

# Wolverhampton's Joint Strategy for Children and Young People with Special Educational Needs and Disability (SEND)

2015-2020



**NHS**  
Wolverhampton  
Clinical Commissioning Group

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CITY OF  
WOLVERHAMPTON  
COUNCIL

## Introduction

Wolverhampton is passionate about improving the lives of all children and young people, the Children's Trust Board has developed an ambitious 10 year Children, Young People and Families Plan – 'Healthy, Happy Families'.

This Special Educational Needs and Disability (SEND) strategy developed by the SEND Partnership Board outlines the commitment from partners in education, health and social care in the city to making sure that disabled children and young people also get the same life chances as children who do not have a disability.

This strategy aims to highlight the good practice already achieved in co-production with families and young people by the city council, Wolverhampton Clinical Commissioning Group (CCG) and other partners during the local implementation of the SEND code of practice. It also highlights the challenges emerging in the city and areas for further development.

There is much to celebrate but we know that there are also many challenges, in particular the increasing number of children and young people with profound and multiple learning disabilities, physical disabilities, autistic spectrum disorder, social, emotional and mental health difficulties (SEMH), specific and moderate learning difficulties and language and communication difficulties.

Although these are national challenges, locally we know that the number of children growing up in the city will be increasing by approximately 1000 children to 64,200 over the next 10 years. 4.9% of these children will have some form of disability, Up to 10% of children will have some type of learning disability or difficulty, 1 in 100 children will be diagnosed with an autistic spectrum condition, of which 50% will also have some degree of learning disability.

There has been significant investment in our special schools, with 3 of the 7 schools being rebuilt through the Building Schools for the Future programme and co-located with mainstream schools. 6 of the 7 special schools are rated good or outstanding by Ofsted. In 2015 a Free School called Wolverhampton Vocational Training Centre providing vocational courses opened offering provision for 16-18 year olds

In addition across our mainstream schools there are 6 Resource Bases in primary schools and 2 within secondary schools and a range of outreach services provided through devolved budgets to the special schools in the city.

However increasing demand for specialist educational provision for children with complex needs is one of the challenges the city is facing and this needs to be addressed through a comprehensive review of the City's Graduated Response with an emphasis on early help and support and inclusion in mainstream for all but those children and young people with the most severe special educational needs and disabilities.

Integrated and collaborative working between the city council and the CCG has improved enormously as a result of the requirements of the SEND reforms within the Children and Families Act 2014 and the SEND code of Practice 2014. Children with complex health care needs are now proactively identified by the CCG and the Children's Continuing Health pathway is now aligned with the Adult Continuing Health Care and the Education Health and Care planning process resulting in an improved experience for young people with complex health care needs and their journey of transition into young adulthood. The CCG are also now working with family carers and young people to improve decision making processes and to embed co-production in all elements of the organisation. The involvement of young people and parents in the creation of the health information on the Local Offer has been recognised nationally as an example of good practice.

The transition into adulthood is always described by young people and parents as one of the most difficult times in their lives. The care management teams responded to this challenge by being one of the first areas in the country to move to an All Age Disability model with the disabled children and young people's team now supporting young people and their families until they are 25 years old, in line with the principles of the SEND Code of Practice.

<http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=5794&p=0>

While much progress has been achieved we are aware that a more integrated strategy is needed to make sure that we achieve further improvements and that education, health and social care must work more closely to respond to the challenges we face. This strategy is designed to address these issues and bring about the necessary improvements in the quality of provision and better outcomes for children and young people with special educational needs and disabilities from early years to adulthood.

## Our Vision

Listening to children and young people with special educational needs and disabilities and their carers is an integral part of the work we do and they have told us that we should be striving for well-planned support for children and young people with special educational needs and disabilities from birth to 25. This means integrated services across education, health and social care, which work closely with parents and carers and where needs of the young person are identified in their Education Health and Care Plan (EHCP) and that these are met without unnecessary bureaucracy and delay.

We believe that every child and young person with special educational needs and disabilities from Wolverhampton should, where ever possible, have their needs met locally, and that they should be able to use high quality provision which promotes good health, care and educational progress and achievement. This includes access to

universal services as well as specialist support where required.

Our vision is also that children and young people with special educational needs and disabilities should be recognised as full citizens with the ability to contribute to their local community, and that when they need support to do this that the right support is available.

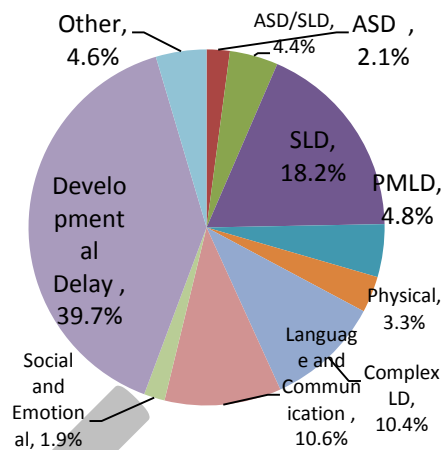
We expect every early years provider, mainstream school and post 16 setting to make effective provision for children and young people with special educational needs and disabilities, so that they can make good progress in their learning and can move easily on to the next stage of their education and have aspirations for employment and independent adult life.

The principles of the SEND code of Practice 2014 underpin this vision, and they state that Local Authority as the lead agency must have regard to:

- the views and wishes and feelings of the child or young person and the child's parents.
- participating as fully as possible in decisions; and being provided with the information and support necessary to enable participation in those decisions.
- the need to support the child or young person, and the child's parents in order to facilitate their development and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.
- the use of effective practice, data and wider intelligence and independent assessment to drive improvement.
- the development of clearly defined roles, responsibilities and accountability.

Our vision is therefore to fully include children and young people with special educational needs and disabilities and their parents or carers, in all decisions about their individual support and about local

education health and care provision. We will continue to embrace the principle of co-production and provide high quality accessible information, advice and guidance to support children and young people with special educational needs and disabilities and their families throughout their early lives and into adulthood.



## Key Priorities

### Early Years

Specialist support for early years children with special educational needs or disability is provided by the Child Development Centre (CDC) and Special Needs Early Years (SNEY).

The SNEY provides assessment, diagnosis and early intervention for individual children from birth to 5 through a co-ordinated multi-agency approach.

Referrals to the SNEY multi-agency panel show an increase year on year, there has been a 12% increase since September 2011, with referrals from schools nearly doubling in 2014/15. This reflects schools requiring higher levels of support to implement the SEND reforms for children at SEN Support and the increasing number of children with complex needs in mainstream provision. The team has a current caseload of 479.

There were 20 referrals for children with a visual impairment and 10 referrals for children with a hearing impairment in 2014 in the early years. Children with visual and hearing impairments under 5 years of age make up 22% and 14.8% of the current staff workload.

Within the city there is an under 5's Autistic Spectrum Condition diagnostic panel. Between September 2011 and July 2012 the panel received 38 referrals and diagnosed 21 children. Between September 2014 and June 2015 the panel received 35 referrals and diagnosed 15 children with ASC.

### Good practice

The 'Team Around the Child' (TAC) continues to be the most effective way of providing co-ordinated support for children with complex needs. 78 children and young people with special educational needs and disabilities SEN received a full TAC approach.

Wolverhampton City Council are cited in '*Paving the way*' as an area of outstanding practice.

*"Wolverhampton is best example in the country of key working for disabled children under 5"*. Christine Lenehan, Director, Council for Disabled Children

Integrated multi-agency work for under 5's between the SNEY team and a Health

colleague at The Gem Centre is well established and works well.

A child with complex visual impairment has been successfully integrated and supported by the Visually Impaired Service into mainstream nursery with double funding.

There are excellent links between the Hearing Impaired Service and Children's Hearing Services including information sharing, liaison and training.

### Challenges

53.8% of children supported by SNEY and 40% of children supported by the Visual Impairment Team have complex needs that require Team Around the Child (TAC) and multi-agency meetings that are requiring increased contact visits.

The under 5's Multi Agency Referral Panel have referrals from health professionals, early years settings and schools of children who have significant behaviour difficulties but not assessed developmental delay.

However, as there is currently no service that we can signpost or suggest for families SNEY are also seeing children referred to them from CAMHS who do not meet their criteria. There is a gap in service delivery for these children, and services need to be re-designed to respond to the changing needs of children.

From 2016/2017 with the move to increase childcare to 30 hours per week for working parents, means there is a need to develop appropriate levels of provision for families that include children with SLD/PMLD.

**AIM 1:** to identify solutions to support children under 5 who need support with their mental health in partnership with the CAMHS service.

**AIM 2:** to develop a full range of suitable early years provision for children with complex needs and Autism.

### Education

The city council supported 1415 children and young people with a Statement of Educational Needs (SEN) in 2015 and 85 children with an Education Health and Care plan (EHC). Special School provision has capacity to provide places for up to 792 children with the rest being included within our mainstream schools.

Boys are two and a half times more likely to have statements of Special Educational Needs at primary schools and nearly three times more likely to have statements at secondary schools compared to girls, this is likely to be linked to the increase in diagnosis of conditions such as ASC and ADHD where there is a higher prevalence of boys with the diagnosis. This is also true for Special Educational Needs without statements up to the age of 10, after which the prevalence declines from a peak of 18.6% at ages 9 and 10 to 15.7% for 15 year olds.

For pupils with statements the most common primary type of need is autistic spectrum disorder (22.9%). The most common at School Action Plus are behaviour, emotional and social difficulties and speech, language and communication needs (both 23.8%) and moderate learning difficulty (21.3%). These have consistently been the most common types of need over the past few years..

**AIM 3:** To ensure that Wolverhampton's Special School estate is fit for purpose and meets the full range of more complex needs of the children and young people with special educational needs and disabilities now being placed.

Within mainstream school settings across the City there are currently 5714 children and young people with special educational needs and disabilities who do not have a Statement of SEN or an EHC Plan being supported through reasonable adjustments and additional SEN support funded from school budgets.

Mainstream schools are increasingly having to support a wider range of children and young people with more complex needs that previously would have been accommodated within special school provision. Mainstream schools therefore need increased levels of support and training through outreach services, nurture groups and more targeted resource bases across the City to be able to meet the needs of these children and young people.

**AIM 4:** to identify a more robust graduated response with an emphasis on early support and intervention in order to enable mainstream schools to meet the needs of the range of more complex needs now being included within the schools.

#### **Percentage of children and young people with special educational needs and disabilities by primary need**

Almost 7 in 10 Looked After Children (LAC) have special educational needs. There has been a significant increase in the number of LAC children in the city. This has affected the Out of City placements and needs to be investigated further as a majority have high needs (Statements/EHCP).

**AIM 5:** to develop local provision in order to reduce the number of children needing residential provision

An SEN & Inclusion working group has been recently established and is reviewing SEND provision within the city. They will develop an action plan to respond to this challenge.

#### Considerations

- Special schools may need to be reconfigured to a broad spectrum approach.
- A more targeted and graduated approach, with an emphasis on early help and support, is required to meet needs of children and young people with special educational needs and disabilities. This includes support for mainstream schools such as outreach and nurture groups.

#### Education Health and Care Plans

Parents and carers have been involved in the development, introduction and piloting of Education Health and Care plans. Co-production will continue as the EHCP process evolves and is reviewed and we receive feedback from parents about the process.

From 1st September 2014 local authorities were required to consider new requests for an assessment of special educational needs under the new legislation, and co-ordinate services around a child or young person. Children and young people with existing statements are currently being transferred to the new system in a phased way, prioritised at key transition points. 85 Education Health and Care plans have been completed since 1<sup>st</sup> September 2014; this is the highest number of transfers to EHC plans within the Birmingham and West Midlands area. Children and young people with a current Statement of Educational need will not automatically have a new EHC plan. Children with a current Statement of Educational needs will undergo an EHC Needs Assessment. Schools are expected to meet the first 15 hours of Teaching Assistant support. If the needs of the child can be met from within the schools own resources then this will be taken in consideration in determining whether or not an EHC plan is required which is in line with national guidelines.

This is a particular concern for parent support groups nationally and locally.

The EHC plan must be child centred; outcomes focused, and involve the child or young person, their family and all the relevant professionals. The CCG and health providers have fully co-operated with the introduction of the new assessment and planning process.

Wolverhampton has been commended by the Department of Education on the quality of the local EHC plan template.

The Department of Education have put some challenging timescales on the single assessment process, with new referrals, conversions from Educational Statements and conversions from LDA's to statements being completed within 20 weeks, achieving these timescales is a challenge if we truly want to embrace the delivery of person centred plans.

**AIM 6:** to support all children and young people with special educational needs and disabilities and their families through a process of co-productions to develop a person centred, outcome focused Education Health and Care Plan.

**AIM 7:** Where a children and young people with special educational needs and disabilities does not transition to an EHC plan it is our aim to make sure that they have the most comprehensive support plan possible and that families are provided with appropriate information, advice, and support.

### Personal Budgets

For children and young people assessed as needing an EHC plan, they have the right to request a personal budget from April 1<sup>st</sup> 2015. The local authority, CCG,

families and young people are currently working collaboratively to develop local policy, procedure and processes to implement this new requirement which will be included in the local offer.

At present a funding matrix is established for the education component of a personal budget, children and young people assessed as meeting the Continuing Health criteria can have a direct payment from the CCG and children assessed as having social care needs can have direct payment to meet their needs in the community.

A Multi-agency Funding Panel has been established to consider all requests for personal budgets following an EHC plan. To date areas that have attracted the most requests for a personal budget are for home to school or home to short breaks transport.

**AIM 8:** to develop a single integrated Resource Allocation System (RAS) to support eligible social care outcomes and ultimately to develop a single combined Resource Allocation System for all three elements of the EHC plan.

### Health

Data has been collected by the Clinical Commissioning Group via the GP practice systems using GRAPHNET. The data set is in its early stages and still needs to be ratified. Further work is being undertaken by Public Health as part of Joint Strategic Needs Analysis (JSNA). This information shows that there are more boys than girls identified with SEN and health/physical conditions including autism, ADHD, acquired disabilities, learning disabilities, and congenital conditions. There is a variation by condition but in general there is a higher prevalence of conditions recorded in older children aged 10-19. When the data is compared with the deprivation quartile it shows that there are

in general more people registered with these conditions living in the poorest 20% of the population than we would expect.

The CCG has led a health based work stream since April 2014 in order to develop and deliver on new requirements. It has actively involved parent representatives from the parent/partner forum and this work has been cited in Department for Education and national Contact a Family best practice training and guidance tools.

A video has been made to demonstrate this good practice and can be viewed at: <https://www.youtube.com/watch?v=tcBUk1G8YqA>

All information published on the health sections of the Local Offer have been reviewed by parents to make sure that it is accessible and relevant for parents and carers who may need to access these health services.

Voice 4 parents (the local parent forum) and Changing Young Lives ( a local rights based organisation working in co-production with disabled young people) have also been commissioned by the CCG to work with them to improve transparency in decision making and the involvement of local parents and young people in the development of local health services.

A new Children's Continuing Care pathway has been established by the CCG. This is delivered in partnership with the local authority and other partner organisations to provide seamless high quality care for disabled children and young people who have specialist and complex needs that cannot be met by existing universal or specialist services alone.

The aim is to review all packages of care for children who have been assessed as being eligible for Continuing Care at least annually, to make sure that they still meet the needs of the young person. Systems and processes have been put in place to support early planning and seamless transition for young people in to adult continuing health career services and this

is made possible by a range of transition clinics at the Royal Wolverhampton Hospital Trust

The provision of community equipment including tele-care can support and maintain the independence of a young person, both at home, school and in the community. New technology can revolutionise a young person's life.

Equipment can be provided to the young person via Wheelchair services, Occupational Therapy services, the Independent Living Service, School, hospital, and the Clinical Commissioning Group. Each service has difference criteria and referral pathways.

However at present equipment is not transferred from school to home, or other services and so a young person can have multiple pieces of the same equipment, in different localities, which can need replacing on a regular basis as the child grows.

**AIM 9:** to review the children's equipment services and to develop a more stream line and integrated equipment service, which is responsive to the needs of disabled children, disabled adults and their families.



### Short Breaks

Children and young people's short breaks were reviewed between 2013-2014, they are now provided in four distinct ways;

- Community based activities
- Schools based activities



- Direct Payments
- A range of residential overnight services

In April 2015 40 children and young people were in receipt of an overnight short breaks, 38 young people are in receipt of a direct payment and approximately 800 community based short breaks were provided from a range of providers. The short breaks offer also includes two short breaks caravans that families can use and which are fully booked during school holidays.

If the options of personal budgets, outreach (supporting families in their homes and in community settings) and shared care become more developed and utilised we would expect to see a reduction in the demand for residential provision.

Around two thirds of the services are provided following and assessment of needs and one third are direct access.

Since the end of the Aiming High for Disabled Children's programme and the removal of the ring fence from funding, we have had to re-evaluate and target funding to activities that genuinely give families a break, that respond to the outcomes identified in an EHC plan and to those areas activities that families have told us are most beneficial.

During consultation families were clear that short breaks were most beneficial at weekends and in school holidays. Families also wanted a co-ordinated programme of activities with better information about access and availability

“(We need) good variety of activities that offer something for children of all abilities over the course of the year. Appropriately trained staff who are interested in helping the children get the most out of the activities they attend.”

**AIM 10:** to increase the number of young people provided with a personal budget for their short breaks and to develop and extend the range of providers available for them to use.

Using information from the Local Offer feedback facility we have started to work closely with colleagues in leisure services to improve the leisure offer to disabled children and young people.

**AIM 11:** to embrace digital media as a way to provide up to date information about the short breaks, universal services and child care options for disabled children.

### Transport

We currently provide transport to 800 pupils and spend £2.2m. The principle journeys are to and from special schools.

Wolverhampton City Council should review and make a decision about whether the provision of transport for pupils of statutory school age is necessary to facilitate the attendance at a designated school. Transport deemed necessary must be provided free of charge.

To date one of the key areas that families request a personal budget for as part of their EHC plan is transport.

**AIM 12:** is to include a personal budget for transport as part of the creation of a single resources allocation system, and to do this in co-production with families.

### Local Offer

Wolverhampton Local Offer was co-produced with young people and parents and published on 1<sup>st</sup> September 2014. [WWW.wolverhampton.gov.uk/send/localoffer](http://WWW.wolverhampton.gov.uk/send/localoffer) .

Parents of disabled children and young people have been an integral part of the process of developing Wolverhampton's Local Offer. They have worked

collaboratively on the design and the content with professionals from health, social care, and media teams.

*One parent involved said “it was important to be involved and get the message across to others parents in a similar position”*

The local authority has commissioned the local young people’s rights based organisation ‘Changing Young Lives’ to provide critical commentary on the Local Offer so that it can be subject to on-going improvement.

*“It is so important to work in a co-production with us young people. Our unique views on what should be done will shape the Local Offer website and our contribution to decision –making will enable us to build our self-confidence, self-esteem, and empower us to make decisions about our own lives” (Young Leader CYL)*

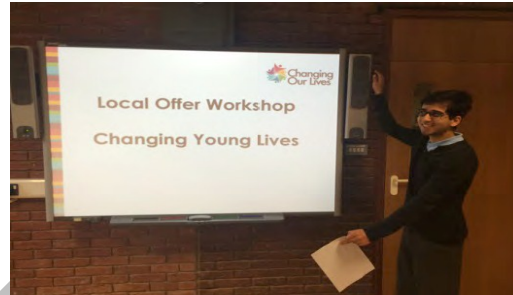
The Young Leaders have involved 57 young people aged 12-19 in their work and have made a number of recommendations for future development of the Local Offer including:

- the addition of film clips
- the use of an accessible toolbar on the web pages
- The use of ‘easy to understand’ language

We have a duty to seek views on our Local Offer but more importantly we want to make sure that the services and information we provide reflect the needs of parents, carers and young people.

Maintaining and upkeep of the Local Offer remains an area for on-going development by the local authority and CCG so that the information remains relevant, meaningful and accessible for children, young people and families. This is overseen by the SEND Partnership Board.

**AIM 13:** to further develop the Local Offer into a vibrant accessible interactive Local Offer that is up to date, easy to use and that meets the needs of local people.



#### Joint Commissioning

The Children and Families Act 2014 and the SEND code of Practice requires local authorities and the CCG to make joint commissioning arrangements for education, health and care for children and young people with SEN from 0-25. Joint Commissioning should be informed by a clear assessment of local needs to support prevention identification, assessment and early intervention.

In order to better understand our local population needs and plan accordingly the CCG and local authority have worked together to develop a local needs analysis. This has not been without its challenges due to different recording systems. However, colleagues in public health remain committed to support the collection and collation of the most reliable and accurate record of disabled children and young people in Wolverhampton.

Our aim is to continue to work with collaboratively with Public Health to develop a joint strategic needs analysis for disabled children and young people that the city is responsible for. This will be supported in the future by the use of a child’s NHS number in their EHC plan.

From September 2014, commissioners within social care, health and education

have worked together to develop and deliver the EHC assessment, planning and funding of services to support the identified needs and outcomes for individual children and young people. The necessary EHC funding panel process has been implemented and all commissioners are party to this.

The implementation of the SEND strategy and the formal joint commissioning arrangements between the LA and the CCG is a current priority. It is important that these developments are placed within the wider context of partnership discussions to improve commissioning arrangements for children and young people.

#### Preparing for Adulthood

The move from children to adult provision can be one of the most daunting times for a disabled young person and their families. There are so many things to consider including where to carry their education, how to become more independent, the possibility of employment and somewhere new to live. The journey for every young person is different but planning early and getting the right information and support is critical.

A guide to 'Preparing for Adulthood' is available for parents and young people on the Local Offer.

<http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=5794&p=0>

Young People preparing for adulthood with the most severe forms of special educational needs find it difficult to enter the world of work, with an employment rate as low as 7% (national average). Wolverhampton has one of the lowest rates in the West Midlands at 2.7%.

Many disabled young people find that there is no clear pathway to employment once they have completed their chosen college courses, and often find themselves having to rely on the Council for provision of day activities when, given the right support,

they would have chosen to pursue employment options.

A recent government trial of supported internships resulted in 36% of students with SEND gaining paid employment.

On the 12<sup>th</sup> March 2015 a Government initiative was announced allocating £5 million to be spent by local authorities to support 'more talented young people in supported internships and work placements, helping them make that first step onto the career ladder'.

**AIM 14:** to support 25 disabled young people into work in the next 12 months

#### Measuring Success

The SEND strategy has been developed in partnership with a wide range of stakeholders. It will be further informed by the independent SEND review. A performance framework is being developed in order to monitor the success of the priorities outlined below. The indicators are also reflected in the performance framework for the Children, Young Peoples, and Families Plan.

- The attainment gap between the children with Educational Health and Care plans and other pupils at key stage 2.
- The attainment gap between the children with Educational Health and Care plans and other pupils at key stage 4.
- The number of SEND pupils that are excluded from school.
- The percentage of schools and settings with a good quality published SEND information report.
- The percentage of SEND children aged 16-18 who are in education training or employment.

**Acknowledgements:**

Changing Young Lives  
Voice for Parents  
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Maria McCaffrey

- The rate of EHC plans per 100,000 population.
- The number of EHC plans issued for social, emotional and mental health needs.
- The percentage of EHC plans issued within 20 weeks.
- The percentage of people who felt that involvement in their EHC plan had a positive impact.
- The percentage of the children and young people and their parent/carers with EHC plans opting for a personal budget.
- The percentage of children and young people with continuing care plans who have timely transition into adult mental health services.
- The percentage feedback rate from the Local Offer that has resulted in a change to services.
- The number of families accessing the Wolverhampton Information, Advice and Support Service in relation to the whole SEND population.

