Our Vision

Enabling children with SEND to achieve their potential in a safe, caring and supportive community.
Draft Strategy for Children & Young People 0-25 years with SEND in South Gloucestershire 2018 - 2023

Pleasedote that, although this document has been formatted and designed to make it easier to view and comment upon, it is still very much a draft document. The final strategy will be produced following public consultation from January 2018.

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For the purpose of this document

- The term 'we' refers to those who have a key role in the lives of children and young people, and young adults with Special Educational Needs and Disabilities (SEND)
- The term ‘child or children’ refers to children, young people and young adults
- The term ‘parents’ refers to parents and carers
- Statements and Education Health and Care Plans (EHC plans) are referenced in this Strategy. Please note from March 2018 all statements will have been converted to EHC plans
- Partners refers to everyone working with the child
- When we refer to schools, in most cases, this also includes educational settings both pre-school and post 16 who are meeting the educational needs of children.

www.southglos.gov.uk/sendstrategy
Foreword

We have been listening to the views of children, families, schools, settings, colleges and stakeholders at the engagement sessions that ran in June, September and October 2017 in South Gloucestershire. As a result of the collective feedback, this draft Special Educational Needs and Disabilities (SEND) Strategy has been co-produced and sets out the vision and strategic priorities for South Gloucestershire Local Area for the period 2018 – 2023.

The key partners who are working to develop, implement and review our SEND Strategy are:

- children and young people with SEND
- parents/carers of children/young people with SEND
- health commissioners and providers
- mainstream and specialist education settings
- department of Children, Adults and Health - South Gloucestershire Council
- voluntary and community sector

Our vision is a bold one and sets out our ambition for children and young people with SEND in South Gloucestershire and their families. The Strategy outlines the principles, approaches and key actions we will take to deliver our vision. We are committed to reviewing the Strategy annually so we can continue to drive the improvements needed and to make the Strategy a ‘live’ document that responds to the needs of children and their families.

Yours sincerely

Jon Hunt
Cabinet Member for Children & Young People

Anne Morris
Director of Nursing and Quality Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups

Peter Murphy
Director for Children, Adults and Health

Toby Savage
Cabinet Member for Schools, Skills and Employment

Rachel Trueman
CEO and Co-Founder, South Glos Parents and Carers
Introduction

In co-producing and co-writing this draft Strategy, we have engaged with parents, practitioners from health and education and social care, and the voluntary sector. We held an event in June 2017 which was attended by fifty people followed by a series of SEND engagement sessions in October 2017 which were attended by 135 people. In addition we received and reviewed online feedback.

This is a draft five year Strategy that sets out our vision to renew and re-configure services and partnerships to deliver improved and effective SEND provision and services.
Our Vision

Our vision for Children and Young People in South Gloucestershire is...

Enabling children with SEND to achieve their potential in a safe, caring and supportive community.

This aligns with the vision set out for all children in the Children, Young People and Family Plan 2016-2020.

Enabling every child and young person to thrive. Children and young people should have a good start in life, be safe and do as well as they can, while being able to access support when necessary.

We will provide our children with the best START

This Strategy demonstrates a new approach to the development and implementation of SEND services and provision in the South Gloucestershire local area through co-production. It is recognised that more time and attention is needed to prepare and plan for children and their families with SEND. Through the development of a Joint Commissioning Strategy that will be developed in line with the Children and Families Act 2014 and the Code of Practice 2015, we will identify areas where more services can be jointly commissioned across education, health and social care. Current provision and services will be reviewed and redesigned where needed. New services and provision will be co-designed with service users; this will be based on accurate data which predicts need and demand in terms of the age, special educational needs and disability and geographical distribution.

The current economic climate challenges public services to achieve ever improving outcomes for children against a backdrop of fixed or even diminishing resources. Funding will be utilised as effectively as possible and resources (including staffing) will deliver positive outcomes for children and support sustainable provision and services.

There is a strong commitment to valuing children and building on current inclusive practices. There will be a focus on key transition points in a child’s life and on life outside of settings, schools and colleges recognising that children want to enjoy play and leisure and to travel independently wherever possible.
Our Principles

Our principles are derived through listening to families and practitioners. We have developed our priorities, principles and key actions from the engagement we have undertaken. Support, services and provision will be developed for children with SEND in order to improve outcomes for children.

We will run an efficient and inclusive SEND system where practitioners work with families, children, young people and young adults. We will develop trust and confidence in order to build good quality partnerships.

This will be achieved by practitioners from all sectors working collaboratively to deliver the most appropriate local provision and support. Settings, schools and colleges are central to the successful delivery of an inclusive sector for children with SEND.

We will adopt the following principles which will be embedded in everything we do throughout the South Gloucestershire local area.

1. **Communication**

   Communication will be a golden thread running through all the SEND priorities and activities. We will be clear, open and honest with all our audiences. We will set out who does what, how it works, what to expect and when, how we will keep each other informed and how we will know if it is working.

2. **Collective responsibility**

   SEND is everyone’s responsibility, where everyone plays their part to support and enable children and their families to achieve their aspirations.

3. **Being involved**

   The views and voice of the child and their family will be at the centre of everything we do. Children and families will feel listened to and involved in planning for their future, and in the co-design of local services.

4. **Working in partnership**

   The focus will be on working jointly across the local area with children and their families and agencies including Education, Health and Social Care and the voluntary sector to deliver better outcomes for children with SEND.
Feeling safe and valued

An inclusive culture will be fostered so that children feel that they belong, that they are supported and are included within their community. Parents will feel empowered to support their child through being aware of the support available and better informed to make choices and decisions.

Ensuring financial sustainability

SEND budgets will be spent creatively, carefully and efficiently, and have a real understanding of what types of investment best benefit our children. Provision and services will be jointly commissioned to ensure clear pathways between services whilst improving financial sustainability.

Background

National and local policy has shaped this Strategy alongside local data predicting the numbers of children that will live in the local area up to 2023.

The Government legislation that shapes this work is The Care Act (2014), the Children and Families Act (2014) and SEND Code of Practice (2015). The Care Act gives local authorities and Clinical Commissioning Groups (CCGs) a duty to carry out a needs assessment in order to determine whether an adult (around the age of 18) has needs for care and support. This duty to complete an assessment is carried out by the social workers in the 0-25 Service. This assessment will consider direct payments and supporting the transition to adult care services. The Transitions Team in the 0-25 team support in this transition process.

Duties of the Children and Families Act include:

- For the local authority and the NHS to jointly commission services that deliver integrated support for children with SEND aged 0-25, including arrangements that support personalisation and personal budgets;
- For the local authority to work with local partners, parents and children to co-produce, publish and maintain a Local Offer of SEND services and to assist young people in finding employment, obtaining accommodation and participating in society;
- For the local authority to provide coordinated education, health and care needs assessments for children aged 0-25 and issue EHC plans;
- For NHS CCGs to put in place mechanisms to ensure practitioners and clinicians support the integrated EHC needs assessment process.
Ofsted and the Care Quality Commission (CQC) evaluate the support for children with SEND across the local area. The priorities which were identified in the Ofsted and CQC Local Area inspection for South Gloucestershire in November 2017 are included in this Strategy.

**LOCAL AREA PREVALENCE AND PROVISION**

South Gloucestershire Council is a unitary authority in the South West of England which borders Bristol and Gloucestershire. There are 95 primary maintained schools and academies. There are 15 secondary maintained schools and academies and a University Technical College (UTC) and one Studio School. The preschool and school-age population is expected to grow significantly during the period of this Strategy: estimated at 8% up to 2020. This will continue to place a demand on preschool and school places including places for children with SEND. There are currently 349 early years providers of which 141 are preschools or nurseries and 208 are childminders. In addition to this there are currently two maintained nursery classes. Approximately 98% of three and four year olds attend an early years setting. The current school population in South Gloucestershire is 39,030 of which primary is 23,326 and secondary is 15,704 including 16-18 year olds.

**South Gloucestershire SEND school age population**

South Gloucestershire has approximately 1720 children who have EHC plans (including 220 statements of SEND – these will be converted to EHC plans by March 2018). In the age range 2-18 school population, South Gloucestershire has a higher number of children placed at local mainstream schools and academies (including resource bases and units) than other local authorities in the South West and nationally. In contrast, the number of placements at special schools is lower in comparison with national data. There is a higher number of placements at independent non-maintained schools and colleges.
South Gloucestershire has a greater proportion of school age children identified with SEND with an EHC plan than the England national average (3.2% of school aged children in South Gloucestershire compared to 2.8% across England); In contrast there is a lower proportion of children identified at SEND Support in South Gloucestershire than the national averages. This Strategy will support local schools and settings to identify need at SEND Support and implement interventions through an “assess plan do review” cycle called the graduated approach.

Approximately 45% of children in South Gloucestershire with an EHC plan have their primary need identified as speech, language and communication needs or autism. It is anticipated that the numbers of children with social emotional and mental health needs will increase over the lifespan of this Strategy.

In May 2017, the following groups of children had EHC plans. Figure 1 identifies the child’s primary special educational need. These are the categories of need that are used by Government for all data collection purposes. The percentage refers to the number of children with an EHC plan according to their primary need.

**Figure 1:**
Range of SEND categories. **Source:** All children list local authority data (May17)

<table>
<thead>
<tr>
<th>Primary Need</th>
<th>Description</th>
<th>% total primary need for pupils with EHC plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASD</td>
<td>Autistic spectrum disorder</td>
<td>26.6%</td>
</tr>
<tr>
<td>SLCN</td>
<td>Speech, language &amp; communication needs</td>
<td>18.2%</td>
</tr>
<tr>
<td>MLD</td>
<td>Moderate learning difficulty</td>
<td>15.3%</td>
</tr>
<tr>
<td>SEMH</td>
<td>Social, emotional, mental health</td>
<td>14.8%</td>
</tr>
<tr>
<td>SLD</td>
<td>Severe learning difficulty</td>
<td>8.4%</td>
</tr>
<tr>
<td>PD</td>
<td>Physical disability</td>
<td>8.2%</td>
</tr>
<tr>
<td>HI</td>
<td>Hearing impairment</td>
<td>3.1%</td>
</tr>
<tr>
<td>PMLD</td>
<td>Profound and multiple learning difficulty</td>
<td>1.7%</td>
</tr>
<tr>
<td>VI</td>
<td>Visual impairment</td>
<td>1.5%</td>
</tr>
<tr>
<td>SPLD</td>
<td>Specific learning difficulty</td>
<td>1.3%</td>
</tr>
<tr>
<td>OTH</td>
<td>Other difficulty/disability</td>
<td>0.8%</td>
</tr>
<tr>
<td>MSI</td>
<td>Multi-sensory impairment</td>
<td>0.2%</td>
</tr>
</tbody>
</table>
The online pupil survey most recently completed in 2017 highlights that compared to those without SEND (6.4%) almost twice as many children who identified themselves as having SEND, have a very low mental health and wellbeing score (11.2%).

Twice as many children who identified themselves as having SEND reported that they had been bullied quite often/most days compared with those without SEN (29% compared to 14%).

There is a higher number of fixed term exclusions for children with SEND in mainstream schools in comparison to the national averages. The majority of fixed term exclusions are within secondary schools in year 9 and 10. There were no permanent exclusions from the special schools in 2016/17.

Data in Figure 3 highlights that:

- 69% of children in primary schools and 41% of children in secondary schools who receive a fixed term exclusion, have identified SEND;
- 7% of children receiving fixed term exclusions are in special schools;
- Just under 50% of children who are permanently excluded have identified SEND;
- South Gloucestershire has a permanent exclusion rate of 0.26% in secondary schools (0.17% all England average) and a rate of 0.4% in primary (0.2% all England average);
- South Gloucestershire has a fixed term exclusion rate of 9.29% in secondary (8.46% all England average) and 1.23% in primary (1.21 all England average).
Figure 3:
Number of Fixed Term and permanent Exclusions in South Gloucestershire – 2016/17

<table>
<thead>
<tr>
<th></th>
<th>PRIMARY</th>
<th>SECONDARY</th>
<th>SPECIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIXED TERM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>355</td>
<td>2129</td>
<td>200</td>
</tr>
<tr>
<td>SEN SUPPORT</td>
<td>196</td>
<td>736</td>
<td>0</td>
</tr>
<tr>
<td>EHC PLAN</td>
<td>48</td>
<td>136</td>
<td>200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>PRIMARY</th>
<th>SECONDARY</th>
<th>SPECIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERMANENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL</td>
<td>4</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>SEN SUPPORT</td>
<td>2</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>EHC PLAN</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

In South Gloucestershire, the ethnicity profile of children with an EHC plan broadly mirrors that of the school age population (see figure 4). The majority of the school population is White British. Data collected in November 2017 suggests a growing number of White Non-British children are receiving EHC plans.

Figure 4 Source:
SEN2 Jan 2017 (DfE) *data collected in Nov 2017 suggests that white Non-British is increasing to around 7.5% for pupils with EHC plans.

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>EHCPS</th>
<th>SEN SUPPORT</th>
<th>ALL PUPILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE BRITISH</td>
<td>86.6%</td>
<td>86.8%</td>
<td>83.90%</td>
</tr>
<tr>
<td>MIXED</td>
<td>4.9%</td>
<td>4.4%</td>
<td>4.90%</td>
</tr>
<tr>
<td>WHITE NON-BRITISH</td>
<td>2.9%</td>
<td>4.1%</td>
<td>4.70%</td>
</tr>
<tr>
<td>ASIAN</td>
<td>2.1%</td>
<td>1.9%</td>
<td>3.30%</td>
</tr>
<tr>
<td>BLACK</td>
<td>1.9%</td>
<td>1.4%</td>
<td>1.60%</td>
</tr>
<tr>
<td>CHINESE</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.30%</td>
</tr>
<tr>
<td>ANY OTHER</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.50%</td>
</tr>
<tr>
<td>UNCLASSIFIED</td>
<td>1.2%</td>
<td>1.0%</td>
<td>0.70%</td>
</tr>
</tbody>
</table>
South Gloucestershire has special schools, resource bases and units alongside mainstream early years settings, schools and colleges. The number of specialist places is reviewed each year to ensure that there is sufficient capacity and the current picture is set out below:

**Figure 5:**
Provides information on the range of early years settings, schools and colleges

- **349** Early Years Private Voluntary and Independent Nurseries and Childminders
- **112** Mainstream primary and secondary
- **9** Resource bases/units
- **5** Special schools
- **1** EOTAS
- **3** Special sixth form
- **17** Mainstream schools with sixth forms
- **5** Colleges

- **100%** of special schools good/outstanding
- **95%** of Early Years settings are rated good or outstanding
- **93%** of pupils with SEN in good/outstanding primary schools
- **38%** of pupils with SEN in good/outstanding secondary schools
In November 2017, 141 families are in receipt of a direct payment or personal budget. 250 children are supported by the children’s social care team in the 0-25 Service, some of whom also have access to the occupational therapy team. 115 young adults (18 +) are supported by adult social care team in 0-25 Service. In 2016-2017, 634 children received short breaks.
The offer for short breaks is shown in the following table in figure 7 below:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Number of Children Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brandon Trust (Play schemes)</td>
<td>183</td>
</tr>
<tr>
<td>Brandon Trust (Buddy Scheme)</td>
<td>18</td>
</tr>
<tr>
<td>Special Friends Club (Activities)</td>
<td>103</td>
</tr>
<tr>
<td>Kids Social Club</td>
<td>24</td>
</tr>
<tr>
<td>Kids Day &amp; Evening (Social Care Referral)</td>
<td>100</td>
</tr>
<tr>
<td>NAS National (After School Club)</td>
<td>48</td>
</tr>
<tr>
<td>NAS South Glos Branch (Activities)</td>
<td>40</td>
</tr>
<tr>
<td>Sense Woodside Family Centre</td>
<td>73</td>
</tr>
<tr>
<td>SOS (Summer Outside Sessions)</td>
<td>18</td>
</tr>
<tr>
<td>Russell House (overnight break)</td>
<td>27</td>
</tr>
</tbody>
</table>

Figure 7-List of current short break providers

The Child Health Profile for South Gloucestershire indicates that the health and wellbeing of our children is generally better than the England average. Both childhood mortality and hospital admissions for mental health needs are slightly higher than the England average, but these differences are not statistically significant. 13 children are assessed as eligible for Children’s Continuing Health Care.

Forecasting

Numbers of children with SEND

The local authority has a statutory duty to ensure that there is sufficient provision for children and young people with SEND aged 0-25. A key function of a local authority is to forecast the likely numbers of children with SEND in order to plan and commission high quality provision of the right type, at the right time and in the right location. In considering the existing school age population, it is projected that the number of children with SEND requiring an EHC plan will increase by 22% on current figures by 2026. This is referred to as basic need growth and is equal to an additional 350 children and young people aged 0-25 over a 10 year period.

Additionally, major new house building identified in the Council’s Core Strategy sets out plans for an additional 18,600 new homes. This will lead to significant growth in the early years and school age population and will generate an additional 500 children with SEND who may require an EHC plan over the next 10-15 years. Based on current trend data, it is predicted that by 2026, 13 new primary schools and two to three new secondary schools will be required to meet this demand. Based on the current proportion of children with SEND attending mainstream schools, it is projected that of the total 850 additional children with SEND, 315 will require a place at a mainstream school.

South Gloucestershire has commissioned two new special schools. The first opened in 2017 for children with Autism, and a new special school is proposed which will cater for children with severe, profound and multiple learning difficulties. This is planned for 2019. This Strategy will support the planning of new places in line with demographic trends.
Funding

The high needs funding system supports provision for children with special educational needs and disabilities (SEND) from their early years to 25. Local authorities are required to use their high needs budget to provide the most appropriate support package for an individual with SEND in a range of settings, taking account of parental and the child’s choice. High needs funding is also intended to support good quality alternative provision for children who cannot receive their education in schools.

Funding for children with SEND is also provided from the Council’s social care budgets and the South Gloucestershire Clinical Commissioning Group. There is a sub-regional jointly commissioned Sensory Support Service led by Bristol City Council.

Funding from South Gloucestershire Clinical Commissioning Group is used to commission a wide range of health services for children with SEND. These include acute hospital services provided by Bristol Royal Hospital for Children, community services provided by the Children’s Community Health Partnership (CCHP), hospice services provided by the voluntary sector and individual packages of care. All health services are commissioned to support the identification of SEND, and provide assessment and care planning that is both personalised and integrated with educational and social care needs.

£31.26 million is allocated to fund children and young people with high needs aged 0-25 (2017/18).

95% of this goes to schools and colleges for those with an EHC plan and special educational needs.

£3.775 million per year is spent on supporting children and young people with SEND, from the Council’s central budget.

£6.2 million is spent by the Clinical Commissioning group (CCG) each year on community health services for children in South Gloucestershire.

£1 million is spent by the CCG each year on services that are specialised and individually commissioned for children in South Gloucestershire.

£3.164 million is the transport budget for children with EHC plans to take from home to school.

£16.5 million Dedicated Schools Grant (DSG) delegated budget to schools to support SEN.

£3.9 million is provided by South Gloucestershire Council for Early Help Services.

£3.9 million is provided by South Gloucestershire Council for Early Help Services.
Our Priorities

We will deliver the SEND Strategy through the key actions for each of the six priorities. There are detailed activities linked to each of the key actions which have been started and need to be developed once consultation and agreement on the strategy is complete and these will form an action plan.

1. Access to information, advice and signposting
   Children, parents and practitioners have access to information on education health and social care in one accessible place and families have access to advice and signposting at the right time.

2. Timely identification and assessment leading to improved outcomes
   Children’s needs are identified, interventions are put in place which are reviewed regularly through the Assess, Plan, Do, Review cycle. This cycle will place the child at the centre using the person centred planning approach.

3. Lead, co-ordinate and ensure accountability
   Lead and co-ordinate multi-agency pathways, ensuring accountability across the local area to achieve positive outcomes for individual children and their families.

4. Plan sufficient services and provision to be available within the community
   Plan sufficient services and provision to enable children and their families to feel supported and included within the community.

5. Plan ahead for smooth transitions
   Plan transitions from pre-school into primary, primary to secondary and post 16 so that there is a smooth and fulfilling pathway through a child’s life using a nurturing approach.

6. Support, training and development
   Plan the ongoing delivery of support, training and skills development for the people involved in supporting children with SEND and their families.
Priority 1

Access to information, advice and signposting

Children, parents and practitioners have access to information on education health and social care in one accessible place and families have access to advice and signposting at the right time.

**KEY ACTIONS**

1a Implement the Communication Plan regarding how information is best communicated to families, recognising their individual needs and preferences.

1b Co-produce the design and content of the Local Offer with children and parents with a focus on information being available at each stage of a child’s journey and to develop a system where the local offer website is reviewed.

1c Communicate the pathways for children aged 0-25 years on the Local Offer website so it is clear to everyone what is available within the Local Area.

1d Provide information regarding early help, information and support to reach a wider community for families who do not have internet access.

**HOW WILL YOU KNOW IF WE ARE SUCCESSFUL?**

An annual survey provides evidence that 80% of children, parents and practitioners feel more informed and that they have been provided with accurate information at the right time.

The Local Offer is up to date, accessible and easy to navigate for everyone. Parent groups and young people are actively engaged in developing the Local Offer. Website traffic data demonstrates higher usage of the website.

90% of parents receive verbal and written responses to their communication within agreed council timescales throughout the EHC needs assessment process.

SEND newsletter receives positive feedback from stakeholders.

"We need a quality local offer that describes all services, how to access and eligibility and options available."

Headteacher
Priority 2

Timely identification and assessment leading to improved outcomes

Children’s needs are identified, interventions are put in place which are reviewed regularly through the Assess, Plan, Do, Review cycle. This cycle will place the child at the centre using the person centred planning approach.

KEY ACTIONS

2a Secure the timely involvement of health practitioners community paediatricians, speech and language therapists, physiotherapists, and occupational therapists to support assessment and identification of SEND and to ensure access to interventions within 18 weeks

2b All eligible requests for support from Child and Mental Health Services (CAMHS) are met within nationally required standards

2c All requests for an autism diagnostic assessment are met within an appropriate timescale, with the aspiration of achieving compliance with NICE Guidance

2d Implement the recommendations from the Early Help Review in order to provide a smooth transition between early help, SEN Support and EHC needs assessment

2e Identify, plan, implement and review the support offered for children at SEN Support

2f The School Health Nursing Service will support pupils with continence issues at tier 1, to comply with the latest service specification agreement

2g Develop a clear South Gloucestershire continence pathway

2h Provide optimal access to assessment of sensory needs by the occupational therapy service

2i Relaunch the referral process for the Intensive Positive Behaviour Service (IPBS) for children with learning difficulties and behaviour that challenges. Launch the new service for the IPBS for children with Autism

2j Work with our neighbouring local authorities, parents and practitioners to recommission the Sensory Support Service contract

I have told my story so many times now please don’t keep asking me to repeat!
Young person

How to help schools identify so that they can plan, do, review and communicate this with families.
Headteacher
Support schools to have a Youth Mental Health First Aider who is able to recognise the signs and symptoms of mental health problems and provide initial support.

Schools to develop a whole school approach to supporting children with mental health needs and to have a designated member of staff who is the mental health lead who links with the Primary mental health specialist for schools.

Broaden the offer of support available to Early Years settings through the provision of training, the use of the Inclusion Fund and increasing the capacity of the Portage team.

Support the professional development of SENCOs in all schools and settings including the continuation of SENCO surgeries provided by 0-25 Service.

Develop SEND school clusters that are sector led and can commission services across a group of schools.

Implement the London Leadership SEND Strategy school based review process.

Set up a local area task group to reduce exclusions.

Produce a business case for an Outreach Service providing access to advisory teachers and speech and language therapists for children with autism.

Develop an efficient and effective process for the EHC needs assessment (EHCna) and EHC plan resulting in high quality plans with clear outcomes that are reviewed.

Practitioners to understand and recognise the impact of Adverse Childhood Experiences (ACEs) on development, behaviour and emotional and mental health and wellbeing and provide appropriate support.

Molly is in Year 4 and has autism. Molly does not have an EHC plan and is supported with her SEN Support plan. Her family have helped co-produce and agree the outcomes on the plan. Her school is participating in a new initiative where her teacher and teaching assistants in the school can access training and advice from an outreach service for autism which include support for social communication. Her behaviour can be challenging and so support has been provided to help manage the environment and reduce sensory overload. The school feel confident that they can continue to meet her needs and reduce the risk of exclusion and the need for an EHC needs assessment. The school are enjoying working with other schools in the locality who have been provided with funding to meet the needs of pupils like Molly in the locality.

The process for applying for an EHC needs assessment is exhausting. The level of work involved that the parent has to do to ensure the level of evidence of need is there, I found a living nightmare. It should not be as stressful as it currently is. Parent/Carer.
As a school who are part of the locality cluster, we are increasing the use of the Single Assessment Framework for early help (SAFeh) in order to draw together partners and agencies to intervene early to support families and improve outcomes. We have been able to help a pupil who was reluctant to attend school as he was worried about his father who has mental health needs.

I am a SENCO and our school have completed the London Leadership Strategy which has allowed us to review how we support children with SEND. This has led us to be more confident about inclusion and reduced fixed term exclusions of pupils with SEND across the school. We can see outcomes improving for pupils with SEND.

HOW WILL YOU KNOW IF WE ARE SUCCESSFUL?

The number of children receiving fixed term exclusions is below the all England average level

The number of children with EHC plans is reduced in line with the all England average level

The number of children supported at SEN support is increased in line with the all England average level

Referrals to Health practitioners are met within 18 weeks

Parents report that the identification and assessment process has been clearly communicated and that the family have been central to the whole process

Parents’ and carers’ satisfaction is increased with a reduction in the number of complaints and tribunals

Earlier identification and intervention results in improved outcomes and a reduction in the need for an EHC needs assessment

An annual survey to all education, health and social care staff indicates that they are clear on their roles and responsibilities in relation to children with SEND

90% of EHC plans are issued within the 20 week time scale.

Remember the whole needs of a child and family beyond education, it needs to be truly holistic. 
Parent Carer

Waiting times to see health professionals are far too long so what support can we receive whilst waiting? 
Parent Carers
Priority 3

Lead, co-ordinate and ensure accountability

Lead and co-ordinate multi agency pathways, ensuring accountability across the local area to achieve positive outcomes for individual children and their families

KEY ACTIONS

3a Establish and implement a SEND Partnership Board with representation from all partners which can challenge and oversee the running of the strategy and will link to the CYP and Families Partnership Board

3b Align the SEND Strategy with all other relevant strategies i.e. Health and Wellbeing Strategy, CYP and Families Partnership Plan, Children and Young People’s Mental Health and Emotional Wellbeing Strategy and the Early Help Review

3c Reflect the needs identified in the SEND Strategy with the Joint Strategic Needs Assessment

3d Create a common shared data set and key performance indicators for all SEN work to measure effectiveness. Monitor delivery at the SEND Partnership Board

3e Establish a Joint Commissioning Strategy that delivers greater alignment of provision for SEND across the Local Authority and CCG

3f Develop a shared outcomes framework to ensure the successful delivery of SEND provision and support across the local area

3g Clarify and define the roles, responsibilities and accountability around key post holders for SEND

3h Adopt a co-ordinated approach to ensure pathways, thresholds and services for children with SEND are accessible, part of the Local Offer and reviewed on a regular basis

3i Implement the Dedicated Schools Grant (DSG) deficit recovery plan to bring the high needs spend back within budget. The intention is to ensure the DSG deficit recovery plan is followed but as far as is possible protecting funding targeted at the most vulnerable pupils including those with SEND

It is so important to have my son involved in planning for his future but he struggles in meetings. How do we get him involved and his views heard?

Parent

I need my teachers to understand I need help.

Child
HOW WILL YOU KNOW IF WE ARE SUCCESSFUL?

An effective SEND Partnership Board is established and meets at least quarterly with published agendas and notes

Data reports are available monthly and demonstrate progress and inform service design and delivery

User feedback demonstrates an increased level of satisfaction with SEND processes

The quality of EHC plans is improved and the number of complaints and tribunals have reduced

The number of children placed in specialist placements is achieved within set timescales

Priority 4

Plan sufficient services and provision to be available within the community

Plan sufficient services and provision to enable children and their families to feel supported and included within the community

KEY ACTIONS

4a Establish and promote what is currently on offer in the community to children with SEND including open spaces, parks, communities, leisure, libraries and transport

4b Co-produce the Community Culture Service Plan is and involves service users

4c Develop a bespoke section of the Circadian Leisure website for families of children with SEND

4d Implement the recommendations from the Short Breaks Review ensuring these are in line with the family’s needs and co-produce a Short Break Statement which will be reviewed annually

4e Plan to recommission the community equipment service so that it meets the needs of children in their school and the wider community
Explore models of funding at locality level to provide schools with support and training to support children at SEN support

Review, plan and develop specialist early years, schools and college provision in the local area

Deliver the Healthy Child Programme including compliance with mandatory review timescales

Implement co-ordinated services for children and families who have social emotional and mental health needs from services such as CAMHS, Early Help, Education Support Services

Implement a ‘whole school approach’ to the mental health improvement scheme, with a focus on special schools and schools with resource bases. The scheme includes actions on teaching about mental health and emotional wellbeing, staff wellbeing and training, parents and carers, and the school environment and ethos.

Maintain the link speech and language therapist role within maintained mainstream primary and specialist provision

Provide opportunities for parents, children and young people to participate and be involved in decision making regarding new and existing services

Deliver post 16 provision with SGS College at the planned site ‘The Chase’ in Stroud

Deliver a Free Special School for children with severe, profound and multiple learning difficulties in Alveston

Jointly commission parenting programmes to support children with complex needs

Provide an effective agreement resolution and mediation service to parents as referenced in the Code of Practice 2015

Review the Transitions Team pilot to determine future arrangements and funding for the team

Review the SENDIAS offer to determine arrangements for support to parents and to support post 16 students

Increase opportunities for a wider representation and participation from children and young people with SEND in co-design

Report on the impact of engagement with parents, children and young people

Establish a Young People’s SEND Board
HOW WILL YOU KNOW WE HAVE BEEN SUCCESSFUL?

Sufficient specialist education provision is developed

Children and young people access a broader range of Short Breaks

Families report that equipment is available and recycled in a timely manner

Parents report that their child’s needs are met because they can access services

Parents can access a range of parenting programmes that help support their children’s needs

The Healthy Child Programme is delivered with compliance to mandatory review time scales

Children and families report that they can access a broader range of leisure activities

The Chase is open in September 2018 and young people are successfully placed at the provision

A new Free Special schools is open in Sept 2019 with positive feedback from the DFE in relation to readiness to open

Young People’s SEND Board is established

When I feel I’m getting angry I just need space but I have no space and get really angry.
Child

My son often uses his communication book to ask for an activity. I think he would like to go there more often but the dates on offer are very limited. If those two dates clash with something else we’ve got on then he doesn’t get to go.
Parent/Carer of a non-verbal child
Priority 5

Plan ahead for smooth transitions

Plan transitions from pre-school into primary, primary to secondary and post 16 so that there is a smooth and fulfilling pathway through a child’s life using a nurturing approach

**KEY ACTIONS**

5a Develop a smooth transfer from early years settings to primary schools

5b Develop effective transfer arrangements for all pupils moving from primary to secondary schools for all pupils with SEND

5c Create clear pathway planning to support a smooth transfer to post 16 and post 19 provision with four pathways to help

- Prepare for further education, employment and training
- Be part of the local community and build relationships
- Access and maintain housing
- Stay safe, healthy and connected into relevant services

5d Establish a Pathway to the Employment Network group to provide a local forum for key providers and strategic partners to support the delivery of pathways into employment

5e Develop effective services and provision to support the Preparation for Adulthood that meet the aspirations of young people including the development of

- supported employment, apprenticeships, traineeships and internships
- personalised travel training for 14 to 25 year olds to maximise independence
- more supported living care at home to meet the needs of young adults living at home understanding that care for these young people is integrated and coordinated around their needs and the needs of their families
- life skills training at a curriculum level and non-curriculum level to enable young adults to gain the confidence and life skills they need to realise their potential and build the foundations for truly independent living

Transition planning at any stage is so important—there’s always a new phase to cope with. Good transition at key stages can make a massive difference for our children!

Headteacher

Accurate information at all transition stages so we all know what to expect would be so helpful.

Parent Carer
The aim is for localised solutions and approaches as these are particularly successful in reducing barriers for young people and encouraging and enabling them to access provisions within their own communities.

HOW WILL YOU KNOW WE HAVE BEEN SUCCESSFUL?

All children with SEND have a smooth transfer from their early years setting to primary school.

All primary schools report that they feel confident in meeting the needs of children in reception classes.

100% of secondary schools have arrangements in place to ensure all children make a successful transfer into Year 7.

The number of young people with SEND engaged in education, employment and training increases above the 2016/7 number.

90% of children’s EHC plans are reviewed at the annual review using person centred planning and young people report that they are engaged in the review process.

All EHC plans for children aged 14 and above reflect aspirations for future education, training and employment.

There is an increased uptake of college courses and apprenticeships for young people aged 16-19 with SEND from the 16/17 level.

The number of children with SEND engaged in education, employment and training increases from the 16/17 level.

I would prefer not to get help from agencies but because of my daughter’s needs. I have no choice, I need help to know how to better support my daughter.

Parent Carer
Support, training and development

Plan the ongoing delivery of support, training and skills development for the people involved in supporting children with SEND and their families

**KEY ACTIONS**

**6a** Develop a skilled and supported workforce across the local area to meet the needs of children and their families

**6b** Review what support and training is available for parents currently and plan what needs to be in place for the future to empower and enable families to support their children with SEND

**6c** Provide a multi-agency training programme on SEND to all practitioners to develop a greater understanding of each other’s roles

**6d** Promote the effective use of Teaching Assistants and additional adults to scaffold and mediate learning for example through the London leadership Strategy and Education Endowment Foundation

**6e** Provide SEND training for all community health professionals including the delivery of functional, outcomes-focused assessment and care planning

**HOW WILL YOU KNOW WE HAVE BEEN SUCCESSFUL?**

Early years settings engage with training from the speech and language therapy service and language outcomes improve in the Early Years Foundation Stage

Schools report that they can access a range of experts and training in order to meet the needs of children at SEN Support and EHC plans

90% of practitioners surveyed say they are clear in their role

90% of evaluations from Multidisciplinary training are good or better

Social care and health professionals can access awareness training on the EHC process; EHC needs assessment advice from social care and health is high quality and outcome driven

90% of children report that they are empowered through the person centred planning tools to engage and give their views with the annual review process
Making it all happen

Governance and accountability

The South Gloucestershire Clinical Commissioning Group and South Gloucestershire Council are committed to the vision for children with SEND and to providing joint leadership to deliver this Strategy. They will jointly be responsible for the support of all children with SEND in South Gloucestershire and will include greater involvement from parents and carers and young people.

The SEND Partnership Board will ensure the Strategy is implemented. Priorities and progress against the key actions and impact will be reported to the SEND Partnership Board on a quarterly basis.

**MEMBERSHIP OF THE BOARD**

Membership of the Board will be representative of SEND stakeholders including: Parent Carer Forum, Headteachers, leaders and service managers in education and social care, public health and commissioning, healthcare and voluntary sector service leads. The SEND Partnership Board will report to the Children, Young People and Families Partnership Board as the ‘parent body’ which in turn reports to the Health and Wellbeing Board. A clear link with the CYP Whole System Group will be maintained. Links with other relevant Boards and Groups needs to be established including a Young People’s SEND Board.

The SEND Partnership Board:

- Evaluates outcomes and provision for children with SEND
- Ensures that SEND priorities are identified and represented in South Gloucestershire’s SEND Strategy
- Confirms that the SEND Strategy action plan addresses the priorities of the SEND strategy
- Monitors progress on actions within the SEND strategy action plan
- Challenges and supports the achievement of actions within the SEND strategy action plan
- Reports on progress of implementation and future priorities within the first 18 months and then annually to the Directorate Leadership Team and CCG
- Maintains clear communication with Cabinet members who have an overview of SEND.

It is the responsibility of everyone involved in my daughter’s development - me as a mum, her family, her school and the professionals who support her across health and social care - to work together to help her reach her outcomes.

Parent Carer

SEND is not just for Christmas!

Young Adult

Working together to make this all happen is vital to the success of this strategy in enabling children with SEND to achieve their potential in a safe, caring and supportive community.

Council Officer

www.southglos.gov.uk/sendstrategy
## Glossary

Terms frequently used within SEND

<table>
<thead>
<tr>
<th>Abbreviation and Description</th>
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<tbody>
<tr>
<td>AAC Augmentative and Alternative Communication</td>
<td>INSET In Service Education and Training</td>
</tr>
<tr>
<td>ACE Adverse Childhood Experiences</td>
<td>IS Independent Support</td>
</tr>
<tr>
<td>ADD Attention Deficit Disorder</td>
<td>JC Joint Commissioning</td>
</tr>
<tr>
<td>ADHD Attention Deficit Hyperactivity Disorder</td>
<td>JSNA Joint Strategic Needs Assessment</td>
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<tr>
<td>ART Access and Response Team (front door to CYP Council Services)</td>
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<tr>
<td>ASC Autistic Spectrum Condition</td>
<td>LAC Looked After Children (now Children in Care)</td>
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<tr>
<td>ASD Autistic Spectrum Disorder</td>
<td>LO Local Offer</td>
</tr>
<tr>
<td>AWPU Age Weighted Pupil Unit</td>
<td>MASH Multi agency Safe Hub</td>
</tr>
<tr>
<td>BSL British Sign Language</td>
<td>MLD Moderate Learning Difficulties</td>
</tr>
<tr>
<td>BSS Behaviour Support Service</td>
<td>MSI Multiple Sensory Impairment</td>
</tr>
<tr>
<td>C&amp;I Communication and Interaction</td>
<td>NEET Not in Education Employment training</td>
</tr>
<tr>
<td>C&amp;L Cognition and Learning</td>
<td>OfSTED Office for Standards in Education</td>
</tr>
<tr>
<td>CAMHS Child and Adolescent Mental Health Service</td>
<td>OT Occupational Therapy</td>
</tr>
<tr>
<td>CC Children Centres</td>
<td>PB Personal Budgets</td>
</tr>
<tr>
<td>CCG Clinical Commissioning Group</td>
<td>PCP Person Centre Planning</td>
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<tr>
<td>CCHP Children Community Health Partnership</td>
<td>PD Physical Difficulty</td>
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<tr>
<td>CHC Continuing Health Care</td>
<td>PEP Promoting Effective Parenting or Personal Education Plan</td>
</tr>
<tr>
<td>CMHT Community Mental Health Team (adults)</td>
<td>PIA Preparing for Adulthood</td>
</tr>
<tr>
<td>CP Cerebral Palsy or Child Protection</td>
<td>PIP Personal Independence Payment</td>
</tr>
<tr>
<td>CP Community Paediatrician</td>
<td>PLC Pathway Learning Centre which is the EOATS service and PRU</td>
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<td>CPI Commissioning,</td>
<td>PMLD Profound and Multiple Learning Difficulty</td>
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<td>CYP Child and young person</td>
<td>PRU Pupil Referral Unit</td>
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<tr>
<td>DAMP Deficits in Attention, Motor Control and Perception</td>
<td>PSP Pastoral Support Plan</td>
</tr>
<tr>
<td>DBS Disclosure and Barring Service</td>
<td>RB Resource Base</td>
</tr>
<tr>
<td>DEE Department for Education</td>
<td>S&amp;L Speech and Language</td>
</tr>
<tr>
<td>DH Department Health</td>
<td>S&amp;PN Sensory and/or Physical Needs</td>
</tr>
<tr>
<td>DLA Disability Living Allowance</td>
<td>SAFeh Self Assessment Framework early help</td>
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<tr>
<td>DSG delegated schools grant</td>
<td>SALT Speech and Language Therapist</td>
</tr>
<tr>
<td>EAL English as an Additional Language</td>
<td>SC Social Care</td>
</tr>
<tr>
<td>EDAC Early Development Assessment Centre</td>
<td>SEMHD Social, Emotional and Mental Health Difficulties</td>
</tr>
<tr>
<td>EFSA Education Funding Skills Agency</td>
<td>SEN Special Educational Needs</td>
</tr>
<tr>
<td>EH Early Help</td>
<td>SEND Special Educational Needs and Disabilities</td>
</tr>
<tr>
<td>EHC plan Education Health and Care plan</td>
<td>SENDIASS Special Educational Needs and Disability Information Advice and Support Service</td>
</tr>
<tr>
<td>EHCna Education, Health and Care needs assessment</td>
<td>SG Safe Guarding</td>
</tr>
<tr>
<td>EOTAS Education other than at School</td>
<td>SGC South Glos Council</td>
</tr>
<tr>
<td>EPS Educational Psychology Service</td>
<td>SGPC South Glos Parent Carers</td>
</tr>
<tr>
<td>ES Early Support</td>
<td>SGSC South Gloucestershire and Stroud College</td>
</tr>
<tr>
<td>EWO Education Welfare Officer</td>
<td>SLCN Speech, Language and Communication Needs</td>
</tr>
<tr>
<td>EY Early Years</td>
<td>SLD Severe Learning Difficulties</td>
</tr>
<tr>
<td>FIS Family Information Service</td>
<td>SMT Senior Management Team</td>
</tr>
<tr>
<td>FYPPS Family Young People Support Service</td>
<td>SpLD Specific Learning Difficulty</td>
</tr>
<tr>
<td>HI Hearing Impairment</td>
<td>TA Teaching Assistant</td>
</tr>
<tr>
<td>HLTA Higher Level Teaching Assistant</td>
<td>TAC Team Around the Child</td>
</tr>
<tr>
<td>HV Health Visitor</td>
<td>TAF Team around the family</td>
</tr>
<tr>
<td>ICT Information and Communications Technology</td>
<td>VI Visual Impairment</td>
</tr>
<tr>
<td>IEP Individual Education Plan</td>
<td>YOT Youth Offending Team</td>
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