

# West Berkshire Council (Draft) SEND Strategy 2018-2023

## Consultation findings

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WestBerkshire  
C O U N C I L

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## 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%).

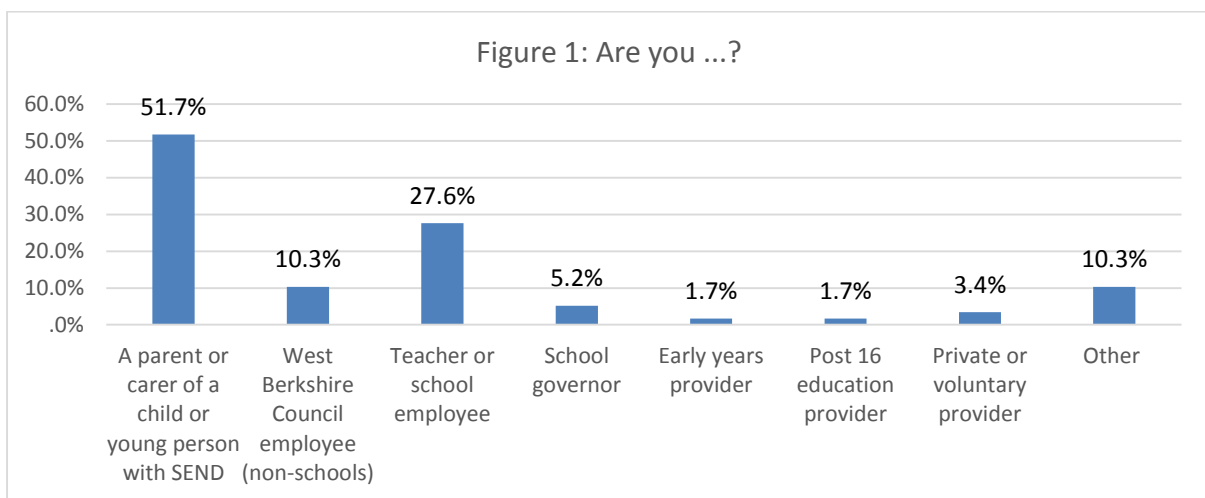


Figure 1: types of respondents

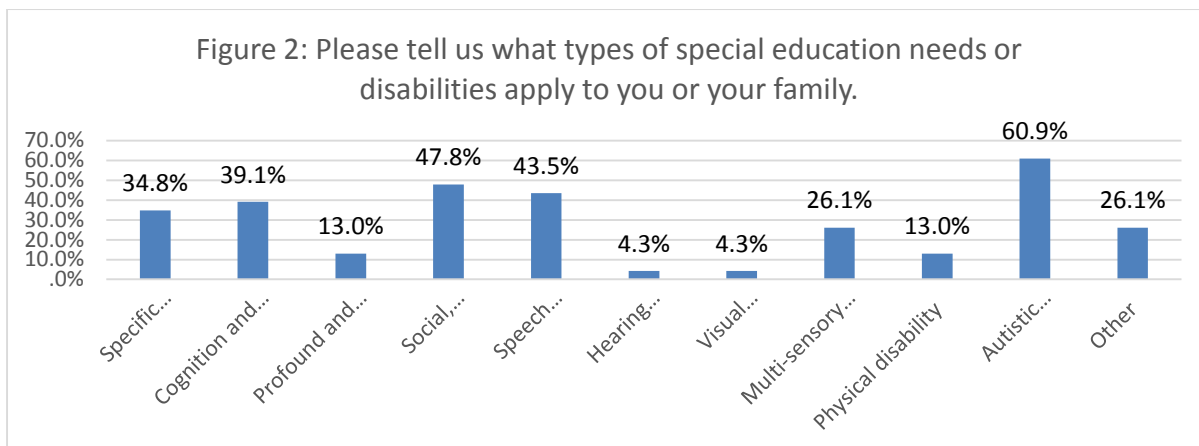
## 1.2 Type of SEND (Figure 2)

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.

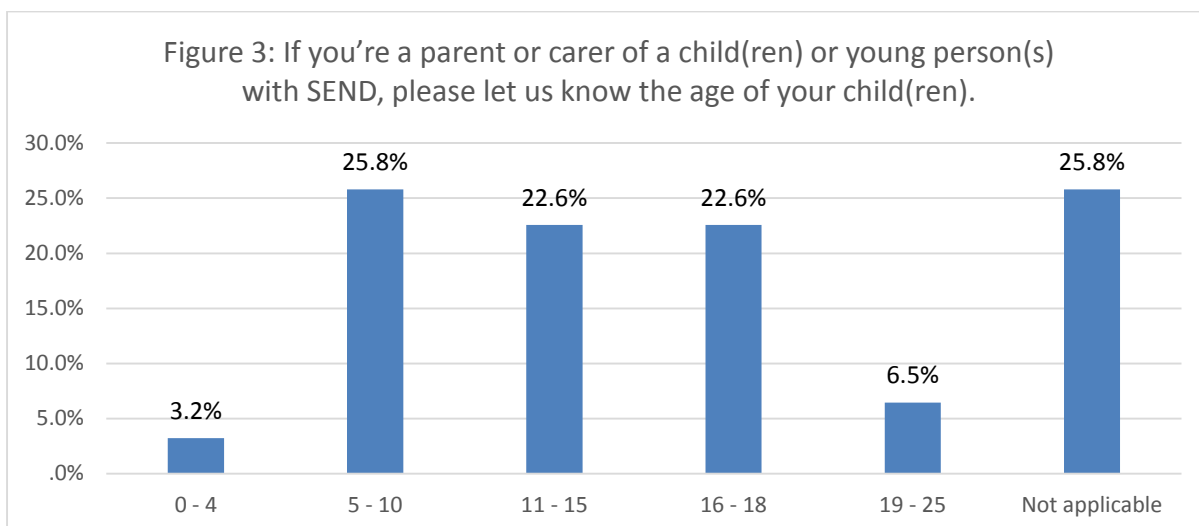
The lowest number and percentage of responses were received from parents whose children have a hearing impairment (1- 4.3%), Visual Impairment (- 4.3%)



### 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%).



### 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.

*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**

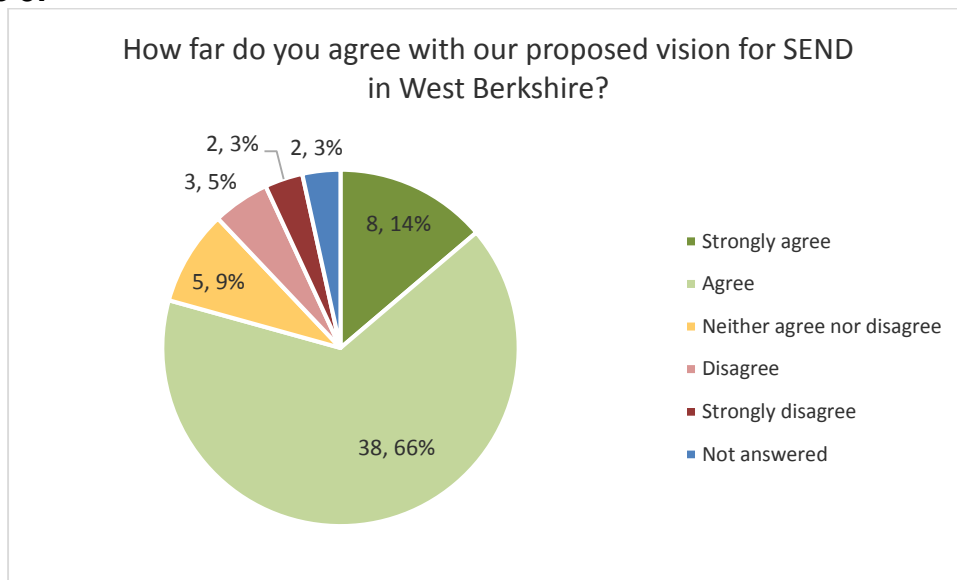
- The reasons for the low (completion) response rate amongst parents and carers should be investigated further to help ascertain if for example, in future, more support should be provided to help parents/ carers understand the survey questions or strategy, or if alternative approaches will be more appropriate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



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*

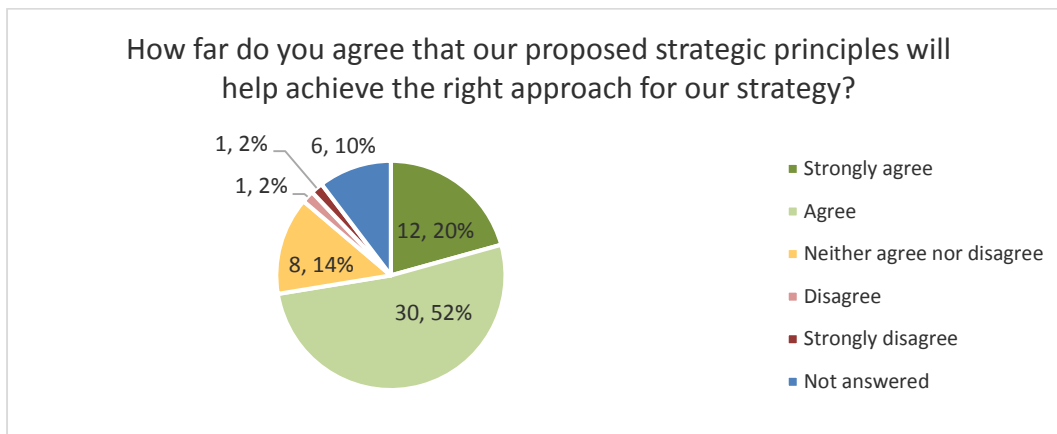
*Yes the vision and the strategic aims are all ones that we would support. The summary encompasses it very well. I would also include achieving their full potential.*

*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:**



### 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**

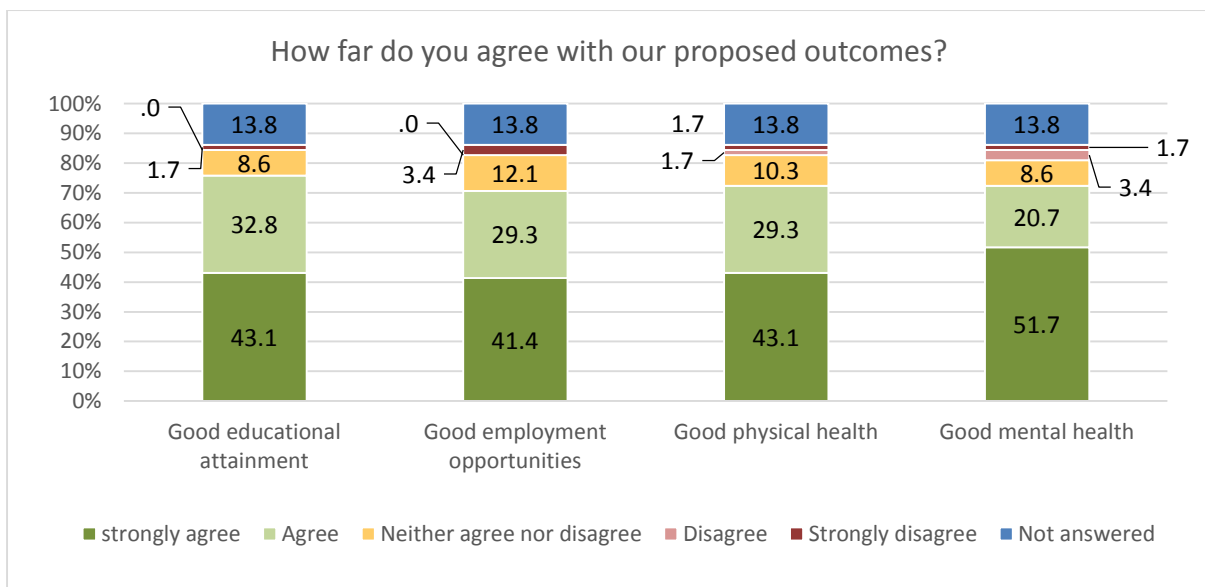
There were comments about how agencies and services will be held accountable for identifying need and delivering support.

*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



|                               | 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.*

*My daughter is 16 and the chance for future employment is worrying.*

### **Stigma and discrimination**

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

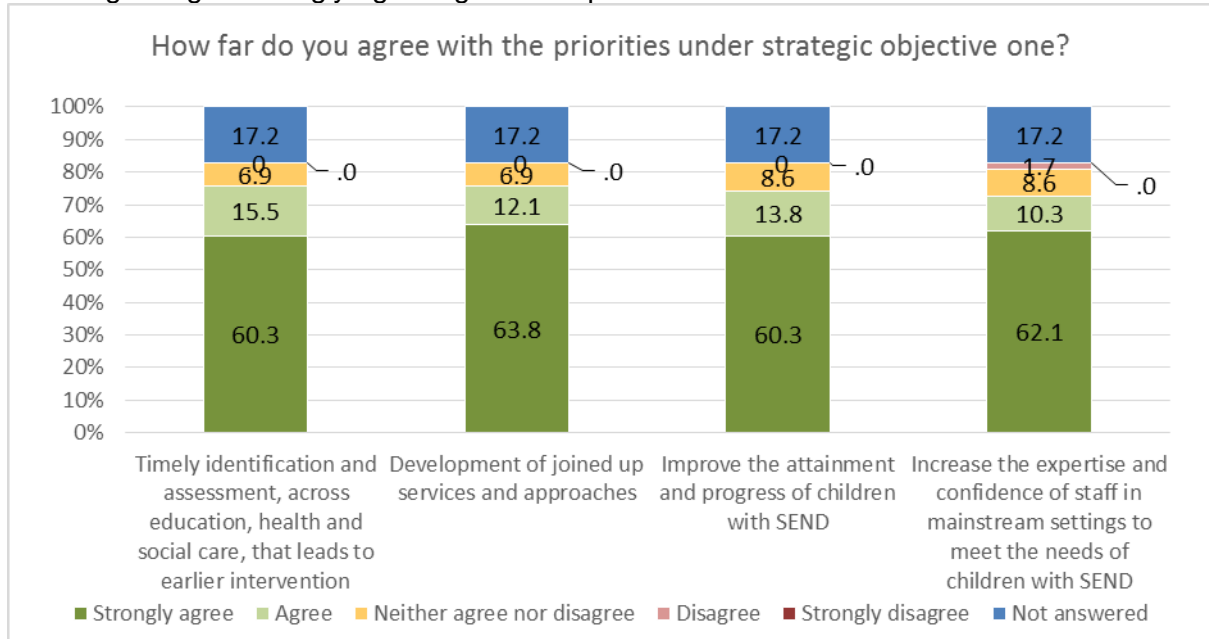
*Although I agree with all of the above, Also inclusive citizenship should be a proposed outcome.*

## 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.



#### 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

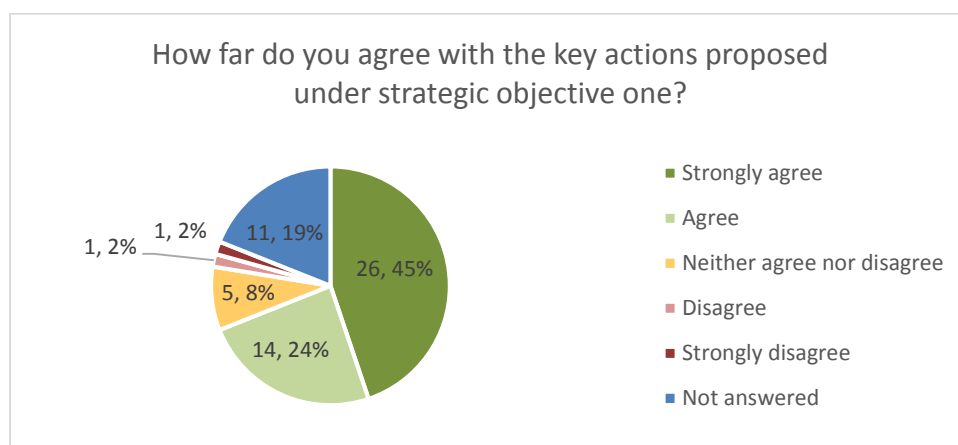
*what about waitlist timescales eg camhs*

*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 children 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 be achieved then it could be transformational for pupils with SEND in WB. An online 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.

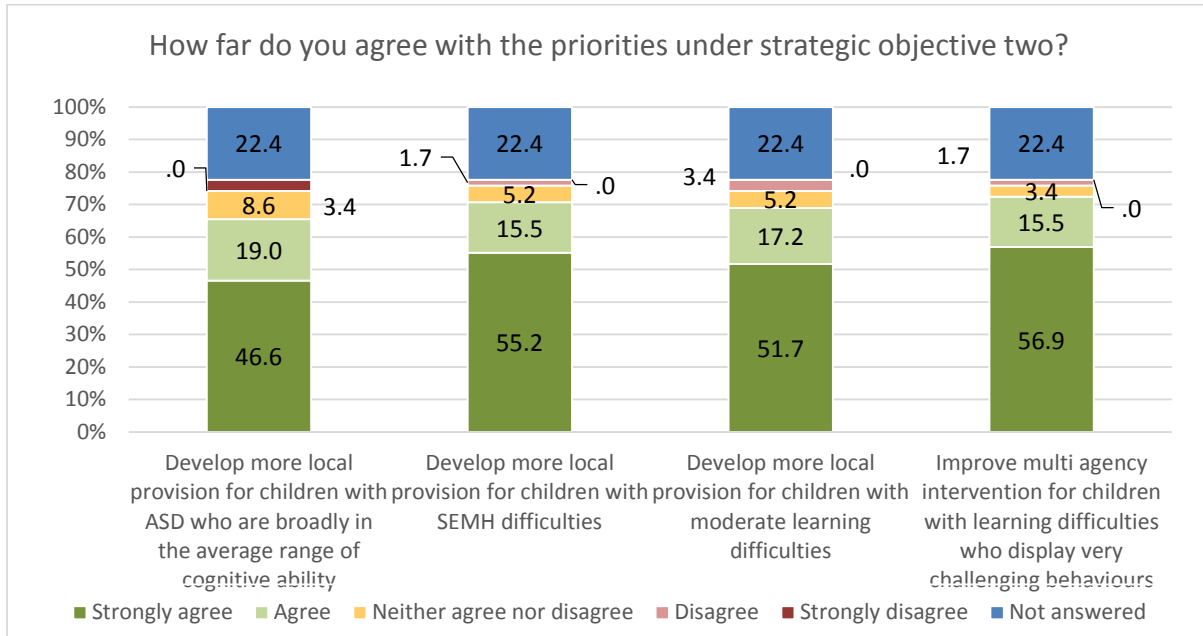
*List of actions, no timeframes or definition of exactly HOW you will achieve them*

*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

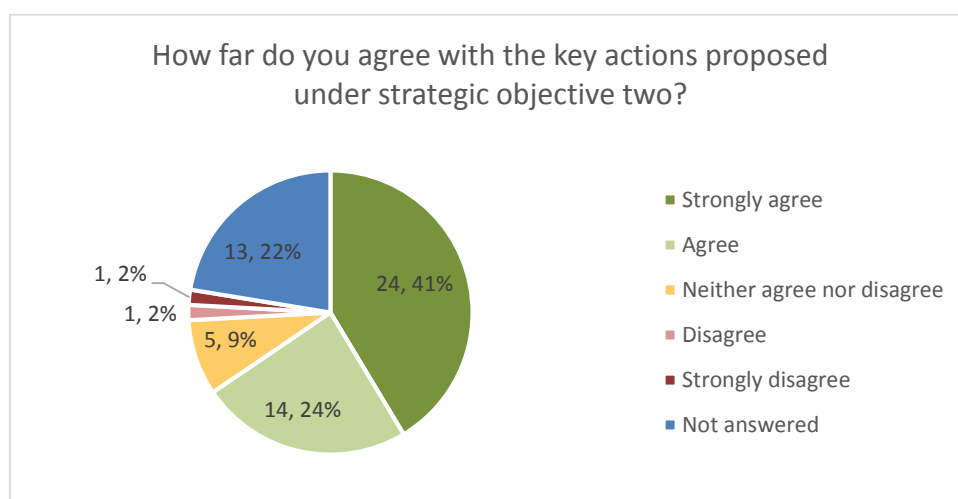
### Children waiting for an EHCP

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



## **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.*

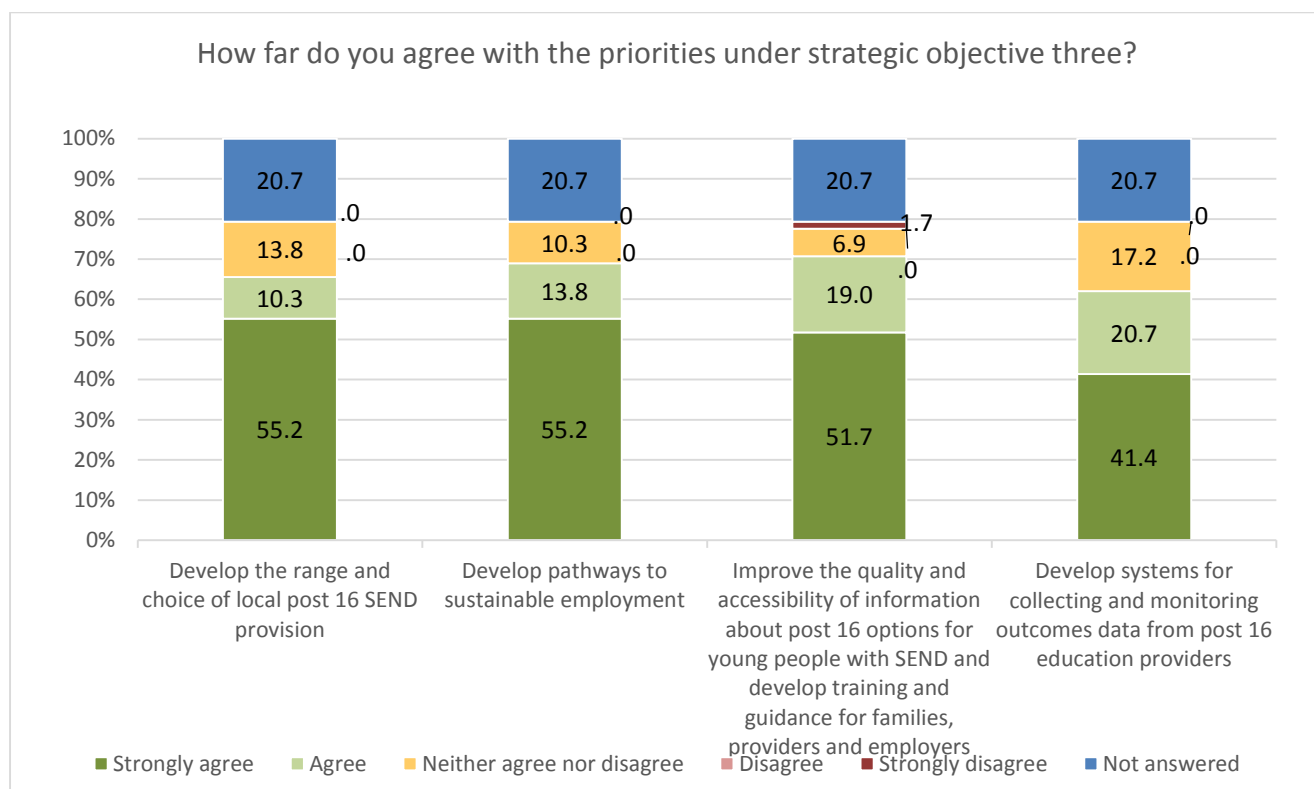
## 7. Objective 3

*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.



|   | 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 than 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 or 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.

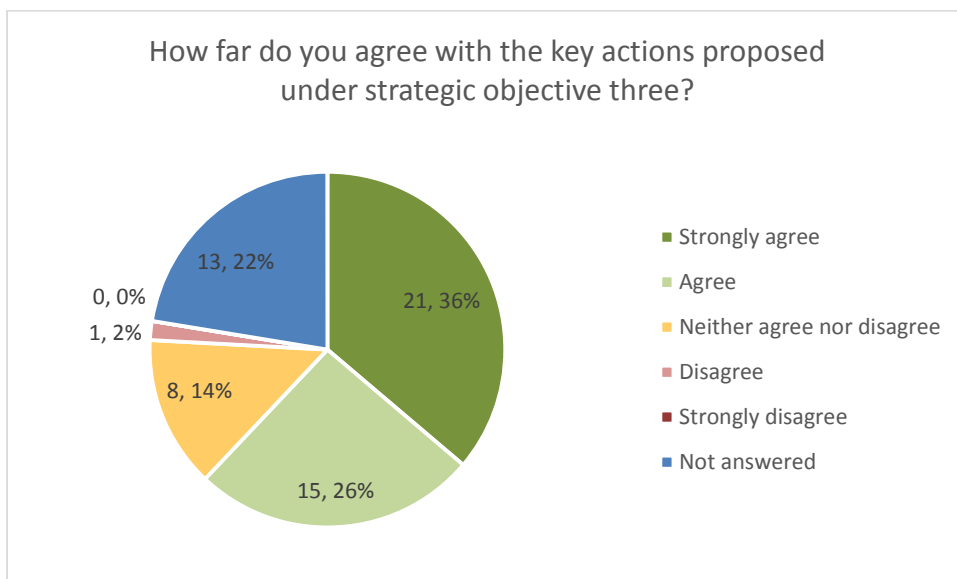
*An unsure future can be really stressful for families. So transition stages should be known as well in advance than is practically possible. i.e. transition from stage 2 to 3; also post 16 options.*

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.



## 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 than 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 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**

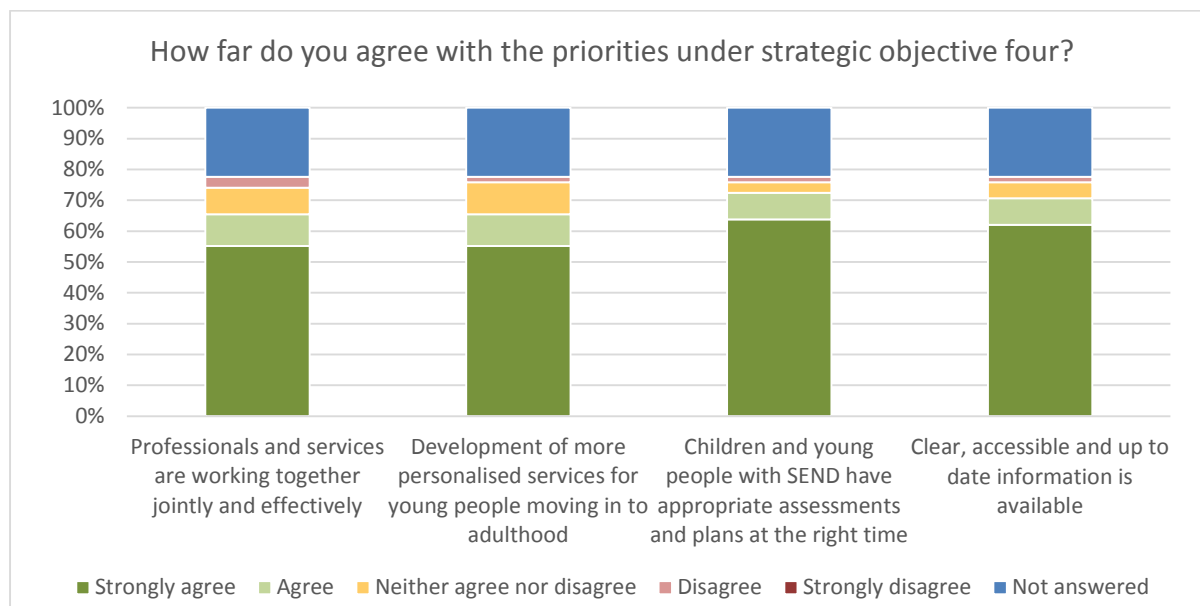
One respondent called for adult and children's services to be joined up for 0-25 year olds as this could help develop and implement streamlined, cohesive approaches.

*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



|  | 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 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*

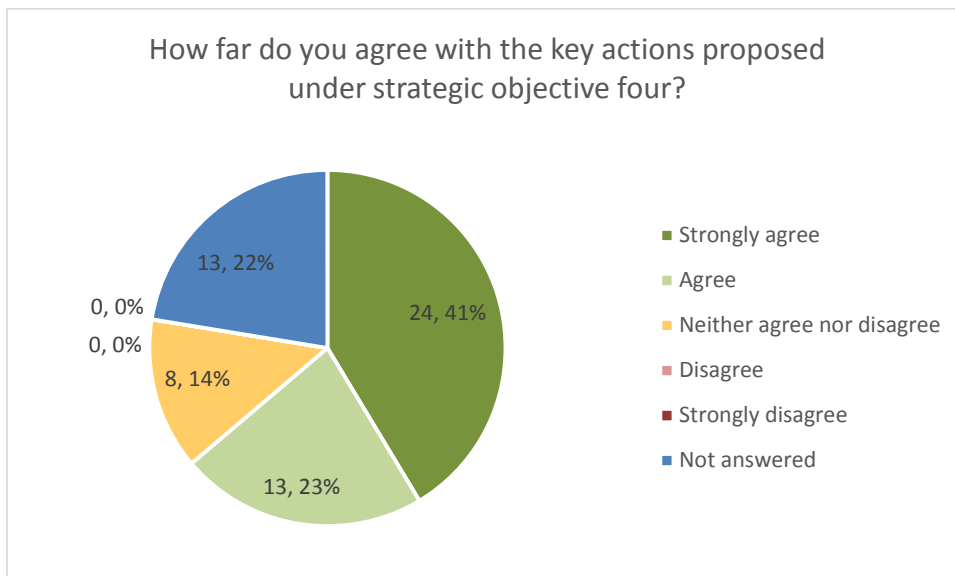
One respondent highlighted that often EHCPs do not reflect the needs of SEND students as they get older

*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.



### Transitions

Children waiting to be transferred on to adult services need to be 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*

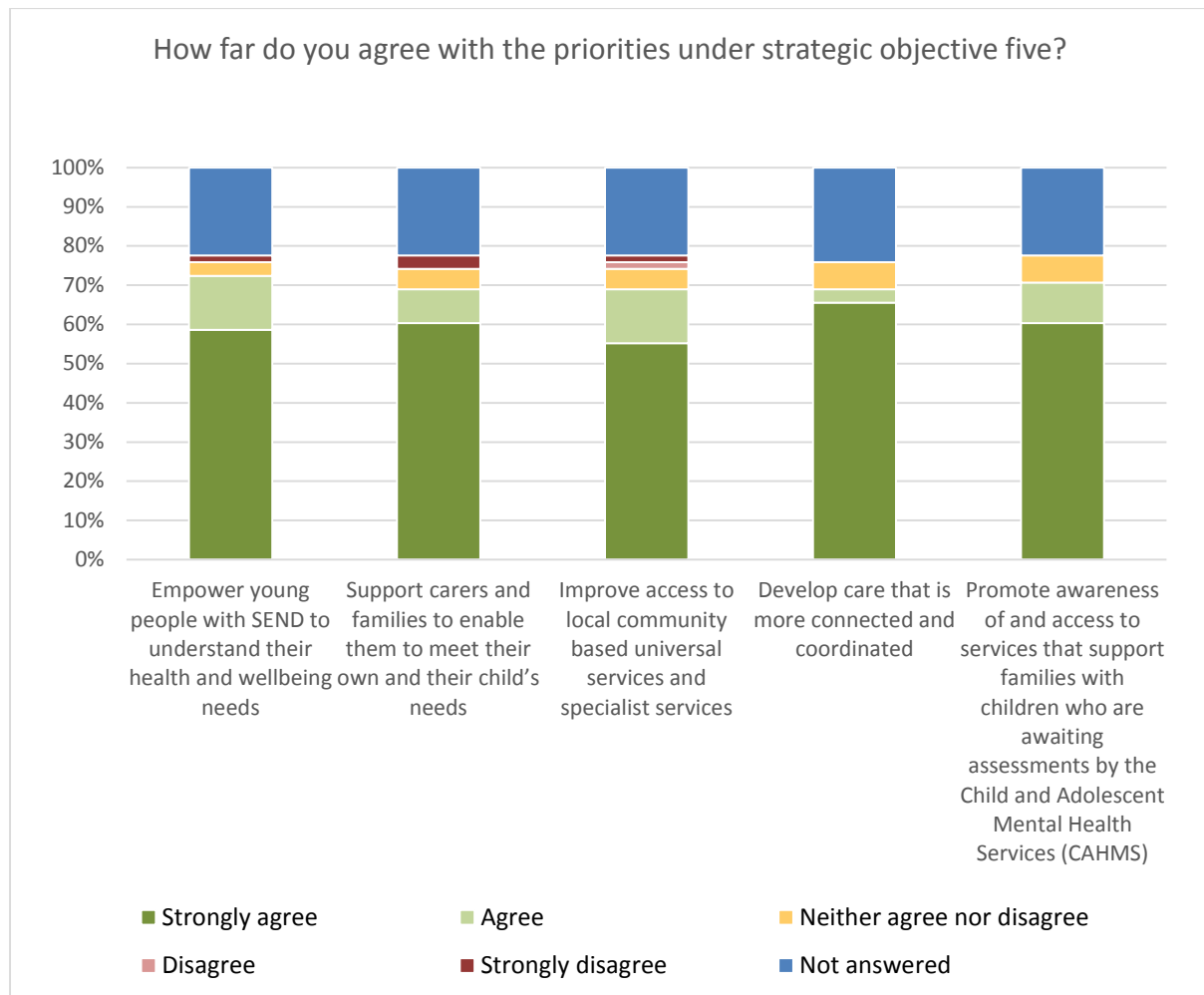
### Realistic achievable time limited and resourced planning

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**



|   | 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 child's 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.

*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.*

### Information and guidance on referral and assessment processes

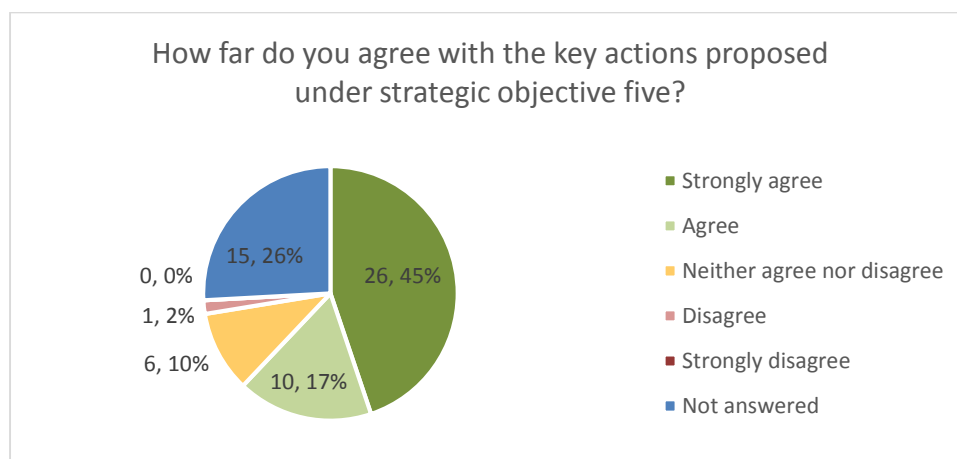
There is a need for more information and personalised communication to encourage people to ask for support and advice.

*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*

## 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.



## 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<br>GENERAL COMMENTS  | Objective 1 Priorities   | Objective 1 Actions  | Objective 1<br>GENERAL COMMENTS  |
|----------------------------|---|--|--|--|
| SEND Strategy Focus Groups | <p>Mainstream schools reluctant to accept a child in the first place</p> <p>Peripheral support</p> <ul style="list-style-type: none"> <li>- children with multiple conditions are not entitled to a blue badge (e.g. ASD and physical disability)</li> </ul> <p>Access:</p> <ul style="list-style-type: none"> <li>- Buildings are not always fully accessible to children with physical disabilities.</li> </ul> <p>How do services in pre - schools join networks / communicate/ share information with primary networks?</p> <p>Clearer information and understanding could enable two way cooperation and closer working and links between mainstream and specialist schools</p> <ul style="list-style-type: none"> <li>- what would happen if special schools reach their capacity?</li> </ul> | <p>Streamlining CAMHS Pathways for people with multiple difficulties</p> <ul style="list-style-type: none"> <li>- possible triage?</li> <li>- P2: TACs becoming the norm for transferring students between key stages - particularly between primary and secondary stages</li> </ul> <p>P4: mid-year / SAP reviews should be automatically available to parents without parents having to pursue</p> <p>Inconsistency in practice, procedures and understanding.</p> <ul style="list-style-type: none"> <li>- Gap between mainstream and special schools.</li> <li>- Lack of consistency in practice and understanding across all schools.</li> <li>- Disciplinary processes are often inconsistently applied (not always applied in the same way for neurotypical children)</li> <li>- Lack of clarity of processes.</li> </ul> | <p>Timescales for the priorities where the action is to "review"</p> | <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>- Crucial for professionals to talk to each other</li> <li>- Effective communication with pack with SENCOs and particularly with secondary schools.</li> </ul> <p><b>Residents who live on the fringes of west berks</b></p> <p>Impact on access to services and provision for non-West Berks who live on the fringes of the borough should also be considered</p> <p><b>Workforce development</b></p> <ul style="list-style-type: none"> <li>- for early intervention practitioners</li> <li>- for GPs (need to know where to signpost for further support e.g. SENDIASS service)</li> <li>- PSTC Service is valued.</li> </ul> <p><b>Coordination and communication between services and professionals</b></p> <ul style="list-style-type: none"> <li>- parents feel bounced around when it comes to referrals</li> </ul> |
| SEND Strategy Focus Groups |   |  |  |  |

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

|                     | Objectives<br>GENERAL COMMENTS                       | Objective 1 Priorities  | Objective 1 Actions                                | Objective 1<br>GENERAL COMMENTS  |
|---------------------|--|---|--|--|
|                     |  | <ul style="list-style-type: none"> <li>- The right professionals at the right time to assist and guide.</li> <li>- Support for parents.</li> </ul> <p>GPs need to increase their understanding and awareness of SEND</p> <p style="text-align: center;">-</p> <p>Mainstream schools need to have higher aspirations for SEND children</p> |  | <ul style="list-style-type: none"> <li>- A network of SEND Governors?</li> <li>- Coverage and access to HVS?</li> <li>- there is a need for greater consistency of practice across settings and professions</li> <li>- social care support available for CYP who don't have an EHCP rather than only SEN</li> <li>- If a child is achieving what is expected he/she is not pushed to achieve more</li> <li>- a need for more work experience and guidance on employment, training and development options and how to access</li> </ul> |
| Primary Heads Forum | SLT – Have a named SLT for early years in an area so | P.1.<br>When is the end date for  | - Early intervention / identification is great but |  |

|                     | Objectives<br>GENERAL COMMENTS  | Objective 1 Priorities   | Objective 1 Actions  | Objective 1<br>GENERAL COMMENTS |
|---------------------|---|--|--|---------------------------------|
| Primary Heads Forum | that there is no reliance on a drop in service. - NQT training on SEND particularly around SEMH | <p>intervention to be completed</p> <ul style="list-style-type: none"> <li>- this needs to be pre - school age</li> <li>- Clarity is needed on the processes and ages for referrals</li> <li>- need to work with GPs so may refer</li> <li>- Training and knowledge for settings</li> <li>- Increase expertise for settings and 1:1 support in schools</li> </ul> <p>P.2. Multi agency working needs to be strong</p> <p>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> <p>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!</p> | <p>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> <p>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> <p>P.3. We would like to make more of "progress" in a wider sense - not just academic. It 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?</p> <p>P4 How can we make sure we can recruit/upskill new SENCOs / Who provides leadership for SENCOs in order to share good practice?<br/>- 12:12 The emphasis on</p> |                                 |



|                           | Objectives<br>GENERAL COMMENTS   | Objective 1 Priorities | Objective 1 Actions  | Objective 1<br>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 | <b>Specific learning difficulties</b>  |                        |  |                                 |

|                         | Objectives<br>GENERAL COMMENTS  | Objective 1 Priorities | Objective 1 Actions | Objective 1<br>GENERAL COMMENTS |
|-------------------------|---|------------------------|---------------------|---------------------------------|
|                         | <ul style="list-style-type: none"> <li>-</li> <li>-Not enough emphasis</li> <li><b>Workforce training and development.</b></li> <li>-</li> <li>Need for training and support for mainstream staff to help children with specific learning difficulties.</li> <li>- Teaching assistants</li> <li>+ TAs need training in specific learning difficulties</li> <li>Alternative routes to training and development.</li> <li>-Traditional methods of limited use Mainstream teachers could go to LALs or the Trinity School to observe teaching and learning</li> <li>- Teaching could be videoed and used in training.</li> <li>Need for alternatives to academic route.</li> <li>Need for mainstream secondary schools to provide alternatives to GCSEs for those with SEND and who struggle to access and achieve at GCSE level.</li> </ul> |                        |                     |                                 |
| Pupils in resource unit | Early help support and understanding  |                        |                     |                                 |

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

|                             | Objectives<br>GENERAL COMMENTS   | Objective 1 Priorities | Objective 1 Actions | Objective 1<br>GENERAL COMMENTS |
|-----------------------------|--|------------------------|---------------------|---------------------------------|
| Parent carer forum meetings | <p>1.1 Identification and assessment of SEND</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>1.2 Joined up services</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• When there are changes of staff in services, parents should be kept informed.</li> </ul> <p>1.3 Improve attainment and progress</p> <ul style="list-style-type: none"> <li>• Some schools still need help to differentiate the curriculum for children with SEND</li> <li>• Schools need to be aware of and make use of adaptations for testing and examinations for children</li> </ul> |                        |                     |                                 |

|                             | Objectives<br>GENERAL COMMENTS   | Objective 1 Priorities | Objective 1 Actions | Objective 1<br>GENERAL COMMENTS |
|-----------------------------|--|------------------------|---------------------|---------------------------------|
| Parent carer forum meetings | with SEND<br>1.4 Expertise of staff in mainstream schools<br>• 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<br>GENERAL COMMENTS  | Objective 2 Priorities   | Objective 2 Actions  | Objective 2<br>GENERAL COMMENTS |
|----------------------------|---|--|--|---------------------------------|
| SEND Strategy Focus Groups | <p>Concern over lack of support for SEMH issues in mainstream schools</p> <p><b>Widening awareness and information access</b></p> <p>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</p> <p>What evidence do we have that a new provision is needed?</p> <ul style="list-style-type: none"> <li>- Need to develop practice and procedures in schools</li> <li>- What is appropriate for your child may be appropriate for others - schools need to consider this</li> </ul> | <p><b>Impact of increasing demand and reducing supply of pupil referral units and places.</b></p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul> | <p><b>Workforce development</b></p> <p>Training for teachers at secondary school level particularly around ASD knowledge and awareness of support and services available.</p> <p><b>- Local Offer</b></p> <p>Parents want to know about the range of options available to them sharing capacity and expertise through for example:</p> <ul style="list-style-type: none"> <li>- Dual placements between mainstream and special schools</li> <li>- Central Hubs could be used to share best practice and training.</li> </ul> <p>Widening training, education and development opportunities.</p> <ul style="list-style-type: none"> <li>- Special schools need to bridge the gap between GCSE's</li> <li>- need for mainstream schools to include life skills and employment related development skills.</li> </ul> |                                 |

|                            | Objectives<br>GENERAL COMMENTS | Objective 2 Priorities | Objective 2 Actions   | Objective 2<br>GENERAL COMMENTS |
|----------------------------|--------------------------------|------------------------|---|---------------------------------|
| SEND Strategy Focus Groups |                                |                        | <p>Increasing provision</p> <ul style="list-style-type: none"> <li>- access to opportunities available in mainstream schools to be made available for children in special schools</li> <li>- access to opportunities available in specialist schools to be made available for children in mainstream schools</li> </ul> <p>Inclusion and support</p> <ul style="list-style-type: none"> <li>- How do we include rather than isolate?</li> </ul> <p>Additional needs</p> <ul style="list-style-type: none"> <li>- Interventions for children with anxiety and depression. EHA – promote this and encourage referrals?</li> <li>- Children should be supported to remain in a mainstream setting as far as possible.</li> <li>- Practices, ethos, culture and expertise vary between schools</li> </ul> <p>Anxiety</p> <ul style="list-style-type: none"> <li>- need for greater awareness and understanding of children with anxiety.</li> </ul> |                                 |

|                            | Objectives<br>GENERAL COMMENTS | Objective 2 Priorities | Objective 2 Actions  | Objective 2<br>GENERAL COMMENTS |
|----------------------------|--------------------------------|------------------------|--|---------------------------------|
| SEND Strategy Focus Groups |                                |                        | <ul style="list-style-type: none"> <li>- need to help parents to develop strategies to support their children who have anxiety.</li> <li>-</li> <li>Need to raise awareness and understanding of existing training and support resources (PPEP care, sensory awareness) G6</li> <li>Training and development</li> <li>- Ensure child's perspective is at the centre of planning - (how to address the child balancing wants against needs)</li> <li>- Learning best practice from mainstream schools on what works.</li> <li>- Developing understanding in Secondary schools particularly around. ASD / SEMH</li> <li>Bridging the gap between school and adulthood through.</li> <li>- Developing functional life skills</li> <li>(A parent pointed that her child will have to attend a mainstream school first to prove that he/ she is only</li> </ul> |                                 |



|                            | Objectives<br>GENERAL COMMENTS  | Objective 2 Priorities   | Objective 2 Actions  | Objective 2<br>GENERAL COMMENTS |
|----------------------------|---|--|--|---------------------------------|
| SEND Strategy Focus Groups |   |  | <p>suited to specialist schooling)</p> <p>More choice or measured in a different way for an academic???</p> <p>Preparation for adulthood</p> <p>- 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</p> <p>Personal and social skills should be developed</p> <p>- These are equally important but not tested under the current system</p> |                                 |
| Primary Heads Forum        | <p><b>Need an audit of experience across schools</b></p> <ul style="list-style-type: none"> <li>- share good practice training outreach team teaching</li> <li>- need for more specialist training</li> </ul> | <p><b>Priority 1 and 2</b> appear to be the same can they be amalgamated?</p> <p><b>P1.3</b> - This should happen at the earliest time</p> | <p>SEMH needs</p> <ul style="list-style-type: none"> <li>- some children need resource Type?</li> <li>Environment?</li> </ul> <ul style="list-style-type: none"> <li>- How will this be funded?</li> </ul>   |                                 |

|                     | Objectives<br>GENERAL COMMENTS  | Objective 2 Priorities   | Objective 2 Actions  | Objective 2<br>GENERAL COMMENTS |
|---------------------|---|--|--|---------------------------------|
| Primary Heads Forum | <ul style="list-style-type: none"> <li>- Need to focus on primary and secondary transitions (transitions teams / specialist teachers FSWs?)</li> <li>- Nurture room time limited and targeted interventions???</li> </ul> | <p><b>P1</b></p> <ul style="list-style-type: none"> <li>- Additional funding needed for CAMHS - Waiting lists means one year wait.- we have to treat as diagnosed without an EHC/ support/ funding</li> <li>- can't recruit any support e.g. TAs - training for</li> <li>- TAs not in place for ASD - Increasing numbers if school is perceived as being "good with SEN" - without funding</li> <li>- High % of SEN pupils in small schools e.g. 10%</li> <li>- Inconsistent responses from CAMHS - paperwork lost! - cost of I college; ED Psych - hampers schools from using</li> </ul> <p><b>P2</b></p> <ul style="list-style-type: none"> <li>- Need more Ks 1/2 this would halt the need for KS3</li> </ul> <p><b>P4</b></p> <ul style="list-style-type: none"> <li>- A review is definitely needed.</li> </ul> | <p>Willingness to do this if there is funding</p> <p>Discussion around disincentive (impact of figures) how will this be mitigated? New primary school provision.</p> <p>-Could Theale Green primary school be utilised?</p> <p>- Schools find allocating a budget to Ed Psych etc. Challenging, as budget is set earlier than pupils arriving.</p> <p>- Impact of "hidden children" e.g. home educated</p> <p>- Schools needing a fresh start - refused by local schools - PPP???</p> <p>- Lack of time with ED Psych</p> <p>- 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?</p> |                                 |

|                                  | Objectives<br>GENERAL COMMENTS | Objective 2 Priorities  | Objective 2 Actions   | Objective 2<br>GENERAL COMMENTS |
|----------------------------------|--------------------------------|---|---|---------------------------------|
|                                  |                                |   | <ul style="list-style-type: none"> <li>- with appropriate staffing and funding CPD in line with ASD provision schools are happy to be approached Circle of adults.</li> <li>-Great but a long wait EHA Gemma McD</li> <li>- Inconsistent with other practitioners?</li> </ul> |                                 |
| <b>SEN Team</b>                  |                                |   |   |                                 |
| <b>DCT</b>                       |                                | Children with significant health issues are missing PMLD gets lost in comparison to ASD |   |                                 |
| <b>Resource units</b>            |                                |   |   |                                 |
| <b>Teachers of resource unit</b> |                                |   |   |                                 |
| <b>Pupils in resource unit</b>   |                                |   |   |                                 |

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

|                            | Objectives<br>GENERAL COMMENTS   | Objective 3 Priorities  | Objective 3 Actions   | Objective 3<br>GENERAL COMMENTS |
|----------------------------|--|---|---|---------------------------------|
| SEND Strategy Focus Groups | <p>Priority 1.6 - Post 16 GCSE Programme -<br/>Could this also include 14-16 years?</p> <p>How can we support yp who need employment related support after finishing HE (e.g. Job coaching, supported employment?) widening career options -<br/>Develop and promote apprenticeships as an alternative to HE</p> | <p>Options for further education</p> <ul style="list-style-type: none"> <li>- can schools offer the option for young people to stay on in the sixth form and study for open university courses with school support?</li> <li>- 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</li> <li>- lack of opportunities to study for sport related qualifications or support to pursue sports related careers yet this appears to be a popular interest</li> </ul> <p>Preparation for employment work experience:</p> <ul style="list-style-type: none"> <li>- need to roll out successful work experience models (Brookfield's)</li> <li>- Need to work with employers to widen and access meaningful work experience</li> </ul> <p>Request for short term residential placements for Post 19 yp (2 - 4 weeks long) to develop life skills, independent living skills and</p> | <p>Importance of building capacity for life skills / employment skills<br/>3.5 really good and young ambassadors</p> <p>Information about alternatives to academic qualifications and employment:<br/>apprenticeships</p> <ul style="list-style-type: none"> <li>- what is available and how can these be taken up?</li> <li>- availability and support to sustain long term work experience</li> <li>-more options for the more able young people</li> <li>- Information and advice on the range of SEN specific courses</li> </ul> <p>raising awareness and understanding amongst employers</p> <ul style="list-style-type: none"> <li>- Employment policies to increase employment rates e.g. positive discrimination through "job carving"</li> </ul> <p>Pathways to employment-<br/>Who will be developing pathways to employment?<br/>- What pathways will be</p> |                                 |

|                            | Objectives<br>GENERAL COMMENTS | Objective 3 Priorities  | Objective 3 Actions  | Objective 3<br>GENERAL COMMENTS |
|----------------------------|--------------------------------|---|--|---------------------------------|
| SEND Strategy Focus Groups |                                | <p>preparing for employment (waking up in the morning etc.).</p> <p>Communication and raising awareness<br/> - employers<br/> - schools</p> <p>Preparation for employment / post 16 options<br/> - needs to happen early - access arrangements<br/> - also need to be identified and met</p> <p>need to widen the range of academic options<br/> encouraging learning through understanding and responding to different learning styles and different learning abilities<br/> need to let pupils realise and work towards their own goals and aspirations</p> | <p>explored?<br/> - How will this be marketed?<br/> - It should be offered as an option rather than young people being expected to find out about it</p> <p>What works?<br/> - build, share and apply lessons from a case study portfolio of what works for success in finding and retaining employment</p> <p>Promoting success and good practice<br/> - Develop a Young Ambassadors initiative</p> <p>Need to include actions to prepare and aspire young people for University</p> <p>Joined services and approaches - front door should have access to information and files + different services checklist for parents???</p> <p>Raising awareness and understanding amongst employers.</p> <p>Post 19 widening the employment offer through:<br/> Supported internships<br/> Improving information about</p> |                                 |

|                            | Objectives<br>GENERAL COMMENTS | Objective 3 Priorities                | Objective 3 Actions  | Objective 3<br>GENERAL COMMENTS |
|----------------------------|--------------------------------|---------------------------------------|--|---------------------------------|
| SEND Strategy Focus Groups |                                |                                       | <p>post 19 options:</p> <ul style="list-style-type: none"> <li>- Local offer</li> <li>- 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</li> </ul> <p>VIT - Timely meetings???</p> <p>Accessible information support and guidance: -</p> <ul style="list-style-type: none"> <li>- A guidance and information pack available in different formats to suit different needs - A key support worker to help support families through the system</li> <li>- a transitions champion</li> </ul> |                                 |
| Primary Heads Forum        |                                |                                       |  |                                 |
| SEN Team                   |                                |                                       |  |                                 |
| DCT                        |                                | P3: Information about Post 19 options |  |                                 |

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



|                            | Objectives<br>GENERAL COMMENTS  | Objective 4 Priorities  | Objective 4 Actions   | Objective 4<br>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. | <p>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?</p> <p>Impact of lack of succession planning.<br/>Lack of continuity and consistency in care and support when professionals leave leading to [patchy follow up of cases.</p> <p>Stretched services so time gap between reviews increase.</p> <p>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</p> | <p>Need an alternative for the word appropriate<br/>Using new technology to widen reach and awareness of services and provision through:</p> <ul style="list-style-type: none"> <li>- making the local offer and available as app and on line</li> <li>- making the transitions pack available on line and as an app integrating transitions planning into individual plans through a structured conversation at annual reviews</li> </ul> <p>Information, support and advice for families through for example:</p> <ul style="list-style-type: none"> <li>- a flow chart</li> <li>- a key support worker for parents to refer to</li> <li>- transition Champions who can work across different settings (schools local authority, health</li> <li>- financial advice</li> </ul> <p>Information, support and advice for families through for example:</p> <ul style="list-style-type: none"> <li>- information packs for</li> </ul> |                                 |

|                            | Objectives<br>GENERAL COMMENTS | Objective 4 Priorities  | Objective 4 Actions  | Objective 4<br>GENERAL COMMENTS |
|----------------------------|--------------------------------|---|--|---------------------------------|
| SEND Strategy Focus Groups |                                | <p>- Training for all new teaching staff should include teaching in a special school for at least one term.</p> <p>Understanding the individual concerns of pupils</p> <ul style="list-style-type: none"> <li>- integrating into the school setting</li> <li>- getting a job and being independent - mental health support - exam stress, information and awareness about the different options available</li> <li>- <i>housing, jobs etc.</i> making people aware of different types of conditions through for example an ID card</li> </ul> | <p>families and young people</p> <ul style="list-style-type: none"> <li>- Financial advice</li> </ul> <p>Promoting and raising awareness of the employment potential of young people with SEND:</p> <ul style="list-style-type: none"> <li>- Positive case studies for families, young people and employers</li> <li>- Challenging and supporting employers</li> <li>- High aspirations and clear expectations for young people.</li> </ul> <p>Widening access and opportunities for employment:</p> <ul style="list-style-type: none"> <li>- A broader range of opportunities both in mainstream and specialist settings?</li> </ul> <p>Provision and support.</p> <ul style="list-style-type: none"> <li>- Specialist clubs</li> <li>- Support groups</li> <li>- Clarifying the criteria for respite and short breaks.</li> </ul> <p>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.)</p> |                                 |

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

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

|                            | Objectives<br>GENERAL COMMENTS   | Objective 5 Priorities  | Objective 5 Actions   | Objective 5<br>GENERAL COMMENTS |
|----------------------------|--|---|---|---------------------------------|
| SEND Strategy Focus Groups | <p>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</p> <p>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.</p> | <p>p2.3 to include community groups</p> <p>Need a balanced approach that also incorporates family's views.</p> <p>- 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</p> <p>Need to Promotion of existing support and services and support for families whilst they wait for a child's assessment</p> <p>CAHMS -</p> <p>- Communication between families and CAHMS needs to improve</p> <p>- Gap in mental health support for children with learning disabilities and mental health problems</p> | <p>- Advice on maintaining good physical and mental health and wellbeing available on an app</p> <p>- GPs being encouraged to take a whole family approach to meet the needs of families</p> <p>- enabling wider access to community leisure and other facilities through :</p> <p>-raising awareness of discounted rates to access community leisure and other facilities</p> <p>- looking into cross borough agreements to enable families living on the fringes to take up discounted rates to use facilities in West Berkshire.</p> <p>- Need to support parent and carers to maintain good mental health</p> <p>- how can we facilitate good peer to peer support amongst families?</p> <p>- need to develop stronger cross border working</p> <p>SAIL programme- young people/parents?</p> <p>Session on parents?</p> <p>Eating/sleeping?</p> |                                 |

|                            | Objectives<br>GENERAL COMMENTS | Objective 5 Priorities   | Objective 5 Actions  | Objective 5<br>GENERAL COMMENTS |
|----------------------------|--------------------------------|--|--|---------------------------------|
| SEND Strategy Focus Groups |                                | <p>support at home -</p> <ul style="list-style-type: none"> <li>- Need to help families to support both themselves and their children</li> <li>- receiving support at home is important EHCPs</li> <li>- need more involvement from health / CAHMS???</li> </ul> <p>CHILD NEEDS TO BE AT THE CENTRE OF THE EHCP.</p> | <p>Role of the parent carer forum: - sharing experiences and advice</p> <ul style="list-style-type: none"> <li>- supporting parents</li> </ul> <p>Support to families to look after their own wellbeing</p> <p>Increasing Opportunities to participate in mainstream public/ community and leisure activities</p> <ul style="list-style-type: none"> <li>- provide a greater range of clubs and activities that are focused on the activity rather than specific disabilities</li> </ul> <p>Need to support parents to look after themselves and navigate the different types of health services</p> <p>Need for better communication and learning between agencies and neighbouring boroughs</p> <p>need to focus on meaningful outcomes in the EHCP process</p> <p>What is already in existence?</p> |                                 |

|                     | Objectives<br>GENERAL COMMENTS   | Objective 5 Priorities   | Objective 5 Actions   | Objective 5<br>GENERAL COMMENTS |
|---------------------|--|--|---|---------------------------------|
| Primary Heads Forum | <p>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</p> <ul style="list-style-type: none"> <li>- Not only ASD children who need CAMHS</li> <li>-Need to make our schools fit for 21st century children</li> <li>Sports provision</li> <li>- Need access to sport more promotion of appropriate provision - - Schools do not have the provision or finance</li> <li>Support for families</li> <li>- family time / screen time</li> <li>Children's centres</li> <li>EHA</li> <li>- No reference to EHA</li> <li>What else is available?</li> <li>No reference to PALs and other organisations</li> <li>School ELSA?</li> </ul> | <p>P1:<br/>Add " and their parents - because much younger children will need support and helping parents choose immunisation / diet etc.</p> | <p>P1<br/>Who will lead/review? By when?</p> <ul style="list-style-type: none"> <li>- significant SEND affects wellbeing - significant "physical" SEND affects wellbeing - need more actions to implement not just "to review" statements (similar to 5.3)</li> <li>P5 - 5.3</li> <li>School budget restrictions</li> <li>- who will deliver training?</li> <li>Capacity building??</li> <li>- Putting this back to schools takes the responsibility and cost away from specialist and experts</li> </ul> |                                 |
| SEN Team            |  |  |   |                                 |
| DCT                 |  |  |   |                                 |

|                             | Objectives<br>GENERAL COMMENTS   | Objective 5 Priorities | Objective 5 Actions | Objective 5<br>GENERAL COMMENTS |
|-----------------------------|--|------------------------|---------------------|---------------------------------|
| Resource units              |  |                        |                     |                                 |
| Teachers of resource unit   |  |                        |                     |                                 |
| Pupils in resource unit     |  |                        |                     |                                 |
| Pupils in special schools   |  |                        |                     |                                 |
| Parent carer forum meetings | Max Card<br>Coffee mornings with speakers on useful topics<br>Walking groups to encourage healthy living<br>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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