

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

**2015-2020**

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**Wolverhampton**  
*Clinical Commissioning Group*

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'.  
[www.wolverhampton.gov.uk](http://www.wolverhampton.gov.uk)

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 and children with additional needs also get the same life chances as children who do not have a disability. This is a high level document that will support more detailed implementation.

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.

The special educational needs and disability code of practice: 0 to 25 years states that "a child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she: has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions". You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

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, long term medical conditions, 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 difficulty or disability, 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, 2 within secondary schools and a range of outreach services provided through devolved budgets to the special schools in the city.

However, increasing reliance and requests 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 the right to inclusion in mainstream for all children, including those children and young people with the most severe special educational needs and disabilities in line with the corporate plan priority to strengthen families and promote independence.

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. The Education Health and Care planning process results 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 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.  
[www.wolverhampton.gov.uk](http://www.wolverhampton.gov.uk)

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

We are committed to developing a city that promotes inclusion, maximises young people's opportunities to be independent and focuses on their abilities not their disabilities, in line with the Salamanca Statement which makes a commitment to 'education for all' and access to regular schools for disabled children and young people.

[http://www.unesco.org/education/pdf/SALAMA\\_E.PDF](http://www.unesco.org/education/pdf/SALAMA_E.PDF)

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 services across education, health and social care, should 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 expect to receive 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 all children including disabled children and young people with special educational needs and disabilities should be recognised as fully integrated 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 best endeavours to provide 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 the 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 and deliver services in co-production with disabled children and young people and their families. We will 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

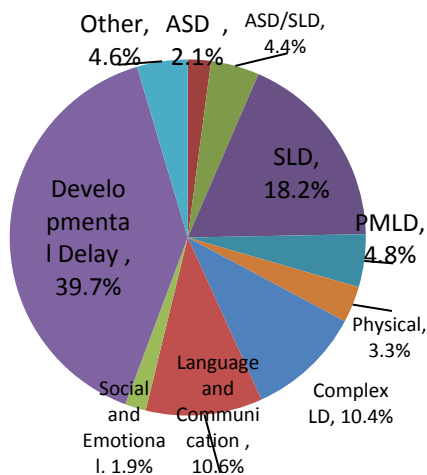
Disabled young children aged 0-5 with SEND need a range of support, some support needs to be provided by specialist services and some needs to be provided by universal services who can support young children and their families through their developmental pathway.

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. [www.challengingbehaviour.org.uk](http://www.challengingbehaviour.org.uk)

"Wolverhampton is the 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 for children who have significant behaviour difficulties but not those 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.

### 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 provides places for up to 792 children. In addition there are 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.

Boys are two and a half times more likely to have statements of Special Educational Needs or EHCP 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 a host of factors including social deprivation, and ethnic background. Boys are also more likely to have literacy difficulties or speech and language

difficulties. 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.

The needs of some children and young people in mainstream schools are becoming more complex. These schools therefore need increased levels of support and training through outreach services and evidence-based strategies to promote successful inclusion. The development of nurture groups and more targeted resource bases across the City can help to meet the needs of these children and young people in an inclusive way that helps to promote independence and better outcomes.

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).

An SEN & Inclusion working group has been 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 needs 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 £6000 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.

### **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.

### **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/carer forum Voice 4 Parents 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 so that it is accessible and relevant for parents and carers.

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.



## Support for families including Short Breaks

Carers must be respected as expert care partners and have access to the integrated and personalised services they need to support them in their caring role, and carers need to be supported to stay mentally and physically well and be treated with dignity.

Families have told us that support at the time of diagnosis, (whether that happens at birth, or later in the child's life) is very

important. The best support often comes for other families but families need to be able to easily find and access the support they need. We recognise the need for families to have access to impartial information advice and support.

The Council also has a duty to provide short breaks provision for disabled children and their families, as part of the Children's Act 2008. The City Council with the Clinical Commissioning Group funds a range of short breaks services to support parents and carers. These services are provided either in the community, the family home, a residential unit or via a direct payment.

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 between March and November.

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 an 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.” (a parent)

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.

## Transport

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

Wolverhampton City Council is going to review the provision of transport for pupils of statutory school age. We aim to enable more/ all pupils to access a local school that is able to meet their needs, through promoting inclusion, increased use of resourced provision in mainstream settings etc, which would reduce reliance on transport and an increased focus on promoting personalised transport options. 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.

## 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.

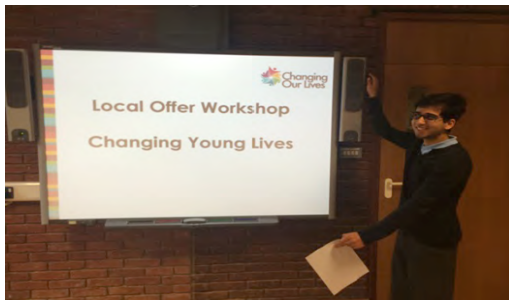
*“It is so important to work in a co-production with us young people. Our unique views on what should be done will shape the Local Offer website and our contribution to decision –making will enable us to build our self-confidence, self-esteem, and empower us to make decisions about our own lives” (Young 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 and we want to make sure that the services and information we provide reflect the needs of parents, carers and young people.

Maintenance 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.



## 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, early 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 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.

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 the national average employment rate as low as 7%, 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'.

When exploring housing options for young adults with SEND, the location of local accommodation and support is an important factor which needs to be considered.

Young people with SEND should be offered a range of housing options including shared living models, as not everyone wants to live alone. It is important that housing and support providers understand the housing needs of people with autism and these are taken into account in housing plans, applications and allocation processes. The Wolverhampton Housing Strategy recognises the housing needs of vulnerable people and is committed to providing a range of housing options, and support to enable vulnerable and disabled people to live independently in our City.

## Measuring and Reporting 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.

The following areas have been identified as priorities for action

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

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

**AIM 3:** to equip all school with the support they need to enable them to support children with SEN aged 5-10 yrs in mainstream.

**AIM 4:** To ensure Wolverhampton's 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.

**AIM 5** to monitor and review the graduated response for children and young people with SEN/D with an emphasis on promoting inclusion through evidence-based early support and intervention, and enabling mainstream schools to meet a range of more complex needs.

**AIM 6:** to create a workforce development programme that supports staff in mainstream schools in their role working with children with SEN

**AIM 7:** to develop local provision in order to reduce the number of children needing residential and out of area education health and care services.

**AIM 8:** to support all children and young people with significant special educational needs and disabilities and their families through a process of co-production to develop a person centred, outcome focused Education Health and Care Plan where a single plan is required.

**AIM 9:** Where children and young people with special educational needs and disabilities do not transition to an EHC plan we will make sure that they have the most comprehensive support plan possible and that families are provided with appropriate information, advice, and support.

**AIM 10:** 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.

**AIM 11:** 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.

**AIM 12:** 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.

**AIM 13:** to maximise the use of digital media as a way to provide up to date information

**AIM 14:** 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.

**AIM 15:** to make sure there is on-going development of 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.

**AIM 16:** to develop a supported employment pathway that support disabled young people into work and increase the number of disabled people in paid work.

**AIM 17:** to make sure that we continue to provide and support the information advice and support service and make sure it meets quality standards.

The implementation of the strategy will be managed by the SEND Partnership Board who are accountable to the SEND Strategy Group and the Children's Trust Board.

The Implementation plan will outline activities to implement all 16 Aims within the 10 priority areas. In addition the Implementation plan will also outline how the involvement of disabled children and young people and their families can be improved.

A performance framework is being developed in order to monitor the success of the priorities outlined above. The indicators below are already reported as part of 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.

- 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.

These indicators will be enhanced by performance indicators for each priority areas of the strategy.



## Glossary

**Advocate** - An advocate is someone who works with someone to identify what they want, and speaks up for them if they have difficulty doing so themselves

**Carer** - A person who provides unpaid support to a partner, family member, friend or neighbour who is ill or disabled who could not manage without this help.

**Co-produce** - When you as an individual are involved as an equal partner in designing the support and services you receive.

**Commissioning** - How services are planned and paid for and checked that they are of good quality.

**Consultation** - To seek information/views from people about a topic or theme.

**Diagnosis** - The process of finding out the nature and cause of a medical condition through looking at a patient's history and through carrying out medical assessments.

**Direct Payments** - A Direct Payment is money your local authority can give you. It is a different way of getting the support you need. You use it to buy the support you want. Social Services give you the money instead of a service. You spend the money on getting the support you need.

**Education Health and Care Plan** – a single plan that is developed to support disabled

children who require higher levels of support.

**Eligibility** - When your needs meet your council's criteria for council-funded care and support. Your local council decides who should get support, based on your level of need and the resources available in your area. The eligibility threshold is the level at which your needs reach the point that your council will provide funding. If the council assesses your needs and decides they are below this threshold, you will not qualify for council-funded care.

**Graduated Response** - A four part cycle through which earlier decisions and actions are revisited, refined and revised, leading to a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes. The four stages of the cycle are: Assess, Plan, Do Review

**GP** - General Practitioner: A doctor whose practice is not limited to a specific medical speciality but instead covers a variety of medical conditions in patients of all ages.

**Outcomes** - In social care, an 'outcome' refers to an aim or objective you would like to achieve or happen – for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.

**Personal Budgets** - An amount of money allocated to meet a person's needs identified through a person's self or supported assessment and support plan. This may combine resources from different funding streams to which the individual is entitled but is most often related to meeting social care needs.

**Residential Care** - Care in a care home, with or without nursing, for older people or people with care disabilities who require 24-hour care. Care homes offer trained staff and an adapted environment suitable for the needs of ill, frail or disabled people.

**Resource Allocation System** – a way of

working out how much money is available for a personal budget.

Sensory - Problems with working out sensory information such as sounds, sights and smells.

Signpost - Pointing people in the direction of information that they could find useful.

Strategic Objective - A goal or action which are set to achieve a plan (Strategy)

Strategy - A plan

Team Around A Child –a way of working that means that all of the professionals work together to support a disabled child and their family.

Transition - The process of change a person goes through, for example growing from childhood into adulthood. For people with disabilities this process of reaching adulthood can mean changing the services from which they receive support and this can take place over a long period.

Universal Services – services that anyone can use e.g. swimming pools, libraries etc.

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