard to joined-up services it is important that provision (eg SALT, OT) is there to meet identified need otherwise parents/children end up going round and round in circles

There are gaps in the service…There is a gap between GPs and HVs. There is no formal communication route between EY settings and GPs – there needs to be one as we depend on GPs for many referral routes. There needs to be a robust identification of where SEND children are in the authority. In point 4.3, why is one particular setting (Dingley) mentioned? Maintained Nursery Schools are able to (and do) provide training and support to other settings.

SPLD
The need to also address Spld is highlighted

You cant access education if all barriers are not removed. Spld is the most common one and the draft SEND strategy does not address this large (and growing) area.

Measurable, achievable, realistic and resourced plans and intentions
Respondents questioned how realistic the plans and intentions were and how they would be implemented and resourced without placing additional burdens on staff and existing resources.

The particular financial and resource challenges facing smaller schools also needs to be addressed.

List of actions, no timeframes or definition of exactly HOW you will achieve them

Funding for smaller schools is a huge issue and they are disproportionately disadvantaged vs the larger when it comes to provision for SEN children who don't have an EHCP. Can extra funding be made available to those schools who are able to prove they are 'getting it right' for SEND children, to act as an incentive for all schools to make sure staff go on the training and implement the best practice??

6. OBJECTIVE 2

We want to develop a continuum of local provision to meet the needs of children with SEND, including MLD, ASD and SEMH

6.1 Overall support for the priorities proposed under objective 2
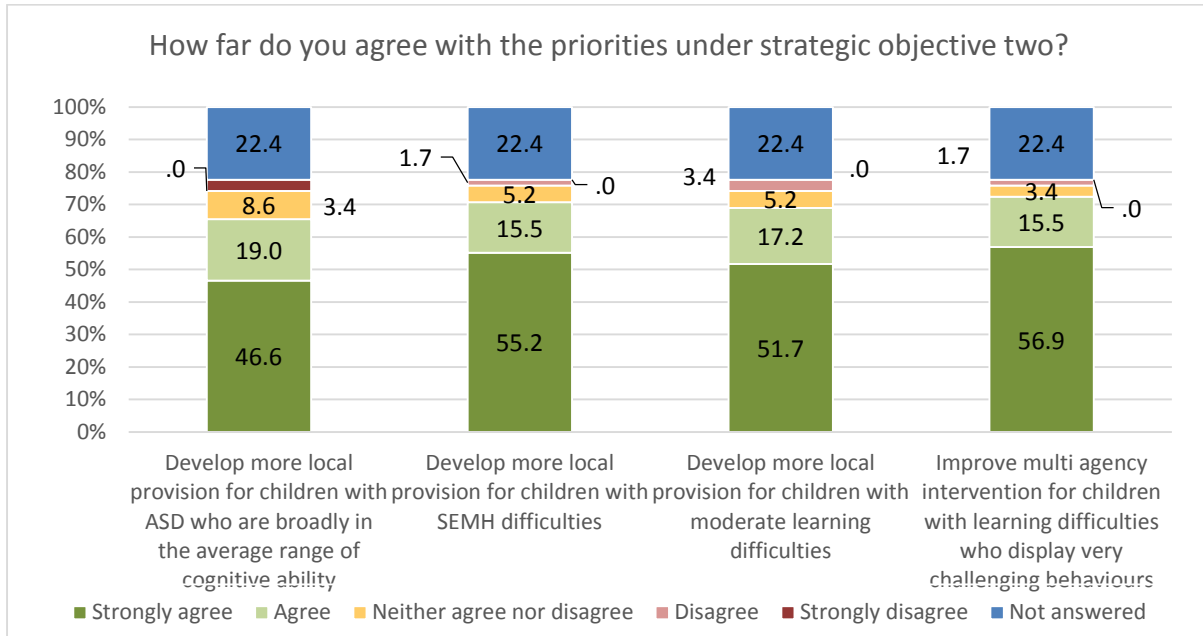
Overall, support for all four priorities under objective two ranged from between 65.5% - 72.4%. Improving multi agency interventions for children with learning difficulties who display very challenging behaviours was the highest (56.9%).

Additional provision

Local provision vs out of county placements

Opinions on the location of provision varied, with one respondent stating that the right provision is more important than its location and another highlighting the impact on both the child and family of being separated through an out of county placement.

> *Local provision might not always be the best provision for a child, it is more important they are in the right setting for them, regardless of locality.*
>
> *I agree with this because it is traumatic for any child to be separated from their families. Local provision will make separation less likely.*

Specialist resource vs mainstream provision for specific conditions (ASD, SLD, MLD)

One respondent supported the need for specialised provision to meet specific needs as it was felt mainstream provision was not equipped to support particular conditions.

The need to include SLD in mainstream schools was also raised

> *There are separate strands here and W Berks LA needs to be very sure that staff are trained outstandingly well to cope with issues thrown up by ASD / SEN students and young people*
>
> *What about inclusion of students with SLD in mainstream schools?*

ASD provision

There was a call for more ASD resources and specialised ASD teaching assistants to be trained and attached to mainstream provision. One example could be an ASD resource different to that provided by Theale and Trinity. This could be structured so that students are taught by specialist teaching staff in a special unit within a mainstream school.

> *Definitely more ASD resources attached to mainstream required, training ASD teaching assistants to support in schools where needed for children awaiting EHC would be good.*
>
> *There needs to be an ASD resource which operates differently from Theale and Trinity where the students are joined to a mainstream school but not expected to go out into lessons instead the staff come and teach in the resource.*

Support for families who have children with complex needs and behaviours

The major impact on families with children who exhibit violent and challenging behaviours was raised. A respondent stated that this type of behaviour made the parent "*feel like victims of abuse at the hands of their own child*" and "*parents who are suffering VCB can't … get out of a crisis situation just to survive*". Support for parents in these cases was essential.

Another respondent called for support via a network of trained and experienced professionals, for parents who have children with complex needs, and that this support should also be available for the children themselves.

> *Challenging behaviours are a major problem for families and especially violent behaviour in the home setting. VCB (violent and challenging behaviour) severely compromises the ability for parent carers to be able to support their child effectively, because when they are feeling like victims of abuse at the hands of their own child their number one priority is safety and survival. More support for parents in this situation is ESSENTIAL. There may as well be no point in having any other SEND services available for a child if this problem is not addressed, as parents who are suffering VCB can't even get off the first rung of the ladder out of a crisis situation just to survive, let alone access other support services or opportunities on behalf of their SEND child. These parents need help.*
>
> *For children with complex needs such as these its imperative that staff and families and ultimately children feel well supported by a well-informed and available network of professionals*

Multi agency approaches

One respondent commented that those children presenting complex conditions and requiring interventions spanning across different agencies will be the most challenging as effective joint working across different sectors and different services within the same sector needs to be further developed.

Whilst one respondent applauded joint working and approaches, another respondent questioned if multi agency approaches were in effect a route to providing the cheapest service options.

> *I strongly believe that you will struggle most with the children & young people who need a multi-agency approach. Ever since Every Child Matters, it's been clear that getting agencies to work effectively together is one of the main barriers to success. I'd like to hear more about how you will achieve this...*
>
> *Some of the problems children have can be helped much quicker if agencies talk to each other more frequently and work together to help children develop and grow.*
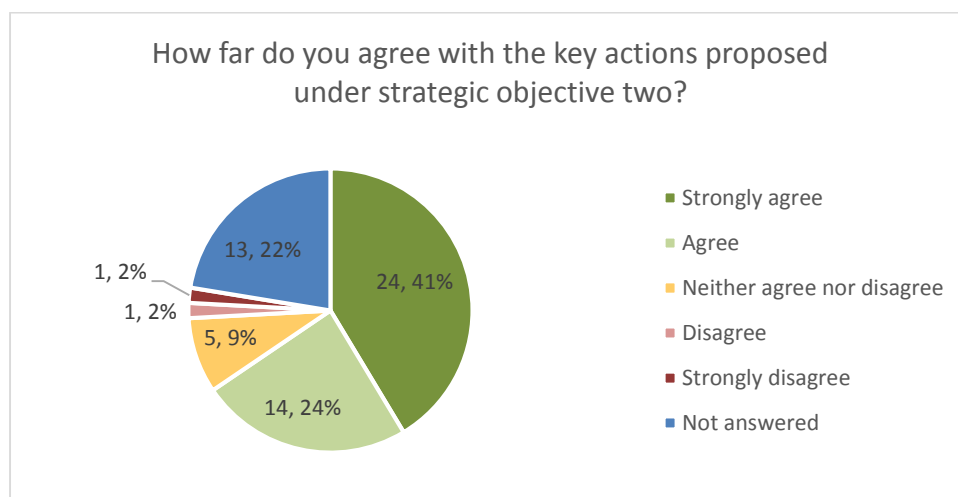
Gaps in provision

Children waiting for an EHCP
One respondent pointed to the need for additional funding for children waiting for an EHCP or who are pre- diagnosis. These are the children who are also most at risk of exclusion and their conditions being left untreated.

High functioning children
The gap in provision for those children who are high functioning and with conditions such as Aspergers was highlighted. Their predicament is further exacerbated, if they are awaiting diagnosis. This cohort of children should be recognised in the same way that neuro- typical highly gifted children are recognised

6.2 OBJECTIVE 2: ACTIONS

How far do you agree with the key actions proposed under strategic objective two?

- Strongly agree — 24, 41%
- Agree — 14, 24%
- Neither agree nor disagree — 5, 9%
- Disagree — 1, 2%
- Strongly disagree — 1, 2%
- Not answered — 13, 22%

Overall support for actions proposed under Objective 2
Overall, 65% of respondents supported the actions proposed under objective 2. 22% did not answer.

SPLD
The need to support and address the needs of children with SPLD was highlighted. These children represent 24.1% of the total West Berkshire school population with 5-10% presenting severe difficulties. Children entering secondary school unable to read will be further affected by poorer academic performance and developmental delays.

Support and preventative measures for children with SPLD
LAL also needs to be included in the list of resources alongside preventative measures and the importance of emotional health support for children diagnosed with this condition.

> *There is no mention of SpLD despite the fact that this population of children represents 24.1% of the WB school population. We know that these difficulties strongly impact upon life chances and mental health of our young people. Within this group will be typically around 5-10% of children with severe difficulties - it is this group particularly who should be represented more clearly in the strategy. These children are extremely vulnerable. Children who enter secondary school unable to read will be further disadvantaged and research suggests they are likely to fall further behind their peers in all aspects of their development as a result. The LAL resources are not mentioned in the list of resources on page 21. The risk of losing preventive measures needs to be more clearly emphasised as this will have implications down the line for children and their families.*
>
> *Provision of emotional health support/intervention for students with SLD is currently lacking.*

Support for professionals and families who have children with challenging behaviours

There is a need for effective support structures and networks for professional and families who have children with SEND and in particular children with violent and challenging behaviours.

> *Its not just about supporting the needs of the children/YP with SEND. Its as much if not more about supporting the needs of the parents, carers (and teaching staff / other professionals working with demanding children / families), and especially the parents who are suffering violent and challenging behaviour who are being severely hampered in their efforts to do right by the child or access basic things in everyday life such as the right to work, as a result.*

Out of county specialist provision and the creation of new ASD provision

Some respondents felt that being placed out of county increases stress and anxiety for children and their families.

ASD specialist provision

One respondent agreed that placing children with ASD in a mainstream setting will escalate their distress and thus lead to disruptive behaviours and being placed in a separate unit. However, more detail is need on the type of specialist ASD provision being planned.

> *Children having to travel out of county can increase stress as well as costs. Stress can increase anxiety, anxiety affects the ability to function as well as learning so there is an emotional as well as financial cost…*
>
> *The ASD student will struggle in a large mainstream classroom and may show inappropriate behaviors due to stress caused by the situation, which will be disruptive, so they will end up in a separate unit. More detail is needed of what the new separate unit will provide, will it have large open space for exercise? which a lot of ASD students need.*

Measurable, resourced plans with clear timeframes

The absence of clear timeframes and evidence of resources to fund the plans and intentions is mentioned

> *In principle, there is nothing to argue against, but it ignores the reality of the funding situation and further ignores the wishes and expertise of the staff expected to deliver these items.*
>
> *List of actions, no timeframes or definition of exactly HOW you will achieve them*

Comments on existing actions

One respondent proposed the following revisions:

> *2.2.2 - an SEMH Advisory Service would be better than an ADHD Advisory Service.*
>
> *2.4 Enhancement of PRU provision needs more consideration.*
> *The PRUs are a huge undertaking and 2.4 should read more along the lines of ensuring young people with SEND have access to therapeutic support wherever their educational placement may be? Placing the 'PRU' word in feels too emotive.*
>
> *2.5 SEMH provision – more in depth consultation is needed in this area*
>
> *2.6 - Anxiety is becoming more and more common and schools are having to provide for this growing number of pupils in their settings. An examination of a provision in this area is a very interesting prospect.*

7. Objective 3
We want to improve post 16, education, learning, employment and training

7.1 Overall support for the priorities proposed under objective 3

Support for the priorities proposed under objective 3 ranged from 62.1% - 70.7%.

This category received the highest percentage of non responses (20.7%) and the highest percentage of neutral responses (neither agree or disagree 6.9% - 17.2%). Responses from Parent/ carers and teachers/ school employees comprised both these categories of responses.
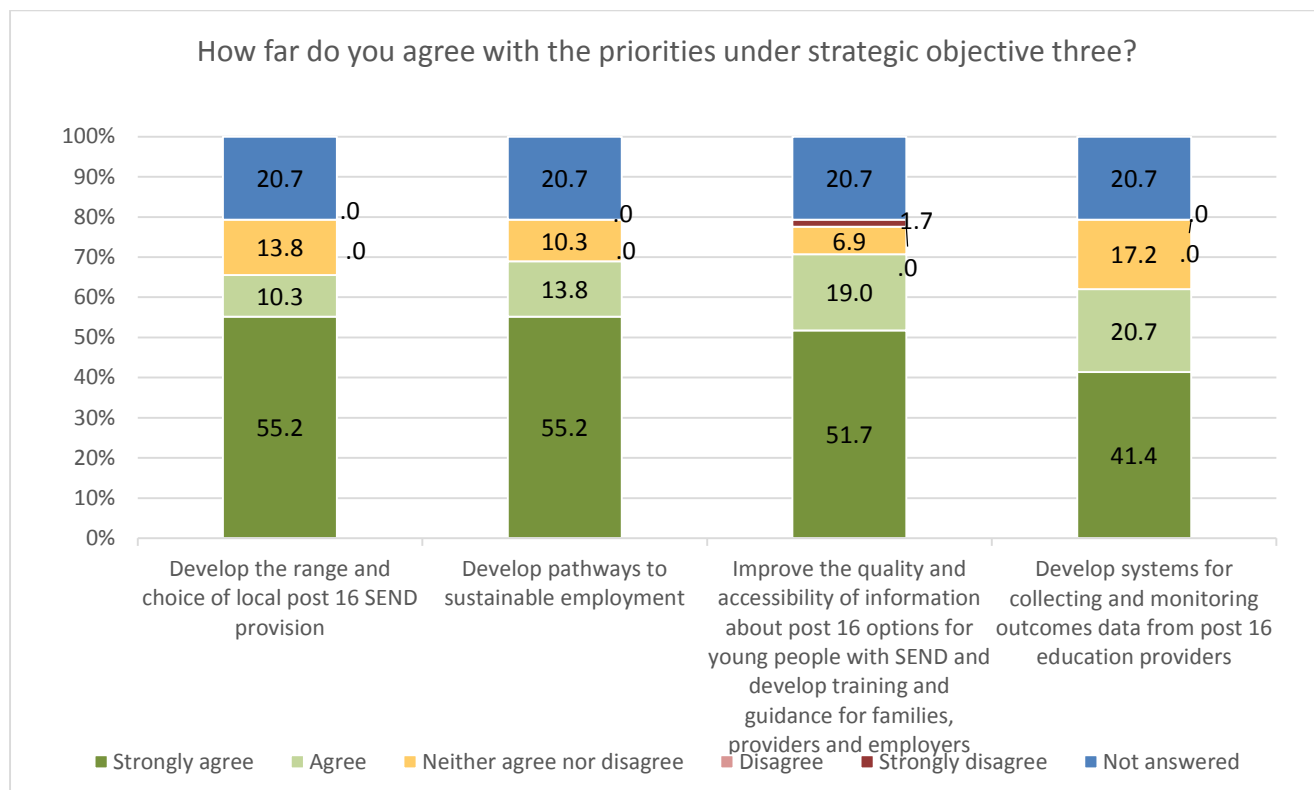
How far do you agree with the priorities under strategic objective three?

	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)	Not answered (%)
Develop the range and choice of local post 16 SEND provision	55.2	10.3	13.8	.0	.0	20.7
Develop pathways to sustainable employment	55.2	13.8	10.3	.0	.0	20.7
Improve the quality and accessibility of information about post 16 options for young people with SEND and develop training and guidance for families, providers and employers	51.7	19.0	6.9	.0	1.7	20.7
Develop systems for collecting and monitoring outcomes data from post 16 education providers	41.4	20.7	17.2	.0	.0	20.7

Employment

Widening options and more support for those who will not be able to obtain and maintain formal paid employment

Respondents pointed to the need to support those SEND young people who will not be able to gain or sustain formal, paid employment and to help them in identifying and accessing alternatives to formal paid employment. Respondents highlighted that many young people with SEND have the potential to make a valuable contribution to society and not necessarily through paid employment. So, there is a need to recognise their abilities and skills through

enabling them to access other options, for example access to voluntary work.. It was important however, not to place people in positions where they would be exploited and undervalued.

> *…Sustainable employment is not always possible for someone with SLD but I welcome the principle that all members of society have something to contribute and that there is dignity and self-worth in productive use of one's time - this might be in employment but also in creative, meaningful activity.*
>
> *Yes it is appropriate but please look carefully at the needs of each individual with a person centred approach. One size does not fit all and there is no mention of voluntary placements. For some people a working life may not be something that they can attain but they can still provide much needed help to a voluntary sector with a placement that is appropriate. The voluntary sector does it for mental health, providers can be contracted to provide the service for preparing for work with interview skills, buddying as it is provided for other vulnerable groups*
>
> *However, none of the actual priorities even mention apprenticeships, despite it being mentioned previously in the blurb.*

Making employers aware of the value of employing young people with SEND
The need to make employers aware of the potential of SEND young people and supporting employers to recruit and retain SEND young people was raised.

> *…also future employers need to be made fully aware of the valuable contribution these young people can make.*
>
> *…lots of lip service about "cultural shift" - this needs to be reflected in the attitude of employers too. They shouldn't expect to employ SEN young adults for free.*

Careers guidance and support
Equal access to high quality, targeted support and guidance on identifying and accessing options for employment and other opportunities was identified, particularly as EHCP annual reviews include a requirement to provide careers guidance.

> *SEND children need much more support to be able to find a suitable and fulfilling role in society, in a paid occupation, that provides self respect and independence. SEND children are fiercely proud of their achievements and are capable of achieving well in the workplace with more targeted support and guidance then is currently in place.*
>
> *I would include a more obvious priority relating to careers provision in schools. Annual Reviews ask schools to ensure careers guidance is sought as part of the EHCP so why not highlight this in this objective?*

Widening Post 16 employment and other options
The difficulties in finding information about opportunities post 16 are highlighted particularly for those who will not be able to obtain ort retain formal full time employment or achieve academic qualifications.

> *post 16 provision is limited and many YP of this age are struggling to see a path into employment. Agencies such as Ways into Work are great but seem under resourced and slow moving.*
>
> *The information about opportunities post 16 is currently extremely hit and miss. There should also be focus on those who are unlikely to be able to find employment and their continuing education. The ethos of the EHC, bringing all three together, should be mirrored in reality with better accessible therapists etc as proposed.*
>
> *There is very little choice for young people with SEN when they reach 16. This is definitely an area that needs a lot of work.*
>
> *When my son was in Year 11 at secondary school the options for him going onto Year 12 were very limited. There were only 2 courses he could of studied in Year 12 due to all the other courses being aimed at the academic students. And he had no interest in those 2 courses. Therefore he could not stay on at 6th Form due to this which he was very disappointed about.*

Option to continue education beyond age 19

One respondent stressed the importance of young people with SEND being able to continue in education beyond the age of 19 years as it would provide a supportive environment suited to their particular needs rather than open employment where employers may not give individual attention to employees with SEND.

> *SEND students need to have their education extended up to and beyond age 19 to give them the best start in life, not dumped them with an employer who has minimal legal responsibilities for their well being and progress.*

Transitions into adulthood

Respondents noted that families and young people should be fully supported to prepare for the young person's transition into adulthood and this should begin as early as possible to enable families and young people the opportunity to explore and prepare for their options.
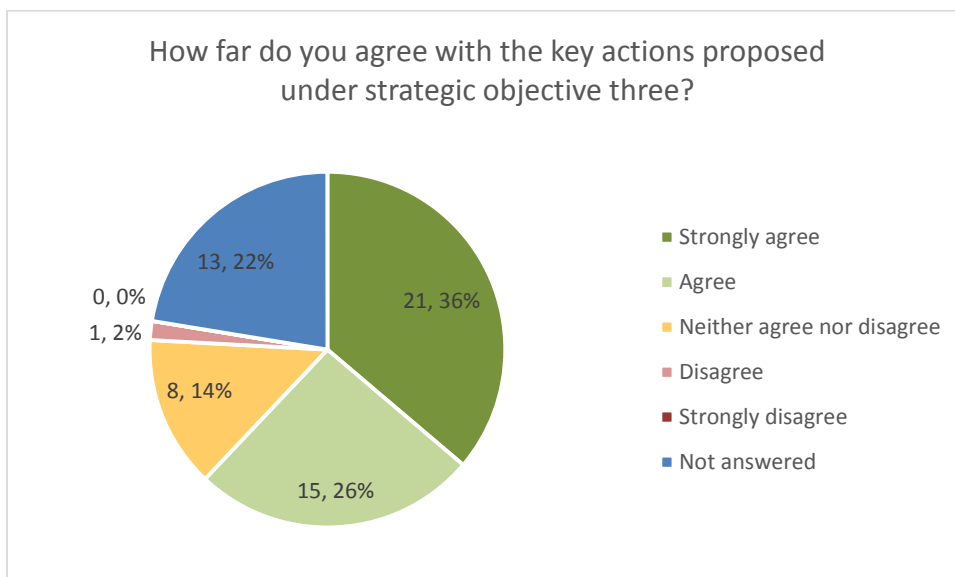
Good practice at the Castle School was mentioned.

> *An unsure future can be really stressful for families. So transition stages should be known as well in advance than is practically possible. i.e. transition from stage 2 to 3; also post 16 options.*
>
> Having seen the Castle School in action, I do feel this "transition" is something we already do manage pretty well.

7.2 OBJECTIVE 3: ACTIONS

Overall support for the actions proposed under objective 3:

62% (36) respondents either strongly agreed or agreed with the actions proposed under objective 3. 22% (13) did not answer.

33 | P a g e

How far do you agree with the key actions proposed under strategic objective three?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not answered

21, 36%
15, 26%
8, 14%
1, 2%
0, 0%
13, 22%

Employment

Support to find and retain employment
Respondents note that whilst the importance of employment is acknowledged, the need for young people with SEND to be supported with careers information and guidance is key. Without the latter the prospects of obtaining employment are not realistic for many SEND young people.

> *Employment for our young people is really important and without support to access this it is not viable for some.*

Earning a salary above the minimum wage
One respondent cautioned that the focus should also be on ensuring young people are able to engage in paid employment which pays above the minimum wage otherwise there will be a need to supplement income with benefits this could affect the young persons long term wellbeing.

> *Encouraging SEND pupils into employment that will provide a minimal salary for minimal hours, may put them in a worse position that remaining on benefits. Possibly a recipe for depression, caused by poor education they may end up in crisis, needing even more complex help from the LA.*
>
> *I also have sincere misgivings about exploiting the labour of SEN young people with "internships" and note the complete absence of any priorities that explicitly mention apprenticeships, which seems bizarre with the onset of the apprenticeship levy.*

Widening employment options
One respondent proposed more supported employment opportunities including for example social enterprises perhaps set up and managed by post 19 providers themselves.

Post 16 provision
Respondents highlighted that more information is required on what is available and that a conference showcasing opportunities may be a an opportunity for families and young people to be informed on options and opportunities.

> *currently the choice for post 16 provision is limited so to map what's available will be a useful tool to parents*
>
> *Priority 3 3.5 An annual conference would allow parents to see what provision is available for their children.*

Support for young people with SEND at university
One respondent called for support for young people at university who will have to cope with the demands of academic life and independent living in addition to their condition.

> *Agree but please look at the numbers of young people going to university. When I have asked about the EHCP I was told it does not cover university. If a person has made it to that level of education it could be because they have a very supportive family. With the demands of university it does NOT mean that they have the social and life skills for them to cope in that environment. Suicides happen away from home from non SEN students and SEN ones are vulnerable because of the nature of SEN. Academic success does not mean they can cope*

Joined up services

One respondent called for adult and children's services to be joined up for 0-25 year olds as this could help develop and implement streamlined, cohesive approaches.

> *I believe that Adult and Children's services should be completely joined up for 0-25 year olds in order to remove the arbitrary cliff face encountered by Young People and their families at the age of 18. Ultimately a lifelong joined up service should be an aspiration of services.*

8. Objective 4

We want to develop positive transitions for young people with SEND to enable them to prepare for adulthood

Overall support for the key priorities proposed under Objective 4
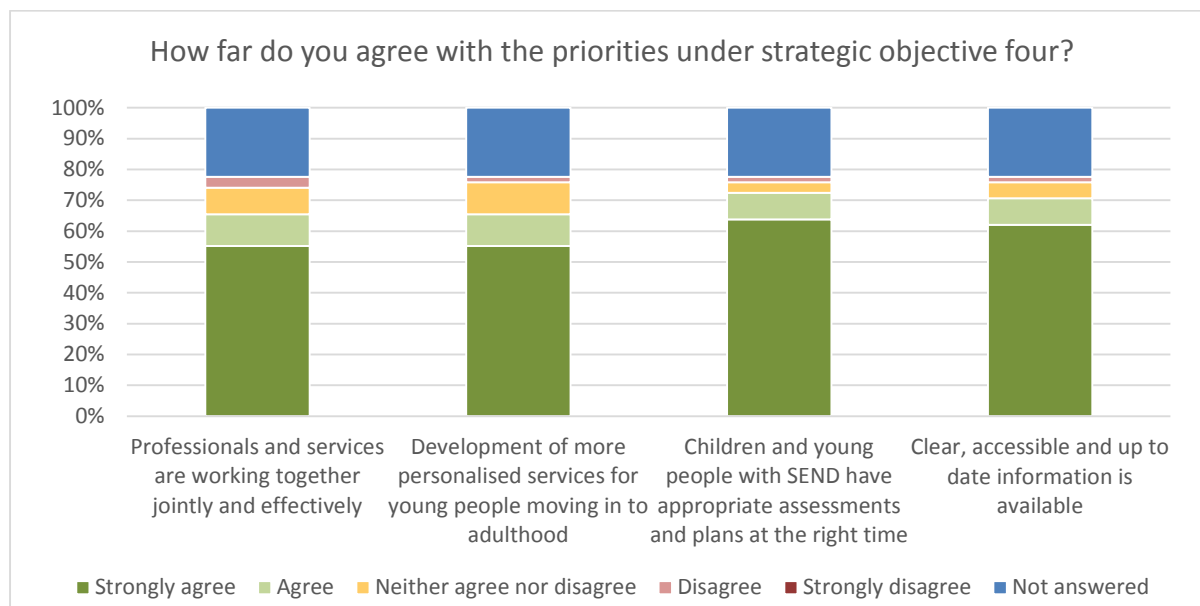
How far do you agree with the priorities under strategic objective four?

	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)	Not answered (%)
Professionals and services are working together jointly and effectively	55.2	10.3	8.6	3.4	.0	22.4
Development of more personalised services for young people moving in to adulthood	55.2	10.3	10.3	1.7	.0	22.4
Children and young people with SEND have appropriate assessments and plans at the right time	63.8	8.6	3.4	1.7	.0	22.4
Clear, accessible and up to date information is available	62.1	8.6	5.2	1.7	.0	22.4

Support for the priorities proposed under objective 4 ranged from 65.5%- 72.2%. 22.4% did not answer.

Transitions

Better joined up processes and clearer communication and information sharing between different agencies involved in the transition process

Respondents called for transitions processes to be better managed, by clearer and more open communication and joined working and information sharing between different agencies and streamlining application processes for families and young people.

transition points do present challenges for those working with young people in different services - its key that these are better managed so that unnecessary stress is not caused to young people and their families

Professionals still have a long way to go to achieve truly joined up service but as stated above this should be the vision and an aspiration. This view is evidenced by each organisation having their own database instead of a single information point. Young people and their families are constantly bombarded with questions from professionals who have their own set of forms to complete.

Beginning the transition process

The timing for this should be determined by individual needs.

For example, diagnosis can be confirmed at any age and in many cases if diagnosis is confirmed in the teens applying or receiving an EHCP can take longer.

One respondent referred to the fact that in in some cases young people have applied for services as a child, but by the time they receive a service they become adults and then have to go back on to the waiting list.

Time! Waiting lists!

This is urgently needed - as with the previous objective, it is very hit and miss with no clear timetable at the moment. At what age the process starts, should be down to the individual. Age 14 was too young for us, with outcomes then unclear and frequently changing. As parents, the future is too worrying to think about at that stage.

In a perfect world these objectives sound great. However some conditions with SEND can start to develop and appear in teenage years and provision for diagnosis and identification for this group is different if they have to join or apply for an EHCP as timescales take longer for adults or older children. If provision has been put in place since childhood although the transition services can be patchy the individual is 'known' and so are behaviours and needs. Its different for those accessing the provision for the first time when they are moving from childhood to adulthood. They can be waiting for assistance and by the time they move up a waiting list then can then be classed as an adult and have to join another if there is one at all. Provision needs to capture those who start out as children/teen services and then find themselves considered adult because they have become 18 or post 16. Its not their fault its taken so long.

One respondent pointed to a need for clear information on available support to be made available

Making known what assistance is on offer should be a priority

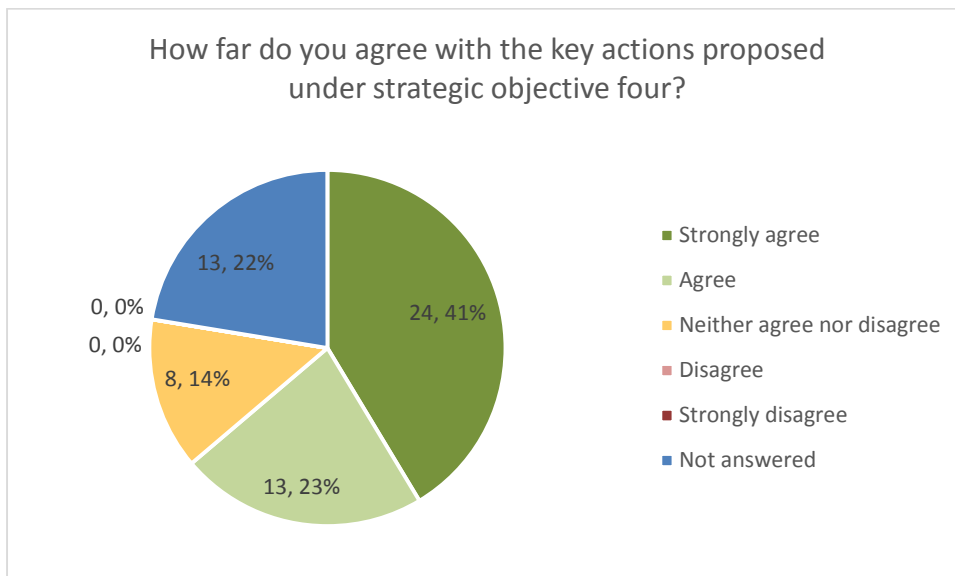*EHCP and young people moving into adulthood*

One respondent highlighted that often EHCPs do not reflect the needs of SEND students as they get older

EHCPs are often out of date and don't reflect the needs of the SEN student as they get older

8.2 OBJECTIVE 4: ACTIONS

Overall 63.8% (37) respondents either strongly agreed or agreed with the actions proposed under objective 4.

22.4% (13) did not answer.

How far do you agree with the key actions proposed under strategic objective four?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not answered

24, 41%
13, 23%
8, 14%
0, 0%
0, 0%
13, 22%

Transitions

Children waiting to be transferred on to adult services need to kept up to date on progress against their case. When a child is approaching 18 years of age he/she could be automatically listed on to the waiting list for adult services.

Please add that referring between services because someone has become an adult is monitored so they don't fall off waiting lists or are not considered a priority because they have reached adulthood. If they have waited on a list and are approaching 18 then filter them so that they can join the list for adults without having to go to the back of yet another waiting list because they have had a birthday.

Data

Better use of data is essential to identify and forecast needs and to inform service planning and commissioning

better use of data is essential, and will definitely be a strong tool to manage and predict commissioning needs.

Workforce training and development

Releasing staff for training and development also requires resources as consideration needs to be given to covering staff whilst they are away.

Schools need the ability to release staff for training, or funding to cover staff who are training
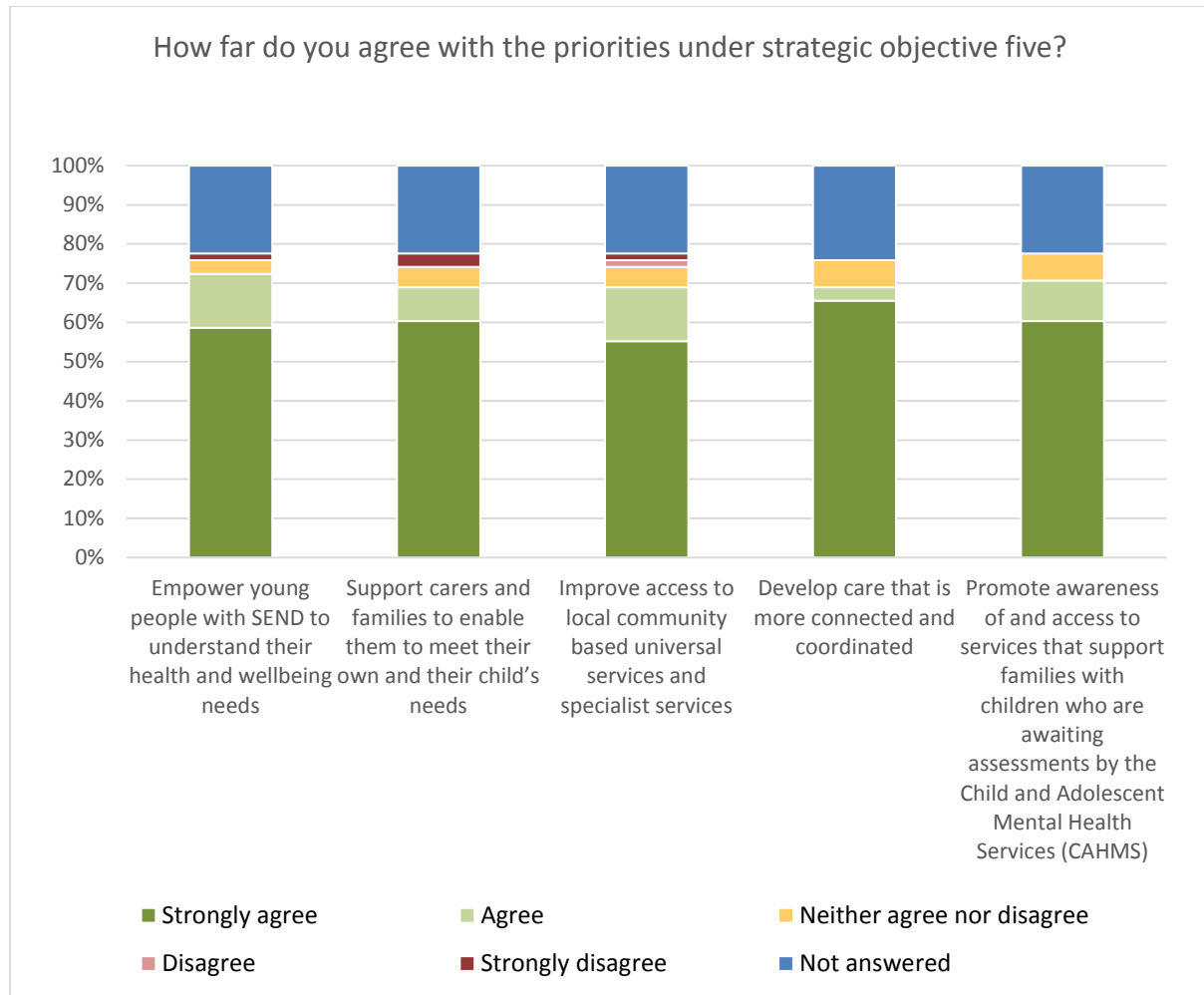
Realistic achievable time limited and resourced planning

Evidence for how plans will be resourced alongside time frames are needed

List of actions, no timeframes or definition of exactly HOW you will achieve them

9.0 Objective 5

We want children and young people with SEND to enjoy good physical and mental health and wellbeing

How far do you agree with the priorities under strategic objective five?

Legend:
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not answered

	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)
Empower young people with SEND to understand their health and wellbeing needs	58.6	13.8	3.4	.0	1.7
Support carers and families to enable them to meet their own and their child's needs	60.3	8.6	5.2	.0	3.4
Improve access to local community based universal services and specialist services	55.2	13.8	5.2	1.7	1.7
Develop care that is more connected and coordinated	65.5	3.4	6.9	.0	.0
Promote awareness of and access to services that support families with children who are awaiting assessments by the Child and Adolescent Mental Health Services (CAHMS)	60.3	10.3	6.9	.0	.0

Overall, support for the priorities proposed under Objective 5, ranged from 69% - 72.4% (n agreement or strongly in agreement).

22.4% of respondents did not answer.

Child and adolescent Mental Health
Support for mental health wellbeing
Concern for lengthy waiting times to access support from CAMHS, particularly for ASD assessments, features prominently in responses.

> *Mental health issues are all invasive at the moment. The CAMHs team is not sufficiently resourced and waiting times are too long. Good suggestions but where is the money coming from?*
>
> *Currently not much support out there and long waiting lists and SEND children don't feel empowered.*

Respondents called for other sources of support to be made available both for those who are awaiting assessment and to reduce waiting lists.

> *CAHMS is such a long wait that support in the meantime would be very valuable.*

The need for more support at a local, community based level is highlighted.

> *Support for the family within the local community that is accessible. This removes the pressure on CAMHS.*

Supporting the mental health and wellbeing of families who have children with specific disabilities
Families with children and young people who have specific disabilities for example High functioning Aspergers, do not qualify for support yet these families often care for children with very challenging behaviours which consequently impacts on the families health and wellbeing.

> *It is important that all families with SEND feel empowered. Especially some of the harder to reach groups for example those who have had their own negative experience of schools and "the system"*
>
> *Missed the fact that yes you can support families and carers to enable them to meet their own and childs needs but sometimes there is no support because of the nature of their child's disability. High functioning and Aspergers carers with children in mainstream school do not qualify for a carers assessment and yet parents can have challenging behaviour, feel burned out and there is no respite for them.*

Private assessments

Lengthy waiting times for assessments force people to seek and self fund assessments through independent sources. The CAHMS services are supportive of privately funded assessments and diagnosis through this route and private assessments are also recognised in EHCPs.

However, privately funded cases often miss updated information on services and provision.

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There also need to be services available for the many people who go for private assessments as the result of the CAMHS waiting list being so long. A huge number of families who I know have ended up finding the money to go private (often at great sacrifice) in order to help their child get their needs identified rather than wait for the excessive time to be seen by CAMHS as if they did it would compound many of the problems and decrease the likelihood of a successful eventual outcome. But many of these families then get ignored and miss out on vital streams of information about services and support that they or their child are eligible for to help them as they are not 'in the system'. There needs to be a way of including all families and not just those who are on the CAMHS waiting list. And the CAMHS waiting time needs to be reduced dramatically in any case... I haven't seen this on the priorities anywhere and think this should be right at the top!

The waiting list for ASD assessments by CAMHS is far too long and it is good that this is recognised. I am also grateful that CAMHS is prepared to endorse private assessments which parents undertake and that this is recognised within the EHCP - a diagnosis/recommendation by a professional is a diagnosis/recommendation by a professional, after all.

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Information and guidance on referral and assessment processes

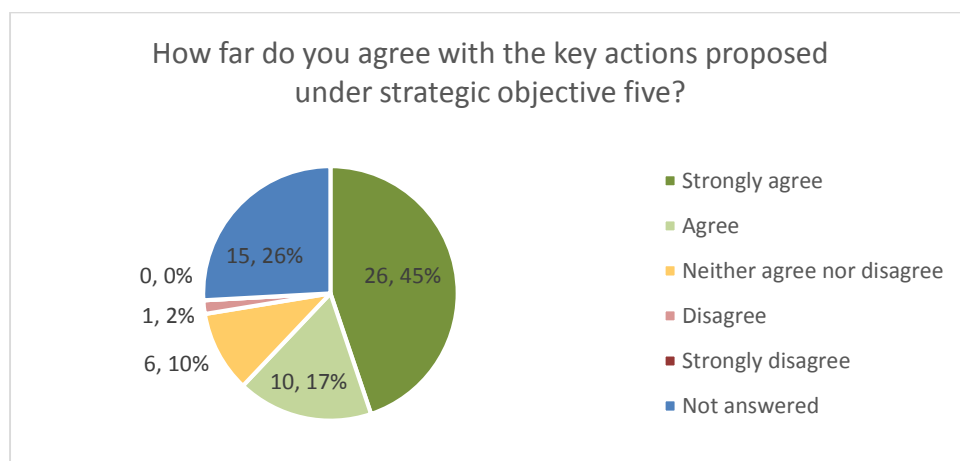There is a need for more information and personalised communication to encourage people to ask for support and advice.

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Communication is good but needs to be stepped up. Many people will be put off asking for help because of the faceless nature of the council as a whole. More outreach, more personal explanations to those who don't understand the procedure

</div>

9.1 Objective 5: ACTIONS

Overall support for the actions proposed under objective 5
Overall, 62% (36) respondents agreed with the actions proposed under objective 5.
15 (26%) did not answer.

Chart: How far do you agree with the key actions proposed under strategic objective five?
- Strongly agree: 26, 45%
- Agree: 10, 17%
- Neither agree nor disagree: 6, 10%
- Disagree: 1, 2%
- Strongly disagree: 0, 0%
- Not answered: 15, 26%

Knowledge and awareness of provision - generally

Respondents highlighted a need for more information on the types of provision available

> *To map all services available to parents would be a very useful tool*

Access to provision that supports wider health and wellbeing

One respondent pointed to the need for children to access sport and to learn about family values.

> Increase access to sport and value of family.

Knowledge and awareness of provision – for specific conditions and ages and those awaiting diagnosis

Respondents pointed to the need for services for people awaiting diagnosis and where such provision currently exists.

One respondent pointed that young people are most vulnerable during their teenage years and even when they are clearly at risk of self harm, young people do not give their consent for diagnosis so causing further anxiety for families.

Support and services for deaf and hard of hearing children and young people and those with learning disabilities who are approaching transitions to adulthood needs to be more widely promoted. Parents who have children with Dyslexia also need to be recognised and supported to meet their children's needs.

> *Increase awareness and use of Deaf CAHMS team for HI children and those children with HI parents.*
>
> *As a parent of a child suffering dyslexia, I struggle to understand his frustrations as I do not have dyslexia. I would of appreciated having guidance from West Berkshire Council regarding how to support him and make him feel better about himself.*
>
> *I believe that the existence of the Learning Disability health team for adults is not well known by parents of children approaching the transition to adulthood, nor even by some professionals (eg head teachers, GPs).*
>
> *yes but you need to go further and have services that can be accessed, that exist, are known to families and can be accessed pre or post diagnosis. Many are for post diagnosis only. Teenage years are a higher risk for suicide and self harming and some teens refuse to give consent for diagnosis and without diagnosis parents cannot access the services mentioned*

Workforce development and training

Training and educating schools to understand and meet the needs of children young people is seen as important. One teacher also acknowledged the importance of developing schools' capacity to deliver support.

Training is key with this objective. As much as schools are able to support many of the SEN's discussed in this strategy the wellbeing of students underpins all that we do and yet training is scarce. Schools are best placed to support, guide and refer but with better training we may even be able to undertake some support of the mild to moderate mental health issues that young people have to deal with.

.....what about education for schools, the public to have understanding?

Need for clear timeframes and action planning

List of actions, no timeframes or definition of exactly HOW you will achieve them

SECTION 2: CONSULTATION FINDINGS FROM PUBLIC AND FOCUSED CONSULTATION EVENTS

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
SEND Strategy Focus Groups	Mainstream schools reluctant to accept a child in the first place Peripheral support - children with multiple conditions are not entitled to a blue badge (e.g. ASD and physical disability) Access: -Buildings are not always fully accessible to children with physical disabilities. How do services in pre - schools join networks / communicate/ share information with primary networks? Clearer information and understanding could enable two way cooperation and closer working and links between mainstream and specialist schools - what would happen if special schools reach their capacity?	Streamlining CAMHS Pathways for people with multiple difficulties - possible triage? - P2: TACs becoming the norm for transferring students between key stages - particularly between primary and secondary stages P4: mid-year / SAP reviews should be automatically available to parents without parents having to pursue Inconsistency in practice, procedures and understanding. - Gap between mainstream and special schools. - - Lack of consistency in practice and understanding across all schools. - Disciplinary processes are often inconsistently applied (not always applied in the same way for nuerotypical children) - Lack of clarity of processes.	Timescales for the priorities where the action is to "review"	**Communication** - Crucial for professionals to talk to each other - Effective communication with pack with SENCOs and particularly with secondary schools. **Residents who live on the fringes of west berks** Impact on access to services and provision for non-West Berks who live on the fringes of the borough should also be considered **Workforce development** - for early intervention practitioners - for GPs (need to know where to signpost for further support e.g. SENDIASS service) - PSTC Service is valued. **Coordination and communication between services and professionals** - parents feel bounced around when it comes to referrals
SEND Strategy Focus Groups				

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
SEND Strategy Focus Groups		- "Taking all the way through to primary school" Need to train staff. -Schools often don't know the process the parent voice - Parents not always listened to. Workforce training and development - Early intervention and identification throughout all stages and setting's for example, some nurseries are not accepting SEND children. Halfway units should start at reception and early intervention should be standard practice - Sharing learning to develop skills knowledge and understanding - between teachers and other staff who have experience in teaching SEND children - sharing learning between special schools and mainstream schools. What would make it better in mainstream schools? - Clearer information on what is on offer in specialist and mainstream settings.		**Access to Information, training and Support** Early Years settings -Difficult to access support from the Local authority if not signed up to services - often not financially viable for small pre-school settings to buy into training - not knowing who to go to. **Support at the point of crisis** - Need information on the support available for parents and children at the point of crisis. **Support between school moves** - support for parents and children when the child needs to attend specialist provision - Need to improve the process of managing school moves. **Cultural Change** - How does the local authority address the attitude of schools **Sharing and exchange of best practice and support**

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
		- The right professionals at the right time to assist and guide. - Support for parents. GPs need to increase their understanding and awareness of SEND - Mainstream schools need to have higher aspirations for SEND children		- A network of SEND Governors? - Coverage and access to HVS? - there is a need for greater consistency of practice across settings and professions - social care support available for CYP who don't have an EHCP rather than only SEN - If a child is achieving what is expected he/she is not pushed to achieve more - a need for more work experience and guidance on employment, training and development options and how to access
Primary Heads Forum	SLT – Have a named SLT for early years in an area so	P.1. When is the end date for	- Early intervention / identification is great but	

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
	that there is no reliance on a drop in service. - NQT training on SEND particularly around SEMH	intervention to be completed - this needs to be pre - school age - Clarity is needed on the processes and ages for referrals - need to work with GPs so may refer - Training and knowledge for settings - Increase expertise for settings and 1:1 support in schools P.2.Multi agency working needs to be strong P.3 This is a broad statement for so many with so many different needs. What do we think attainment and progress looks like? P.4 Where is the expertise coming from for this? Services have been cut and we have nowhere to go for support currently. Will the CPD be free? If not, we cannot afford it!	doesn't help us respond to need. If a child needs a special placement, how does identifying their need provide the place they truly need? P.2 Joined up services We would love this but getting services in costs money (that we don't have) and waiting times are huge. Can we not buy in what we need rather than try to get reports to prove what we already know? P.3. We would like to make more of "progress" in a wider sense - not just academic. I t would be great if these achievements were documented, celebrated and used to measure school impact. There would be a challenge here for infant / junior schools to ensure consistency. How do we measure? P4 How can we make sure we can recruit/upskill new SENCOs / Who provides leadership for SENCOs in order to share good practice? - 12:12 The emphasis on	
Primary Heads Forum				

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
			linking social /emotional need to behaviour and to attendance b=needs to be greater.	
SEN Team	see print out			
DCT	Photos do not show images of children with communication aids / equipment / functioning.			
Resource units				
Teachers of resource unit	**Specific learning difficulties**			

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
	- -Not enough emphasis **Workforce training and development.** - Need for training and support for mainstream staff to help children with specific learning difficulties. **-** Teaching assistants + TAs need training in specific learning difficulties Alternative routes to training and development. -Traditional methods of limited use Mainstream teachers could go to LALs or the Trinity School to observe teaching and learning - Teaching could be videoed and used in training. Need for alternatives to academic route. Need for mainstream secondary schools to provide alternatives to GCSEs for those with SEND and who struggle to access and achieve at GCSE level.			
Pupils in resource unit	Early help support and understanding			

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
	to prevent exclusion transitions to adulthood those who attend special school should be supported to be integrated back into mainstream school Those who struggle in mainstream should be in a specialist setting pupils not in ACE might not have as much support if they had problems.			
Pupils in special schools	Aspirations and interests.			

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
Parent carer forum meetings	1.1 Identification and assessment of SEND • Some children mask their difficulties in school and then the stress they are experiencing because of difficulties at school is manifested in behaviours at home. It is important that any assessments by schools or other professionals take in to account what is happening at home. 1.2 Joined up services • Some schools do not know how to get an ADHD diagnosis. The referral pathways for all services need to be clear and transparent for schools, other professionals and parents. • When there are changes of staff in services, parents should be kept informed. 1.3 Improve attainment and progress • Some schools still need help to differentiate the curriculum for children with SEND • Schools need to be aware of and make use of adaptations for testing and examinations for children			

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
Parent carer forum meetings	with SEND 1.4 Expertise of staff in mainstream schools • Particular attention needs to be paid to the training needs of newly qualified teachers so that they can identify SEND and provide support; initial teacher training often has little SEND content.			
Individual emails				

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
SEND Strategy Focus Groups	Concern over lack of support for SEMH issues in mainstream schools **Widening awareness and information access** The local offer should include a link to information resource units in the area as families do not know that exits or how to access What evidence do we have that a new provision is needed? - Need to develop practice and procedures in schools - What is appropriate for your child may be appropriate for others - schools ned to consider this	**Impact of increasing demand and reducing supply of pupil referral units and places.** - Increasing rates of exclusions many of which can be addressed through specialist support and therapeutic interventions provided by pupil referral units, however places in PRUs are reducing and in some cases units are closing. - mainstream schools are unable to deal with the types of behaviours and conditions that would traditionally be addressed by the PRUs and so increasing numbers of children are being home educated or placed in specialist settings.	**Workforce development** Training for teachers at secondary school level particularly around ASD knowledge and awareness of support and services available. **- Local Offer** Parents want to know about the range of options available to them sharing capacity and expertise through for example: - Dual placements between mainstream and special schools - Central Hubs could be used to share best practice and training. Widening training, education and development opportunities. - Special schools need to bridge the gap between GCSE's - need for mainstream schools to include life skills and employment related development skills.	

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
SEND Strategy Focus Groups			Increasing provision - access to opportunities available in mainstream schools to be made available for children in special schools - access to opportunities available in specialist schools to be made available for children in mainstream schools Inclusion and support - How do we include rather than isolate? Additional needs - Interventions for children with anxiety and depression. EHA – promote this and encourage referrals? - Children should be supported to remain in a mainstream setting as far as possible. - Practices, ethos, culture and expertise vary between schools Anxiety - need for greater awareness and understanding of children with anxiety.	

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
SEND Strategy Focus Groups			- need to help parents to develop strategies to support their children who have anxiety. - Need to raise awareness and understanding of existing training and support resources (PPEP care, sensory awareness) G6 Training and development - Ensure child's perspective is at the centre of planning - (how to address the child balancing wants against needs) - Learning best practice from mainstream schools on what works. - Developing understanding in Secondary schools particularly around. ASD / SEMH Bridging the gap between school and adulthood through. - Developing functional life skills (A parent pointed that her child will have to attend a mainstream school first to prove that he/ she is only	

	Objectives **GENERAL COMMENTS**	**Objective 2 Priorities**	**Objective 2 Actions**	**Objective 2** **GENERAL COMMENTS**
SEND Strategy Focus Groups			suited to specialist schooling) More choice or measured in a different way for an academic??? Preparation for adulthood - The EHCP drives the curriculum in a special school, however this will not always open the door to wider opportunities and traditional GCSE and other academic qualifications may not be appropriate Personal and social skills should be developed - These are equally important but not tested under the current system	
Primary Heads Forum	**Need an audit of experience across schools** - share good practice training outreach team teaching - need for more specialist training	**Priority 1 and 2** appear to be the same can they be amalgamated? **P1.3** - This should happen at the earliest time	SEMH needs - some children need resource Type? Environment? - How will this be funded?	

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
Primary Heads Forum	- Need to focus on primary and secondary transitions (transitions teams / specialist teachers FSWs?) - Nurture room time limited and targeted interventions???	**P1** - Additional funding needed for CAMHS - Waiting lists means one year wait.- we have to treat as diagnosed without an EHC/ support/ funding - can't recruit any support e.g. TAs - training for - TAs not in place for ASD - Increasing numbers if school is perceived as being "good with SEN" - without funding - High % of SEN pupils in small schools e.g. 10% - Inconsistent responses from CAMHS - paperwork lost! - cost of I college; ED Psych - hampers schools from using **P2** **-** Need more Ks 1/2 this would halt the need for KS3 **P4** **-** A review is definitely needed.	Willingness to do this if there is funding Discussion around disincentive (impact of figures) how will this be mitigated? New primary school provision. -Could Theale Green primary school be utilised? - Schools find allocating a budget to Ed Psych etc. Challenging, as budget is set earlier than pupils arriving. - Impact of "hidden children" e.g. home educated - Schools needing a fresh start - refused by local schools - PPP??? - Lack of time with ED Psych - Impact of mobility of pupils who need to be seen, but would not have been diagnosed at initial planning meetings with ED Psych Local MLD unit?	

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
			- with appropriate staffing and funding CPD in line with ASD provision schools are happy to be approached Circle of adults. -Great but a long wait EHA Gemma McD - Inconsistent with other practitioners?	
SEN Team				
DCT		Children with significant health issues are missing PMLD gets lost in comparison to ASD		
Resource units				
Teachers of resource unit				
Pupils in resource unit				

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
Pupils in special schools				
Parent carer forum meetings	The Local Authority, when building or extending provision, should consider building upwards if sites are restricted.			
Individual emails				

	Objectives GENERAL COMMENTS	Objective 3 Priorities	Objective 3 Actions	Objective 3 GENERAL COMMENTS
SEND Strategy Focus Groups	Priority 1.6 - Post 16 GCSE Programme - Could this also include 14-16 years? How can we support yp who need employment related support after finishing HE (e.g. Job coaching, supported employment?) widening career options - Develop and promote apprenticeships as an alternative to HE	Options for further education - can schools offer the option for young people to stay on in the sixth form and study for open university courses with school support? - need for more options between GCSE and A level qualifications for those who are able but not able enough to study for A Levels widening career choices - lack of opportunities to study for sport related qualifications or support to pursue sports related careers yet this appears to be a popular interest Preparation for employment work experience: - need to roll out successful work experience models (Brookfield's) - Need to work with employers to widen and access meaningful work experience Request for short term residential placements for Post 19 yp (2 - 4 weeks long) to develop life skills, independent living skills and	Importance of building capacity for life skills / employment skills 3.5 really good and young ambassadors Information about alternatives to academic qualifications and employment: apprenticeships - what is available and how can these be taken up? - availability and support to sustain long term work experience -more options for the more able young people - Information and advice on the range of SEN specific courses raising awareness and understanding amongst employers - Employment policies to increase employment rates e.g. positive discrimination through "job carving" Pathways to employment- Who will be developing pathways to employment? - What pathways will be	

	Objectives GENERAL COMMENTS	Objective 3 Priorities	Objective 3 Actions	Objective 3 GENERAL COMMENTS

SEND Strategy Focus Groups		preparing for employment (waking up in the morning etc.).
		
		Communication and raising awareness
		- employers
		- schools
		Preparation for employment / post 16 options
		- needs to happen early - access arrangements
		- also need to be identified and met
		need to widen the range of academic options
		encouraging learning through understanding and responding to different learning styles and different learning abilities
		need to let pupils realise and work towards their own goals and aspirations
			explored?
			- How will this be marketed?
			- It should be offered as an option rather than young people being expected to find out about it
			What works?
			- build, share and apply lessons from a case study portfolio of what works for success in finding and retaining employment
			Promoting success and good practice
			- Develop a Young Ambassadors imitative
			
			    Need to include actions to prepare and aspire young people for University
			
			    Joined services and approaches - front door should have access to information and files
			+ different services checklist for parents???
			Raising awareness and understanding amongst employers.
			Post 19 widening the employment offer through:
			Supported internships
			Improving information about	

	Objectives GENERAL COMMENTS	Objective 3 Priorities	Objective 3 Actions	Objective 3 GENERAL COMMENTS
SEND Strategy Focus Groups			post 19 options: - Local offer - other communication raising awareness about options amongst employers and professionals Learning from best practice and providing case studies to help people aspire to reach their goals VIT - Timely meetings??? Accessible information support and guidance: - - A guidance and information pack available in different formats to suit different needs - Akey support worker to help support families through the system - a transitions champion	
Primary Heads Forum				
SEN Team				
DCT		P3: Information about Post 19 options		

	Objectives GENERAL COMMENTS	Objective 3 Priorities	Objective 3 Actions	Objective 3 GENERAL COMMENTS
Resource units				
Teachers of resource unit				
Pupils in resource unit				
Pupils in special schools				
Parent carer forum meetings	Improve post 19 provision Support aspirations of YP with SEND making more opportunities. Post 16 still feels like falling off a cliff Preparation for adulthood (PFA) more support needed for parents and young people.			
Individual emails				

	Objectives GENERAL COMMENTS	Objective 4 Priorities	Objective 4 Actions	Objective 4 GENERAL COMMENTS
SEND Strategy Focus Groups	Concern that young people who are in special schools until the age of 19 years and cannot access some services (MENCAP, play schemes, youth clubs, after school clubs etc.) once they turn 18 years of age.	Why does the focus on transition need to start at age 16 -18 years, as many Children and young people with SEND are not mature at that age? Impact of lack of succession planning. Lack of continuity and consistency in acre and support when professionals leave leading to [patchy follow up of cases. Stretched services so time gap between reviews increase. Need to focus on developing life skills and preparation for adulthood early. Best practice needs to be shared. Embedding understanding of SEND early in teaching careers	Need an alternative for the word appropriate Using new technology to widen reach and awareness of services and provision through: - making the local offer and available as app and on line - making the transitions pack available on line and as an app integrating transitions planning into individual plans through a structured conversation at annual reviews Information, support and advice for families through for example: - a flow chart - a key support worker for parents to refer to - transition Champions who can work across different settings (schools local authority, health - financial advice Information, support and advice for families through for example: - information packs for	

	Objectives GENERAL COMMENTS	Objective 4 Priorities	Objective 4 Actions	Objective 4 GENERAL COMMENTS
SEND Strategy Focus Groups		- Training for all new teaching staff should include teaching in a special school for at least one term. Understanding the individual concerns of pupils - integrating into the school setting - getting a job and being independent - mental health support - exam stress, information and awareness about the different options available - *housing, jobs etc.* making people aware of different types of conditions through for example an ID card	families and young people - Financial advice Promoting and raising awareness of the employment potential of young people with SEND: - Positive case studies for families, young people and employers - Challenging and supporting employers - High aspirations and clear expectations for young people. Widening access and opportunities for employment: - A broader range of opportunities both in mainstream and specialist settings? Provision and support. - Specialist clubs - Support groups - Clarifying the criteria for respite and short breaks. We need a list of professionals in the area who can deploy specialist strategies to treat young people with SEND (e.g. Dentists/Opticians etc.)	

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	Objectives GENERAL COMMENTS	Objective 4 Priorities	Objective 4 Actions	Objective 4 GENERAL COMMENTS
SEND Strategy Focus Groups			Accessible information in appropriate formats: A transitions pack for: -Young people - Families special schools mainstream schools. Dedicated Support workers assigned to families and yp to support them to navigate their way through different services. Need for: - clarity and common understanding on processes - agreed protocols between agencies and services - joint communications - Widely available and accessible information (financial and other entitlements and rules and regulations etc.) We need positive case studies What about the SAIL programme??	
Primary Heads Forum				
SEN Team				

	Objectives GENERAL COMMENTS	Objective 4 Priorities	Objective 4 Actions	Objective 4 GENERAL COMMENTS
DCT				
Resource units				
Teachers of resource unit				
Pupils in resource unit				
Pupils in special schools				
Parent carer forum meetings	Info packs for YP – what is available/in easy read format Greater financial advice Positive case studies for Parents/YP to read Local Offer live – have a post 16 talk Develop App/website for young people Flow charts			
Individual emails				

	Objectives GENERAL COMMENTS	Objective 5 Priorities	Objective 5 Actions	Objective 5 GENERAL COMMENTS
SEND Strategy Focus Groups	Need information on what already exists to support yp (universal therapy, EMHA etc.) Clear eligibility criteria - for example an anxiety based course at St Bartholomew's for year 7 and 8's is actually not open to children who have an EHCP Gap in mental health services for YP with learning difficulties and complex needs - CAHMS and other services are targeted for those with verbal and expressive difficulties e.g. CBT available for young person with ASD and complex needs and parent led CBT not being helpful for young people with complex need.	p2.3 to include community groups Need a balanced approach that also incorporates family's views. - Children do not always say what they really feel as they want to fit in with expectations and also do not always fully understand issues etc. Lack of consistency and of information relating to the services and support available - e.g. the Local Offer needs to be promoted more widely Need to Promotion of existing support and services and support for families whilst they wait for a child's assessment CAHMS - - Communication between families and CAHMS needs to improve - Gap in mental health support for children with learning disabilities and mental health problems	- Advice on maintaining good physical and mental health and wellbeing available on an app - GPs being encouraged to take a whole family approach to meet the needs of families - enabling wider access to community leisure and other facilities through : -raising awareness of discounted rates to access community leisure and other facilities - looking into cross borough agreements to enable families living on the fringes to take up discounted rates to use facilities in West Berkshire. - Need to support parent and carers to maintain good mental health - how can we facilitate good peer to peer support amongst families? - need to develop stronger cross border working SAIL programme- young people/parents? Session on parents? Eating/sleeping?	

	Objectives GENERAL COMMENTS	Objective 5 Priorities	Objective 5 Actions	Objective 5 GENERAL COMMENTS
SEND Strategy Focus Groups		support at home - - Need to help families to support both themselves and their children - receiving support at home is important EHCPS - need more involvement from health / CAHMS??? CHILD NEEDS TO BE AT THE CENTRE OF THE EHCP.	Role of the parent carer forum: - sharing experiences and advice - supporting parents Support to families to look after their own wellbeing Increasing Opportunities to participate in mainstream public/ community and leisure activities - provide a greater range of clubs and activities that are focused on the activity rather than specific disabilities Need to support parents to look after themselves and navigate the different types of health services Need for better communication and learning between agencies and neighbouring boroughs need to focus on meaningful outcomes in the EHCP process What is already in existence?	

	Objectives GENERAL COMMENTS	Objective 5 Priorities	Objective 5 Actions	Objective 5 GENERAL COMMENTS
Primary Heads Forum	Action: who will review and by when? - Based on medical model - needs also are socially based e.g. access to wellbeing activities such as swimming/exercise and across the borough boundaries Reading/ Wilts - Not only ASD children who need CAMHS -Need to make our schools fit for 21st century children Sports provision - Need access to sport more promotion of appropriate provision - - Schools do not have the provision or finance Support for families - family time / screen time Children's centres EHA - No reference to EHA What else is available? No reference to PALs and other organisations School ELSA?	P1: Add " and their parents - because much younger children will need support and helping parents choose immunisation / diet etc.	P1 Who will lead/review? By when? - significant SEND affects wellbeing - significant "physical" SEND affects wellbeing - need more actions to implement not just "to review" statements (similar to 5.3) P5 - 5.3 School budget restrictions - who will deliver training? Capacity building?? - Putting this back to schools takes the responsibility and cost away from specialist and experts	
SEN Team				
DCT				

	Objectives GENERAL COMMENTS	Objective 5 Priorities	Objective 5 Actions	Objective 5 GENERAL COMMENTS
Resource units				
Teachers of resource unit				
Pupils in resource unit				
Pupils in special schools				
Parent carer forum meetings	Max Card Coffee mornings with speakers on useful topics Walking groups to encourage healthy living More clubs and activities delivered via the voluntary sector			
Individual emails				

We are committed to being accessible to everyone. If you require this document in an alternative format or translation, please call Jaime Johnson on Telephone 01635 503646.

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