Royal Borough of Kensington and Chelsea
Strategy for Children and Young People
with Special Educational Needs and
Disabilities aged 0 - 25

2018 - 2021
Contents

Introduction ................................................. Page 3
Our vision ..................................................... Page 3
What children, young people and parent/carers have told us Page 4
EHC Surveys ................................................. Page 6
The aims of this strategy .................................... Page 8
Our journey so far .......................................... Page 8
The local offer .............................................. Page 11
Where we are now ......................................... Page 12
Joint commissioning ....................................... Page 34
Our commitments ......................................... Page 35
How we will know we are making our progress Page 36
Appendices – data sets ..................................... Page 37
Introduction

The Royal Borough of Kensington and Chelsea and North West London Collaboration of CCGs have high ambitions for all children and young people, including those with special educational needs and disabilities (SEND).

We firmly believe that children and young people, including those with the most complex needs, should have access to good local provision including health care and every opportunity to thrive, whether this be education, employment, independent living or participation in their community.

Our ambition is to support all children and young people in their journey to adulthood with underpinning principles of early help, personalisation and inclusion and enabling them to achieve their chosen outcomes.

Our vision

Our vision for children and young people with special educational needs or disabilities (SEND) is that they achieve well in early years, at school and at college, and lead happy and fulfilled lives. This supports the vision of our Health and Wellbeing Board “to enable everyone to be as healthy as they can be and to start well, stay well and age well.”

For children and young people with SEND this means:

- having the opportunity to attend local good quality education settings with seamless transitions
- having access to short breaks that are fun and help to develop independence whilst giving parents/carers planned breaks from their caring duties
- having support to develop the skills necessary for independence, in learning, in work and to have high aspirations for life
- having access to support to get and keep a job
- being able to choose where to live and have support to live as independently as possible
- having relationships and social networks
- having a healthy lifestyle and where required their health needs identified and met
- being safe from hate and mate crime and discrimination
- living in a society where people understand, respect and accommodate differences.
What children, young people and parent/carers have told us

The local Parent/Carer Forum has worked with the council and CCG to develop more parent-friendly approaches to co-production that support the involvement of a broader range of local parents in the work to implement the SEND reforms, develop our Local Offer and make a real difference to family lives.

To this end, in 2017 the Kensington and Chelsea Parent/Carer Forum, Full of Life, organised termly focus groups around the age of the child, setting or themes which covered Early Years, Mainstream, Specialist, Post 16, Health, Short Breaks and High Functioning Autism.

Over 80 parent/carers attended the Focus Groups where key professionals discussed with them their experience of local services. A log of all key themes, actions and lead officers was maintained and informed our ‘You Said; We Will’ Action Plan and which captures our progress in improving not only our Local Offer, but the trust that parent/carers have in the Local Authority, the CCG and other key stakeholders.

The key issues as identified in those Focus Groups are summarised below.

Early Years
- Parent/carers would like to see greater transparency around effectiveness of SEND funding in early years settings and across all schools and colleges.
- Parent/carers feel that some early years settings can improve their inclusion practice further, and this exacerbates the perception that children may need an Education, Health and Care Plan (EHCP).
- Parent/carers would like someone early in the process to help them navigate the SEND system, providing consistent advice, support and key working.

Mainstream Schools
- Parent/carers would like to have a better understanding what can be expected of mainstream schools in supporting all children and young people with SEND, what funding they receive and any other additional funds they can access.
- Parents would like more visual representations within School SEN Information Reports of how they support children and young people with SEND, including case studies, available in accessible ways e.g. including easy read formats.
- Parent/carers would like to see more training in some schools as to the needs and behaviours of young people with high functioning autism.
- Parent/carers report that there are some good SENCOs, but given staff turnover, they are also keen to ensure that new SENCOs are supported in their new roles by parents, their schools and the LA.
- The Parent/Carer Forum would like to continue to be involved in delivery of training for school staff in relation to SEND.

EHC Needs Assessment Process
- The Parent/Carer Forum would like continued regular updates from the SEND Service about improvements, key staff changes etc.
• Parent/carers report that they welcome timely communications from EHC Coordinators and building relationships remains important. Parent surgeries have been set up to support communication.

Health and Therapies
• Some parent/carers report that waiting times for some services could be further improved.
• Parents would like to know more about the outcomes of the speech and language therapy (SaLT) transformation work at the Parent/Carer Forum.
• Parent/carers would like to better understand what speech, language and communication support including therapy they can expect from different settings and as their child moves from school to college.
• Parent/carers believe more training is required for health professionals to support or signpost parents following a diagnosis. Parents welcome as much information and support as possible.
• Parent/carers would like increased support from CAMHS and other stakeholders supporting schools with children who are self-harming, depressed or with challenging behaviours.
• Transition pathways between Health Visitors and School Nurses, and children’s and adult services need further strengthening.
• Dental and vision assessments taking place in Special Schools would be welcomed.

Social Care Provision
• Parent/carers value greatly the specialist St. Quintin’s Disabled Children’s Centre, but some would like a more personalised short breaks offer in addition to that and a wider range of short breaks, both mainstream and specialist.
• Parent/carers would like Social Workers to have a consistently good understanding of the EHC needs assessment and planning process, the development of shared outcomes and the legal status of an EHC Plan.
• Parents would like short breaks and after school clubs co-ordinated with transport timetables.
• Parent/carers would like more services for children who are high functioning if they don’t have a EHCP, a needs assessment or a Care Plan.

Post 16 Settings
• Parent/carers would like greater understanding about how Further Education Colleges can meet the needs of young people with complex needs (and associated medical conditions).
• Parent/carers would like to see strengthened post 16 outcomes, building on consistent Year 9 reviews and Preparation for Adulthood.
• The Supported Internship model is a good one and further development would be welcomed.

The Local Offer
• Parents would like everyone to use and understand the Local Offer more, including children and young people.
Education Health and Care Surveys

We also conducted EHC surveys in the spring 2018 to inform the development of this strategy; one survey for children with SEND and one for their parents/carers. The number of responses was as follows: 6 children and young people and 17 parents/carers. We can see that most parents who responded are generally satisfied with the level of support their child receives at school and that this is making a positive difference for their child. A few parents feel transition between settings can be further improved to ensure this is as seamless as possible.

In terms of the support services used by the parents who responded, parents identified that it would be helpful to have more comprehensive information to enable them to make informed decisions. A few parents were less clear that the support received from support services was making a positive impact on their relationships and their child’s progress generally.

Most parents were aware of the Local Offer and found it easy to use. Suggestions for improvement from parents and children were around:

- Transition
- Minimising staff changes in speech and language and occupational therapy services and reducing waiting times
- The wheelchair service
- Communication generally
- Support to navigate SEN and healthcare systems
- More variety of activities e.g. coding, music, sports especially in the south of the Borough and make sure activities are child centred and enable children to make friends
- More support required at the time of diagnosis e.g. emotional support including support for dads
- Not requiring a social care assessment to access more services
- More disabled swimming lessons at the Leisure Centre
- Use emails and text to improve communication with parents
- Improve access to sporting facilities.

Here are a few quotes in relation to areas for development from people who responded to the survey:

“I would like to have better access to sporting facilities”

“It can take too long for professionals to become involved”

“Insufficient therapy provision, insufficient expertise and therapists don’t remain in post”

“Communication and waiting times need to improve overall”

“The process to access SEN education or healthcare provision is very hard to navigate for parents, who are always doing everything for the first time”
“We would like more variety of activities, especially in the south of the Borough”

“Rely less on the Local Offer website as a resource and instead have a living person talk each family through their options. You can’t look for information/resources you don’t know are there and you don’t know to look for services if you don’t already know you are eligible or would benefit”

“Be transparent. Tell parents where there are constraints and apologise when things go wrong otherwise it comes across as not caring and actually agreeing that systems and policies are working and that it is the parents who are difficult and demanding. Thank you”

“More support for families when first diagnosed by which I mean emotional may be group of families with similar situation also to include dads in more of the services e.g. dad’s stay and play coffee mornings”

We would like to thank everyone who took the time to respond to the survey and we plan to conduct annual surveys to ensure we continue to engage with families in as many ways as possible.
The aim of this strategy

The overarching aim of this strategy is to improve the outcomes for children and young people with disabilities and those with special educational needs. By this we mean their ability to:

- achieve the best they can in education;
- get a job (with support as necessary);
- live as independently as possible (with support as necessary); and
- be a healthy, active and visible part of their local community.

Our journey so far

Since 2014 we have been on an improvement journey to implement the reforms as described in the Children and Families Act and the SEND Code of Practice. We have developed our partnership working with parent/carers and other stakeholders to drive improvements across the area. We recognise that we have more to do and are committed to continuing this journey to improve outcomes for children and young people with SEND.

We have in place a rigorous approach to self-evaluation across the local area and we are clear about our progress so far and our next steps.

1) Overall outcomes for pupils at SEN Support and for those with EHCPs in RBKC schools are among the highest in the country, based on school performance and post 16 data, and all pupils educated in the borough have access to a school graded either Good or Outstanding by Ofsted (February 2018). We want to build on this and improve outcomes for children with SEND even further, recognising that there are still some achievement gaps and that we need to improve attendance rates and reduce exclusions.

2) We have a strong parent/carer forum, Full of Life, which is well established and meets and consults regularly with parents from across the Borough. Co-production is a priority and new services, including the SEN Service, have been designed jointly with parents and local Head teachers and both were closely involved in the recruitment of staff. All new communication including letters are co-produced with parents. Following the Grenfell tragedy in June 2017, Full of Life performed a vital role, working with children’s services and health professionals, to support families of children with SEND affected by the fire.

3) The Borough has recently managed successfully the transition from a tri-borough to a bi-borough Children’s Services Department and many high quality staff have been retained. There is strong Cabinet Member support for SEND including the investment in new local specialist provision, as part
of the Local Offer, thereby reducing reliance on the independent and non-maintained sector. Despite rising demand and complexity of need, the Borough is managing its High Needs Block spend well and is within budget.

4) Parents and families sometimes report a lack of confidence in the ability of some mainstream settings to meet their child's SEN. This means that EHC needs assessments and Plans can be seen as the only way to get support and this may be one of the reasons why the demand for EHCPs increased in 2016/17. We have previously provided guidance to schools on the 'assess, plan, do, review' cycle but we will revisit this and provide further guidance and will improve access to advice, guidance and outreach support for pupils at SEN Support.

5) We have developed a joint commissioning plan, with clear governance arrangements to deliver a number of work programmes which align with this strategy. In particular, we know we need to strengthen speech, language and communication support in early years settings and schools; develop an integrated occupational therapy service; build on the CAMHS Transformation programme to ensure that the emotional health and wellbeing needs of children with SEND are met; and develop comprehensive support for 0 – 25 in the community.

6) We have reviewed the diagnostic pathways and we jointly recognise the need to improve the pathways for children with ASD/ADHD, particularly by reducing waiting times and ensuring that support is available via the Local Offer and specialist services. We are committed to co-producing an all age ASD strategy and this work has started by building on current local best practice, which raises awareness and improves early recognition of autism; ensures relevant professionals are aware of the local autism pathway and how to access diagnostic services; supports smooth transition to adult services and ensures local data collection and pathway audit.

7) We have reviewed the level of specialist educational provision in the borough and we believe the number of children and young people who have to attend school out of the borough is too high, which has implications for their family lives, friendships and future expectations. We will open a local special school for 80 children aged 2 to 19 with significant and complex needs including those with autism and/or severe learning difficulties. The school will open on the Barlby Primary site in North Kensington in September 2020. New provision at Marlborough Primary School opened in September 2017 in response to local needs. Since 2014, three new resource bases have opened (secondary autism at Kensington Aldridge Academy; primary autism at Barlby; primary speech, language and communication needs at Ark Brunel) in response to feedback from
parents about the Local Offer.

8) Our Early Help services work with families and schools to support school attendance and children’s wellbeing in their families. This could include support with parenting, employment, access to childcare and emotional wellbeing. We have a specialist Early Years and Autism Service along with Outreach Services which help to increase and promote inclusion through workforce development and offering specialist advice to staff in mainstream schools. This is a shared service and includes language/communication, pupil support, early years and autism and sensory impairment.

9) We acknowledge that early years, schools and colleges sometimes require specialist input to enable them to successfully include children with a wide range of special needs and our SEN Support Action Plan champions multi-agency workforce development activities which will ensure all our educational settings are skilled and confident in their contribution to our Local Offer. We have an enhanced early years Local Offer, providing funding for the four nursery schools, all of which are judged to be outstanding to develop them into centres of excellence for SEND and provide specialist training for PVI settings and children’s centres. This training strengthens the capacity of these settings to identify and meet needs in the early years.

10) We are currently working collaboratively to produce Autism friendly pages on our Local Offer which support young people with autism and their families at every stage of their journey to adulthood. We recognise that we have rising numbers of people diagnosed with autism in the borough, but some elements of our existing pathways for children and young people with autism (and particularly those who are high functioning) require further development and co-production.

11) We have reviewed our Short Breaks Statement to ensure that short breaks meet the needs of a wide and varied cohort via the St. Quintin’s Centre and through a more personalised and differentiated approach. This is published on our Local Offer.

12) 11.5% of adults with learning disabilities in receipt of long term services from adult social care are in paid employment in the Royal Borough compared to 6.3% across England. Nevertheless, we know that some 16 to 25 year olds with SEN have to travel outside the area to access what they need in college to help them to access paid employment. We are committed to supporting the development of greater capacity for 16 to 25 year olds to enable them to continue to develop their skills for independence and for work. We will deliver a supported internship pilot working with the council, local FE college
and a disability charity for September 2018 working with the local Supported Internship Forum. We will continue to grow our supported employment pathway with local employers and within the council and health service.

13) We reviewed the way in which we support young people with SEND and their families in the journey from childhood to adulthood throughout 2016 and 2017 and we have more work to do in working with young people with SEND to co-produce the Preparing for Adulthood section of our Local Offer, making best use of social media.

14) We are continuing to ensure that professionals' understanding of developing shared outcomes, as championed within the SEND Code of Practice 2015, is embedded and we are developing additional training packages for the wider Education, Health and Care workforce which will champion our SEN Support Toolkit and further refine each stakeholder ‘Local Offer’.

15) We commissioned a Joint Strategic Needs Assessment of children and young people with SEND to inform our ongoing journey. This will be published on our Local Offer and has been used to support the development of this strategy.

16) In partnership with ‘Full of Life’ we have set up parent surgeries with the SEN Service to support open and transparent communication.

Overall, whilst we feel we have made considerable progress since 2014, we are confident that we can do more to improve the outcomes for children and young people with SEND in the borough and this strategy establishes our key priorities going forward.

**The Local Offer**

The Local Offer is the local area’s publication of all the provision, services, pathways which are available across education, health and social care for children with SEND and their families, whether or not they have an EHC Plan. It is a web based tool and should provide clear, comprehensive, accessible and up to date information about the available provision and how to access it.

In the Royal Borough of Kensington and Chelsea, the Local Offer was redesigned with families in 2016 and it remains subject to ongoing development to ensure it provides good quality information and that the offer itself meets the needs of local families.

The Local Offer can be found here [Royal Borough of Kensington and Chelsea](https://www.rbkc.gov.uk/local-offer).

Parents and children tell us that we need to do more together to promote and seek
feedback on the Local Offer and we will continue to work with parents, using the Local Offer Parent Champion model, to increase usage of the Local Offer and support its further development.

**Where we are now**

**Some Facts and Figures**

In 2018, the Greater London Authority estimates our population aged 0 to 25 to be 44,200. Using housing-led projection estimates, this population has been projected to increase to 44,400 by 2021 (an increase of 200), rising to 45,100 by 2025 (an increase of 900). This increase in population is unlikely to have a significant impact on our planning for services and provision for children with SEND but we will keep this under review.

Over the last 5 years, the number of Statements /EHCPs in the Borough has increased by about 17%. In 2018 this represents 1.2% of the resident age 0-25 population with 529 Statements/EHCPs in place. As 2014 saw an increase in the age range for children with EHCPs, it is to be expected that the number of children with EHCPs has increased. There has also been a national increase. Our aim is to have identification processes right so that the number of EHCPs stabilises but this will be kept under review. There is also the possibility that this increase relates to parental concerns about provision being available in mainstream schools (see 'Our journey so far').

As of January 2018, the 529 children and young people with an EHCP or Statement of Special Educational Needs who were the responsibility of the Royal Borough of Kensington and Chelsea were based at the following settings:

- 328 attended mainstream schools
- Of those, 7 attended resourced provision within mainstream schools
- 112 attended LA maintained special schools
- 6 attended special free schools or academies
- 43 attended non-maintained or independent special schools
- 21 were in further education or other post 16 institutions.
- 3 attended early years settings
- 11 attended alternative provision/ pupil referral units (AP/ PRUs)
- 2 were educated at hospital schools

SEN2 January 2018 data.

**Table 1 – Children with Education, Health and Care Plans**
**Breakdown by Primary SEN type as at January 2018**

The SEN Support Toolkit assists schools with ensuring accurate recording of primary need and the SEN Service will focus on ensuring the primary need recorded is reviewed for each child through their annual review, where needed.

The largest proportion of primary need amongst children with EHCPs is those with autism. From 2008 to 2012 there was a 50% increase in the number of children with autism in London. From 2012/2013 to 2016/2017, of the children who both go to school and live in the borough, there was a 67% increase in children with autism. This is an important group or us to consider in terms of our ongoing planning.
Table 2 – Children on SEN Support
Breakdown by Primary SEN type as at January 2018

However, when we consider the primary need of children with SEN Support, the profile of primary need changes dramatically. Autism is almost 10% of the need it was for children with EHCPs at 4.5%. The most prevailing needs are now Speech, Language and Communication Needs (24.5%) and those with Social, Emotional and Mental Health difficulties (23.9%). We know that in the primary sector speech, language and communication is identified most highly with a change to social, emotional and mental health needs at secondary. This suggests that we need to support secondary schools to understand the needs of pupils with speech, language and communication needs. It is also evident from our JSNA that children with speech, language and communication needs are less likely to continue to college education and employment. Speech, language and communication needs therefore feature highly in our joint commissioning plans.

Those with specific learning difficulties at SEN Support are 2.5 times higher than for pupils with EHCPs with 15.6% and there is also a categorisation of No Specialist Assessment (not present for EHC plans) which accounts for 8.6% of the cohort. Again, this suggests that we need to support schools to ensure they are confident to identify the primary need of a pupil on SEN Support and our SEN Support Toolkit aims to do this.

In Kensington and Chelsea:
- 62% of children and young people with EHCPs attend mainstream schools
compared to 51% in London and 44% in England;
- 1.3% of children and young people with EHCPs attend a resource base in a mainstream school compared to 5.1% in London and 3.6% in England;
- 10.2% of children and young people with EHCPs attend non-maintained or independent schools (mainstream and special) compared to 8.6% in London and 6.3% in England.

LA figures SEN2 Jan 2018, regional and national figures from DfE Published SEN2 Jan 2017 data.

We will review the information about children attending resource bases as this is a surprisingly low figure given the provision which is available within the borough. Across all London schools, the proportion of pupils with statements or EHCPs ranges from 0.8% to 4.2%. Kensington and Chelsea schools have 2.1% of children with a statement or EHCP, compared to 2.9% in London and 2.8% nationally (DfE January 2017 School census).

For pupils at SEN Support the proportion for all London schools ranges from 6.5% to 15.0%, with Kensington and Chelsea having a value of 9.9%, compared to an average of 11.4% in London and 11.6% nationally.

Kensington and Chelsea schools therefore have 12.0% of children at schools with a statutory EHCP or receiving SEN Support, compared to a national average of 14.4%. However, we feel confident that while lower than others, this is an accurate reflection of the child population attending local schools.

The current age profile of children with EHCPs below based on the 529 recorded in January 2018 is as follows:

![Age Breakdown of EHC Cases](image)

We will continue to monitor this age breakdown as it is our aim that the majority of children are identified in the younger age groups.

6,846 children registered with GPs in WL CCG are known to their GP to have SEN or a disability or a long term health condition including epilepsy, asthma or diabetes.
Local Special Education Settings

Kensington and Chelsea has 4 resource bases in mainstream schools for pupils with SEND. Ark Brunel has provision for pupils with speech, language and communication difficulties; Barlby Primary School, Kensington Aldridge Academy and Marlborough Primary School have provision for pupils with autism. Latimer AP Academy also has specialist provision for children with social, emotional and mental health difficulties.

<table>
<thead>
<tr>
<th>Resource base</th>
<th>Primary need</th>
<th>Age range</th>
<th>Places</th>
<th>Current pupils</th>
<th>Top Up Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ark Brunel</td>
<td>SLCN</td>
<td>5 - 11</td>
<td>16</td>
<td>7</td>
<td>£10,000</td>
</tr>
<tr>
<td>Barlby</td>
<td>ASD</td>
<td>5 - 11</td>
<td>12</td>
<td>12</td>
<td>£13,000</td>
</tr>
<tr>
<td>Kensington Aldridge</td>
<td>ASD</td>
<td>11 - 16</td>
<td>20</td>
<td>24</td>
<td>£15,000</td>
</tr>
<tr>
<td>Marlborough</td>
<td>ASD</td>
<td>5 - 11</td>
<td>16</td>
<td>4</td>
<td>£13,000</td>
</tr>
<tr>
<td>Latimer AP/Courtyard</td>
<td>SEMH</td>
<td>5 - 16</td>
<td>19</td>
<td>11</td>
<td>£25,000</td>
</tr>
</tbody>
</table>

A new special school for 80 children aged 2 to 19 with autism and/or severe learning difficulties will open in September 2020 and this will reduce the need for children to travel to schools out of the borough. A new Headteacher will be appointed in spring 2019.

The hospital school in the borough includes a number of different elements with sites at Chelsea and Westminster Hospital, Royal Brompton, St. Mary’s Paddington and Collingham Child and Family Centre. Alternative provision is available at TBAP which provides a broad range of support including short-term interventions for pupils at risk of exclusion, full time/longer term placements as an alternative to permanent exclusion and a small number of specialist places for children with social, emotional and mental health difficulties.

In working with parents/carers, we know there is a more we could do to support mainstream schools with offering a range of facilities for children with SEND. Our Capital Plan, which is available on our Local Offer, sets out to adapt the following schools during 2018/19: Avondale Park, Thomas Jones, Bevington Primary and St. Francis of Assisi (subject to Diocesan approval). We will consider proposals for the following works:

- The development of outside classrooms/covered areas
• Sensory rooms
• Specialist changing facilities
• More specialist play equipment
• Appropriate space for small group teaching and meeting space.

**Independent and Non-Maintained Special Schools and Colleges**

The data shows that 43 children currently attend independent or non-maintained special schools (INMSS) and colleges. This number has reduced steadily since 2014. These are often out of the local area and this means children can have long distances to travel to and from school each day. For some children this means they have to attend school on a residential basis. In 2017/2018 there were 23 pupils with EHCPs attending residential settings, of those 12 were at schools and 11 at Post 16 colleges.

We know we need to collect more information about attendance rates for children placed in INMSS and we aim to do this in 2018 via the annual review process and individual contact with schools. We closely monitor the schools attended to ensure they are good or outstanding wherever possible.

We anticipate the number of children travelling to INMSS out of the borough reducing over time as we address the need for more local provision.

**Local Health and Community Learning Disability Services**

Children and young people’s health needs are met by a range of health providers locally including Central London Community Health NHS Trust, Central North West London Foundation Trust and multi-disciplinary teams based in the two Child Development services, Cheyne Child Development Centre and St Mary’s Hospital and Chelsea and Westminster Hospital NHS Foundation Trust.

Chelsea and Westminster Foundation Trust, in partnership with RBKC LD Team, People with Learning Disabilities and ‘Full of Life’ have developed a Learning Disability Hospital Record Flagging System and a Hospital Passport. This partnership has also delivered accredited Learning Disability Awareness Training to over 3,000 Trust staff at Chelsea and Westminster Hospital and West Middlesex Hospital and hopes to address the health inequalities faced by children and adults with learning disabilities [http://www.chelwest.nhs.uk/about-us/organisation/learning-disabilities/links/Learning-Disabilities-Passport.pdf](http://www.chelwest.nhs.uk/about-us/organisation/learning-disabilities/links/Learning-Disabilities-Passport.pdf).

In adult services there are local community learning disability teams that are integrated with social care and health staff (CLCH), the key roles are:

- LD Nurses
- Physio
- OT
- SALT
- Psychology
• Psychiatry
• Behavioural Support Team
• Transition workers - Social Work

People with learning disabilities often have difficulty in recognising illness, communicating their needs and using health services. They often have poorer physical and mental health than other people. This doesn’t need to be the case. The Annual Health Check scheme is for adults and young people aged 14 or above with learning disabilities who need more health support and who may otherwise have health conditions that go undetected.

Research shows that regular health checks for people with learning disabilities often uncover treatable health conditions. Most of these are simple to treat and make the person feel better, while sometimes serious illnesses such as cancer are found at an early stage when they can be treated.

The Annual Health Check is also a chance for the person to get used to going to their GP practice, which reduces their fear of going at other times.

Annual Health check data is identified below for the 14-25 age cohort:

<table>
<thead>
<tr>
<th></th>
<th>CL CCG 2017/18</th>
<th>WL CCG 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>QOF register</td>
<td>81 (22%)</td>
<td>144 (24%)</td>
</tr>
<tr>
<td>LD Team register</td>
<td>48 (37%)</td>
<td>84 (41%)</td>
</tr>
<tr>
<td>LD Health checks</td>
<td>18</td>
<td>35</td>
</tr>
<tr>
<td>Mortality rates</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

This tells us that the chances of having an annual health check from your local GP practice are low for children and young people, and that there is not necessarily an increased likelihood of having a health check as you move into adulthood.

There remain health inequalities even as people with Learning Disabilities move into adulthood with 24% of QOF registered patients and 41% of patients on the register of the Learning Disability Team accessing an annual health check from a West London CCG GP practice. Between 22% of QOF registered patients and 37% of patients on the register of the Learning Disability Team accessed an annual health check from a Central London CCG GP practice; the national average is approximately 50% for all ages (including all adults).

<table>
<thead>
<tr>
<th></th>
<th>CL CCG 2017/18</th>
<th>WL CCG 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>QOF register</td>
<td>432 (24%)</td>
<td>627 (37%)</td>
</tr>
<tr>
<td>LD Team register</td>
<td>327 (32%)</td>
<td>410 (56%)</td>
</tr>
<tr>
<td>LD Health checks</td>
<td>105</td>
<td>232</td>
</tr>
</tbody>
</table>
The number of health checks over the whole age group including all adults is significantly improved in West London CCG, but similar in Central London CCG over the same period; albeit with a significantly higher sample size.

Joint placements can be made for children with EHCPs and we hold joint panel meetings to support joint working, decision making and funding.

**Black and Ethnic Minority Groups**

Using resident ethnicity data from the January 2018 School census, we know that the ethnicity breakdown of pupils with an EHCP is broadly in line with the breakdown of all pupils; 81% of pupils with an EHCP are not White-British compared to 82% of all pupils.

There are smaller variations across ethnic breakdowns. Pupils with an EHCP with black ethnicities account for 23% of all EHCPs compared to 18% of all pupils and so are slightly over-represented. Mixed ethnicity pupils account for 15% of all EHCPs and 16% of all pupils, whilst Asian ethnicity pupils account for 5% of EHCPs and 7% of all pupils and so are both representative of the wider population. Pupils with ethnicity as White Other (predominantly European) are slightly under-represented with 11% of all EHCPs, yet 17% of all pupils. The largest individual ethnic group was ‘Any Other’ which accounts for about a fifth of all pupils; however, was also in line in terms of representation.

We will keep these figures under review to ensure there is no under or over identification taking place within particular community groups.

**Vulnerable Groups**

We know that children who become looked after by the local authority can sometimes also have special educational needs and disabilities and this means they are a particularly vulnerable group. Looked after children are defined as those looked after by the local authority for one day or more.

There are currently 87 looked after children in RBKC although 4 of these are not of school age i.e. babies. So there are 83 children of school/college age. 63 of these are indigenous. Out of the 63 indigenous children, 21 currently have EHCPs, 33%. However, if we are looking at those indigenous children of compulsory school age i.e. 0-16 then 18 out of 46 have EHCPs, 39%. There are less than 5 who have EHCPs in years 12 and 13.

There are only 5 children on SEN Support in their schools/colleges with is 8% of the total cohort. Out of the 20 unaccompanied asylum seeking children (UASCs) less than five are on SEN Support.

In relation to the achievement/progress of those with EHCPs:
- for 5 out of 21 children their attainment is at age related expectations = 23%
- for 11 out of 21 children they are making expected progress = 52%.
In relation to the achievement/progress of looked after children who have SEN, for those on SEN Support the majority of children are either achieving at age related expectations or making expected progress.

In relation to the attainment/progress of UASCs up to 18, 45% are at age related expectations and 75% are making expected progress.

Children in need are defined in law as children who need local authority services to achieve or maintain a reasonable standard of health or development, need local authority services to prevent significant or further harm to health or development, or are disabled. In all London Boroughs, 25.5% of Children in Need are on SEN Support and 24.1% have a statement or EHCP. In Kensington and Chelsea, 27.5% of Children in Need are on SEN Support and 17.2% of Children in Need have a statement or EHCP.

In Kensington and Chelsea, 10.6% of school-age Children in Need have a disability, compared to 13.1% in all London Boroughs.

There are a small number of children with SEND who also have a child protection plan.

Young people with SEND who are also known to the criminal justice system are monitored closely to ensure appropriate planning is in place to improve their outcomes. At any one time there is a very small number of young people with EHCPs in custody. Where a young person has an EHCP prior to being detained, the LA and CCG know that they have a duty to continue to arrange the provision as set out in the EHC. The LA will also consider any requests for Education, Health and Care needs assessments for young people who are already detained.

Some children and young people have complex health needs arising from disability, illness or accident that cannot be met by existing universal or specialist services alone but require an additional package of health support that is agreed following a comprehensive assessment using national criteria. This is known as Continuing Health Care (CHC). There are currently less than 5 children aged 0 -18 in Kensington and Chelsea who receive a CHC package; less than 5 young people are in specialist commissioning provision (low to medium secure hospitals) and less than 5 adults are in non-secure locked hospital wards.

There are currently 6 children with EHCPs in the borough electing to receive home education and a very small number currently flagged as missing education. Their families receive an offer of support from the Access to Education Service. These requests are monitored closely to ensure parents are choosing to home educate for the right reasons and it is not because they feel there is no suitable local educational provision.

**Achievement and Progress of Children with SEND**

All children on SEN Support and with an EHCP educated in a borough school have access to education provision rated by Ofsted to be a good or outstanding (February
2018) and based on comparative national school performance data, their overall progress and outcomes are very good.

Schools, the local authority and other local education partners have the highest aspirations for our children and young people with SEND and want to build upon these strengths to narrow gaps in achievement further. We want to address areas that still require further improvement; ensuring effective engagement and communication with all parents about their child’s learning needs, raising early years’ foundation stage profile outcomes, improving attendance levels and reducing levels of exclusion.

In meeting our education achievement aspirations, we aim to make sure that all education providers have access to the support and guidance they need in addressing the learning needs of all children. This includes a programme of commissioned outreach support, a professional development programme of training and support, regular SENCO network meetings and opportunities for the sharing of best practice. Support in addressing attendance and exclusion issues is also available through the commissioned support services from TBAP in managing behaviour issues and from the Local Authority Early Help Service in working with families.

This provision is regularly evaluated to ensure that the support needs of education providers are being met and the commissioned SEND outreach support programme was recently subject to a borough wide review. In responding to the feedback from our parent groups, stronger links are being established between parent forums and school SENCO meetings.

Support for Early Years’ Settings, both in the maintained and PVI sectors is through the Local Authority Early Years, Autism and Early Intervention Teams. The Bi-borough school standards service also commissions training and support with best practice in early years’ curriculum and assessment. A specific focus of this early years’ support is on raising foundation stage outcomes.

In line with the local framework for school improvement, the Bi-borough school standards service undertakes a review of the achievement and progress data at an individual school level and works with school leaders on the key areas for improvement, including brokering support where required to address any areas of weakness in the progress and outcomes of any vulnerable groups of children. Specific support is available to schools to address attendance and exclusion issues from the early help and commissioned behaviour services (see exclusions and absences section below).

The attainment and progress data of children and young people with SEND in all the Key Stage assessments is closely monitored and informs local strategic plans. Reports are provided to the local CFA Executive Board, Children’s Services Senior Leadership Team and Council Members. In further enhancing the range of data we have available in monitoring the achievement of children and young people with SEND, we aim to be able to track progress in other areas e.g. progress towards meeting the person centred outcomes set out in EHCPs. This work has already started via a newly implemented annual review process, which has been consulted
on with schools and parents.

Recent performance

The key headlines from the current attainment and progress data from the 2017 school performance and the 2015/16 Post 16 national data releases are set out below.

- In assessments for the foundation stage profile, the percentage of children with SEN being assessed at a good level of development is below national figures and while the number of children with SEN achieving this early years’ standard has gone up in recent years, this remains an area for further improvement. Additional support for school staff with moderation of their teacher assessments for the foundation stage profile is in place. This is a key area for improvement.
- In comparison with their peers nationally, SEN children, both the SEN Support and EHCP cohorts perform better in RBKC primary schools at Key Stage 1 and 2 and make good progress in reading, writing and mathematics. In this borough, all the children benefit from having access to good and outstanding education.
- In comparison with their peers nationally, SEN pupils, both SEN Support and EHCP cohorts perform better in RBKC secondary schools and have good outcomes in their GCSEs. As with the primary schools they benefit from having access to good/outstanding education. The performance of the SEN cohort in English and mathematics is well above national scores and above inner London.
- The relative gaps in the performance of the SEN cohorts in primary and secondary schools in comparison with their peers is positive overall and compares well with national figures. However, the ambition is to narrow the achievement gaps even further between SEN children and the very high outcomes of their peers in primary school.
- Progression rates from schools into sustained Education, Employment and Training post 16 for SEN Support pupils is slightly below national figures and is an area for further improvement. The relative gap in progression for all SEN pupils with their peers is however slightly better than the national average and the progression rates for pupils with EHCPs are broadly in line with the national figures.
- The outcomes for the SEN Support cohort of young people aged 19 are well above national averages. The number of SEN Support pupils achieving Level 2 and Level 3 qualifications is well above national. The outcomes for the EHCP cohort at Level 2 and 3 were equally high relative to national figures.

Please see the appendices for a full breakdown of both primary and secondary school attainment measures by EHCP and SEN Support.

Education, Health and Care Plans

We implemented a new assessment process in 2014 in response to the new legislation and Code of Practice and we set out our plans to complete the transfers from Statements to EHCPs by 31st March 2018. We have had some challenges in
relation to timely completion of new assessments for a variety of reasons and initially struggled to meet the new 20-week timescale.

In 2017 we undertook a review of our performance and introduced new ways of working. This has resulted in significant improvements in our ability to complete EHCPs within 20 weeks and we completed 99.3% of the transfers by 31st March 2018. We have seen an increase in the number of requests for EHC needs assessments although at the end of 2017 this was beginning to stabilise. We will keep this under review.

The percentage of new EHC Plans issued within 20 weeks (excluding exceptions) increased from 15% in 2015 to 51% by 2017. We have set ourselves an ambitious target of 90% by the end of 2018.

We are aware that we need to continue to drive improvements and ensure that our practices are as person centred as possible and that all the EHCPs produced are of a good quality.

A new annual review process for all EHCPs has been introduced, following consultation with parents and schools.

**Information, Advice and Support Service**

We know it is important to provide parents/carers and young people with good quality advice and support so that they feel confident and able to make informed decisions about support for their children with SEND. In RBKC, ‘Full of Life’ is commissioned to provide independent information, advice and support for families as well as advocacy services. ‘Full of Life’ also receives additional funding to provide Independent Supporters during the transition to the Children and Families Act. We aim to review our arrangements for providing families with IASS to ensure this meets their needs going forward.
Mediation and Tribunals

It is our aim to work in partnership with families and reach agreement wherever possible. However, sometimes this is not possible so we offer formal mediation services and on occasions we have to defend appeals to the Tribunal. Any learning from mediations and Tribunal appeals is used to support ongoing improvements in the Service.

The Service has been working with colleagues in health and social care to prepare for the national pilot on the single route of redress which means from April 2018 the Tribunal will hear appeals in relation to social care and health, provided there is an education reason to register an appeal. The Tribunal will be able to make non-binding recommendations which social care and health need to implement, or explain to parents why they are not going to do so.

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<th>2016</th>
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<tr>
<td>Tribunals</td>
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<tr>
<td>Mediations</td>
<td>8</td>
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We have seen a reduction in appeals since we have improved our assessment processes, embedded co-production with parents and improved the quality of our EHCPs.

Exclusions and Absences

We are clear that children are less likely to make good progress if they are absent from school. We therefore closely monitor the absence rates for pupils with SEND and the rates of exclusion based on the data that we collect from schools and currently recognise that there are improvements needed in this area.

School leaders work with local partners in establishing effective strategies to promote good attendance and inclusion. An important focus is on making sure that schools are given the advice and support they need. All schools have access to Local Authority Educational Psychology, Early Help, Early Years and SEN Services, and the commissioned TBAP behaviour support services. The SEN and Educational Psychology Services work with schools in helping them to make ‘reasonable adjustments’ to the behavioural policies and procedures in meeting the needs of children and young people with EHCPs and in avoiding the use of exclusion as a sanction.

In managing behavioural issues, TBAP provide targeted intervention and support with individual pupils, reintegration programmes and guidance on effective behaviour strategies.

The Early Help Service also supports schools in working directly with families on persistent attendance matters. The Achievement for All initiative in a number of schools has strengthened the quality of engagement between schools and families on attendance matters, particularly those families with children with SEND.

In line with the local framework for school improvement, targeted meetings take
place between the Local Authority Bi-borough School Standards Service and school leaders where the data is showing particular concerns regarding attendance or exclusions in a school. The purpose of these meetings is to clarify the current position, to see that appropriate action is being taken and that the necessary support is available from partners to address the issue.

In strengthening practice and support in this area, the Early Help Service is currently working with secondary head teachers on developing joint intervention strategies that can help to tackle behavioural problems at an early stage.

**Exclusions and absences – How well are we doing?**

**Summary based on current data (Attendance 2016/17 – Exclusions 2015/16 data)**

**Attendance**
Overall the attendance of the EHCP cohort in RBKC primary schools is just above national averages but the attendance of SEN Support children is below national averages. The attendance level of the EHCP cohort was 93.5% compared with the national figure of 93.3% and that of the SEN Support group 94.5% compared with the national 94.7%. The gap in the attendance levels of SEN children overall and their peers at 1.8% is broadly in line with the national average gap of 1.8%; but it is wider than the inner London average of 1.3%. There are also higher rates of persistent absence in the SEN Support and EHCP cohorts compared with inner London figures. This is an identified area for development.

In secondary schools, the overall attendance of SEN pupils is above national figures. The overall SEN attendance is 93% compared to 92.5% nationally. Within this the attendance of the EHCP cohort is in line with national figures and the SEN Support cohort is above at 93.1% compared with 92.5% nationally. The gap in the attendance levels of the SEN pupils and their peers is better than the national average at -2.0% compared with -2.7% and broadly in line with the gap for inner London.

**Exclusions**
The percentage of primary school children at the SEN Support level and with EHCPs with one or more fixed term exclusion is well below national averages at 1.10% and 0.63% compared with 2.72% and 4.73% respectively. There were also no permanent exclusions of children with EHCPs. However, the percentage of SEN Support children permanently excluded was above national averages at 0.49% compared with 0.15% nationally.

In RBKC secondary schools, exclusion levels for SEN children were above national averages. For fixed term exclusions, the SEN Support and EHCP cohorts were 1.69% and 1.55% above national figures respectively. Permanent exclusions were 0.22% above for SEN Support and 0.60% above for the EHCP cohort. This is a priority area for this Strategy to address.

**School and College Leaver Destinations**
The DfE publishes data on the proportion of young people moving onto sustained education, employment or training destinations after Key Stage 4 (age 16) and Key
Stage 5 (age 18). The latest data relates to the destinations of leavers from the 2015/16 academic year.

87% of young people with SEN studying at Kensington and Chelsea schools moved onto education or employment after Key Stage 4, in-line with the national figure of 88%. After Key Stage 5, 83% of young people with SEN leaving colleges moved onto higher education slightly below the national performance of 85%.

We continue to develop our pathways to adulthood to try to enable young people with SEN to have access to the opportunities they wish to access as they progress into adulthood.

**Young People who are Not in Employment, Education or Training (NEET)**

In 2015/16, 16 year olds with an EHCP/Statement were slightly more likely to progress into post 16 education or training at the end of Key Stage 4 (88%) compared with the SEN Support cohort (85%). For both groups the progression rate was below 16 year olds with no identified SEN (93%). This means that around 15% of young people with an EHCP/Statement or on SEN Support did not continue to participate beyond Year 11.

Recent data suggests little progress in this area. In July 2017 RBKC young people aged 16 or 17 with an EHCP/Statement were less likely to participate in education or training (86.7%) compared with young people without SEND (95.2%). This gap (-8.5%) is larger than the London gap (-2.3%) and the percentage of RBKC residents with SEND who participate in education or training is below both the London (91.9%) and national average (87.4%). This means that 13% of young people with an EHCP/Statement do not participate in education or training.

Moving forward it is important that young people with SEN benefit from high quality careers information, advice and guidance outlined in the recently published national Careers strategy: making the most of everyone’s skills and talents (December 2017) and the requirements of the new statutory guidance - Careers Guidance & access for education & training providers (January 2018).

The council will continue to monitor progress in raising participation through the use of tracking data, including the September Guarantee. The council will work with schools and education and training providers to identify young people with an EHCP and those on SEN Support who do not have an offer to continue education or training for Year 12, Year 13 and beyond to develop the local offer, including the availability of supported internships.

**Short Breaks**

Since the opening of the St. Quintin’s Centre for Disabled Children, the local short breaks offer has been transformed and many more families have use of the centre and access the core offer, as well as families who have bespoke short break packages.

We know that short breaks are a crucial part of our local offer as they allow
parents/carers to have regular, planned breaks from their caring duties. We recognise that parent/carers are lifelong carers and need support in their own right. We are also aware that parents tell us the current offer whilst wide ranging, requires more personalisation and they would like to see a wider range of provision, both mainstream and specialist.

The 2018 Short Breaks Statement for children, clearly describes the short breaks that are currently available and the route to access the current offer. Importantly however, the fundamental goal of this publication is to launch a period of review that is designed to achieve the widest possible range of stakeholder feedback to ensure the services, in-house, commissioned and voluntary, can meet the varied and changing needs of our local population on an ongoing basis. Feedback received so far clearly demonstrates the need for services that are sufficiently flexible and available to meet a wider range of needs without the need for formal assessment. It is also likely that one of the outcomes of the review will be to enhance the range of services that can be accessed through the provision of direct payments to increase the level of choice and control available to local families.

From age 17 years, after an assessment if there is an identified respite/short break eligible need Adult Social Care (ASC) offers a bed based service and/or outreach service. Introductory visits occur when the young person is aged 17 years and overnight stays can start at age 18 years. This adult short breaks service is shared with Westminster City Council. The bed based service includes two residential settings; one for people with physical disabilities and learning disabilities (LD) and one for people with LD without physical difficulties.

In addition, ASC have a new Shared Lives Scheme where people with LD can be matched with a family to take up respite/short breaks in their home. They also have access to day services at St. Marks Road Resource Centre, ‘Full of Life’ and MENCAP Equal People.

The short breaks/respite outreach service is offered where the young person can be taken out of the home and to do activities, generally in 3-4 hour sessions.

**Disabled Children’s Social Care Team**

The Disabled Children’s Team provides specialist social care services to disabled children and their families. These include:
- Core Offer – short breaks without an assessment (St. Quintin’s Centre)
- Short Breaks Assessments to access more complex support packages
- Social Work Assessment and intervention
- Emotional and practical support
- Advice and signposting
- Disabled Child Safeguarding Services
- Services to Looked After Disabled Children.

To receive a service, families can walk into St. Quintin’s Centre for Disabled Children or call the duty line 0207 598 4921. Families must live in the Royal Borough of Kensington and Chelsea and have at least one child aged 0 – 18 with a diagnosed disability. To access the core offer, no assessment is needed and short breaks
happen after school, at weekends and in the school holidays. For more support, families can refer themselves and the team also receives referrals from education, health and a variety of other professionals. If the eligibility criteria (see Short Breaks Statement 2018) is met and a short breaks assessment is needed, the assessment normally includes speaking with the family, seeking the child’s views, and the views of the professional network. Following the assessment, the allocated worker will talk through the options with the family and a request may be made to Panel for a short breaks care package to be considered. Any care packages that are offered are regularly reviewed with the family, to make sure they are still meeting the child’s and families’ needs.

If the family has more complex needs a social work assessment may be completed; for example, if there are risks to a child’s safety or if the family are finding it difficult to meet the needs of the child. The Social Work Team will complete a Child in Need or Child Protection Assessment and make a plan together with the family to support positive outcomes for the child; this will usually include a short break. Where the worries continue over time or the child is at risk of significant harm, it is likely that a child protection plan or court proceedings will be considered. The Social Worker will explain the process and what this means in detail to all family members.

On the rare occasions that children are unable to live with their parents, for whatever reason, we look for the best place for a child to live. Often this is with a foster family; very rarely the best care can be provided by a residential placement. We always work together in close liaison with the child’s family, maintaining child and family links.

Where a child or young person is receiving any service from the DCT in their teenage years, we work alongside Adult Social Care Services to prepare for adulthood. At age 18 a young person’s social care service may transfer to Adult Service and the teams work together to ensure that this transfer is as smooth as possible. To achieve this, there are Transition Social Workers who can work with children age 14 to 25 offering consistency and to start preparing a child for adulthood and independence. However, we know from parents that we can further improve the experience of transition to adult services and this is being addressed through our PFA Workstream and Action Plan.

The Disabled Children’s Social Work Team and Bi-Borough Short Breaks Practitioner Team have recently separated but work very closely together. The teams have separated to offer families a proportionate response to their needs. Each of the teams are developing specialist knowledge in their areas of practice which means we can develop high quality services to offer to children with disabilities and their families. The separation of the teams has enabled an improved focus on short breaks and the development of the personalisation agenda.

**Early Years and Child Care**

The council believes that early intervention is key to improving life chances for children with SEND.

Portage is an internationally recognised home learning service for the parents and
carers of very young children with additional needs or recognised disabilities. In RBKC children would typically be notified to the LA by health, often as very young babies. A trained Portage Home Visitor visits the home each week during term time. They work with the parent/carer and the child to plan a programme that meets the individual needs of the child. All activities are incorporated into the normal routine of the child's day. The Portage Home Visitors are based in early years settings in RBKC and have regular supervision with an Educational Psychologist who works with the Portage Service.

We believe this offers children and their parents a good evidence based start to their education for those with more complex needs. In addition, The Early Years and Autism team works closely with families from the point of diagnosis onwards, providing specific support and advice as children move from the early years into the primary phase.

**Sensory Needs**

We know that children with sensory needs can require very specialist support at different points in their life. Children are often diagnosed through early screenings from birth and evidence shows that early intervention can make a significant difference to their life outcomes.

Currently, the RBKC sensory needs service directly supports 89 children with hearing impairment and 50 with visual impairment in schools in and out of the Borough. This includes 7 children attending a specialist complex needs and visual impairment centre at Linden Lodge school, Wandsworth.

We are reviewing our outreach services including training and support for schools to ensure they continue to provide what is required to support children to achieve good outcomes and provide value for money.

**Educational Psychology Service**

The Educational Psychology Service (EPS) is a Bi-Borough team working across Westminster and The Royal Borough of Kensington and Chelsea. The EPS provides a core funded statutory element largely linked to children requiring statutory EHC needs assessments and 3 visits per year for all schools including academies. The EPS also offers Traded EP visits (e.g. the provision of generic packages of EP sessions) commissioned and funded by the borough’s schools. This can include consultation, assessment, intervention, training and research. EPs have expertise in education and the application of psychology to improve the learning and well-being/mental health of children and young people up to the age of 25 years. The service has strong and positive links with schools and with other council and partner agencies, children’s and adult’s social care and health, as examples.

EPs are involved typically with around 400 pupils in RBKC state-maintained schools in a school year. In 2015–16, 35% of these pupils had a statement or an EHCP; 54% had other targeted SEN support from schools; 10% involved other concerns. EPs were involved in consultations over concerns relating to:

- Cognition and Learning 33%
• Communication and Interaction 36%
• Social, emotional and mental health 23%
• Sensory and/or physical 8%.

Employment

In 2016/17 the percentage of adults with learning disabilities in paid employment was 11.5% compared to 6.3% across England and 6.1% in Inner London (source: NHS Digital, Measures from the Adult Social Care Outcomes Framework).

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<tr>
<th>Q3 2017-18</th>
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<tr>
<td>Learning Disabilities in Employment</td>
<td>Number of adults with learning disabilities</td>
<td>Snapshot</td>
</tr>
<tr>
<td>Number in employment</td>
<td>Snapshot</td>
<td>25</td>
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<td>Percentage</td>
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In addition to the internships and individual care providers supporting people into employment, ASC have a specialist supported employment provider ‘Balance’ to support people with LD to seek paid employment. They work closely with employers, the Department of Work and Pensions, as well as the young people and their families.

For voluntary work there is a specialist provider, Stepping Stones, in seeking voluntary placements for people with an LD, with the potential pathway moving over to the supported employment provider [www.voluntarywork.org.uk/projects/stepping-stones-programme/](http://www.voluntarywork.org.uk/projects/stepping-stones-programme/).

As part of the Council’s ongoing commitment to leading by example, being credible with local employers and demonstrating best practice supporting the local employment and skills agenda, we are taking forward the implementation of a bi-borough Supported Internship Programme, to be delivered from September 2018.

Despite the employment figures being well above the national average, we are not complacent and continue to strive to introduce more opportunities for young people to access employment over the coming years.

Preparation for Adulthood

We have established a multi-agency Preparation for Adulthood group to help us to improve the experiences of young people as they reach adulthood. This is focussing on employment, good health, education and training outcomes, independent living and social inclusion. Parents/carers and young people will help to co-produce our work in this area through a series of additional focus groups.

We have Standard Operating Procedures in place in relation to the transition processes and these are being reviewed. There is an expectation that young people who require an assessment by adult health or social care services will be offered this prior to their 17th birthday such that by that time they have an indicative plan in place setting out any support they are likely to be able to access when they turn 18. This will also allow time to focus on additional support they require during their childhood.
years to further develop their skills for independence, in line with the expectations set out in the Care Act. It is also aimed at providing a more seamless experience for young people and their families. Adult services have introduced a performance measure to ensure these assessments are closely monitored.

**Independent Living**

One of the key elements of a Bi Borough Learning Disability Joint Commissioning Strategy in adult services is support for people to live in their own homes. A draft ‘Accommodation-based, flexible support and care strategy for residents of Westminster, Kensington and Chelsea with a learning disability 2018 – 2023’ was developed in 2017 and will form part of a Joint Learning Disability Commissioning Strategy that is due for publication in October 2018. The following text is drawn from the executive summary:

‘The City of Westminster and the Royal Borough of Kensington and Chelsea commission a range of services to support residents with a learning disability to live a fulfilling life. This strategy focuses on accommodation-based flexible support services, ranging from registered residential care homes to floating support in people’s own homes.

An outline procurement plan has been developed which sets out how care and support will be continued without disruption to our customer while we work towards a more personalised model of care and support which promotes and facilitates independence, moving all residents onto Personal Budgets, through Individual Service Funds (ISFs) as appropriate. The services in scope range from those supporting residents with a low level of needs to those supporting resident with highly complex needs – including some with a mental health diagnosis and or challenging behaviour as well as their learning disability. Some residents are closer to having the capacity to manage personal budgets than others, hence the phased approach to procurement outlined in this strategy.’

A needs assessment as part of this strategy was completed across the Bi Borough area. In August 2017 there were 746 adults (aged 18+) with a learning disability accessing services, 279 in RBKC and 467 in WCC. The following data looked at the strategic issue of the large number of people who find their support away from their Borough.

A needs assessment was undertaken during Autumn 2017 which focused on the current 235 residents of services in scope and those 110 Westminster customers and 77 Kensington and Chelsea customers who have been placed out of borough and who, with the right available property, might expect to move back in borough. It sought to identify the needs which might be expected over the next five years. This review led to the identification of:

- approximately 115 needing a placement which is appropriate for residents with challenging behaviour – 44 in WCC and 71 in RBKC.
- approximately 84 needing a placement which is appropriate for residents with complex physical needs – 38 in WCC and 46 in RBKC.
approximately 78 needing a placement which is appropriate for younger residents with autism – 33 in WCC and 45 in RBKC.  
approximately 12 will also need a new package of care but this might be more appropriate as part of mainstream older people’s supported housing, rather than specialist LD housing – 6 in WCC and 6 in RBKC.  

In response to the needs analysis and wider context of local housing strategies and options the strategy sets out to both support people across the Bi-Borough to have more choice and control of their housing options and associated support through the development of Individual Service Funds and also to develop a wider range of housing options locally.  

There are two main supported living projects for RBKC geared for young people in transition. The accommodation has 24-hour staff sleep-in for more independent flats, waking night staff for tenants with higher needs and individualised support packages for each tenant. The two projects are for 11 tenants and 12 tenants respectively.

Transforming Care

The Building the Right Support (ADASS, LGA, NHS England, 2015) national plan sets out requirements to reduce inappropriate inpatient admissions and stays for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. The aim is to reduce and/or prevent new admissions, readmissions and reduce the time spent in inpatient care by providing alternative care and support. The intention is to shift money into community services reducing usage of inpatient provision 2016 to 2019. The aim is to combat the over reliance on inpatient treatment for people who could, given the right support, be at home and close to their loved ones.

West London CCG and Central London CCG (along with local authority partners of the Royal Borough of Kensington and Chelsea and Westminster City Council) are part of the North West London TCP, comprising 8 CCGs, 8 local authorities and NHS England Specialist Commissioning. This is intended as a system wide approach including people with learning disabilities, family and children services, carers and providers.

It is also important to acknowledge that the programme includes people on the autistic spectrum who do not have a learning disability so strong partnership working arrangements will be essential between Learning Disabilities, Mental Health and the wider autism offer.

The new joint work on the Preparing for Adulthood Workstream as part of the SEND Local Area Governance will support an integrated approach across adult and children’s services in the context of the Transforming Care Programme.

Personal Budgets

The Borough’s Personal Budgets Policy is published on the Local Offer website and offers personal budgets within 4 main areas:

- Home to school travel assistance
- Personal care
- Short breaks
- Equipment and disposables.

Children and adults with social care packages may be offered a direct payment for some or all of their provision. This is managed through personal budgets, direct payments and personal health budgets and is intended to provide individuals with greater choice and control over how they are able to meet their needs.

For children with an EHCP, the council will consider any request from a parent/carer for a personal budget/direct payment provided that this relates to provision which is specified in the child’s EHCP and is aimed at achieving the stated outcomes. There are currently a limited number of SEN personal budgets in place and work will take place to ensure more information is provided to families, that the systems used are as straight forward and joined up as possible and that the number of SEN personal budgets increases.

Children who meet Continuing Healthcare criteria are entitled to receive their support through a personal health budget. Very few families have chosen to take up this offer to date.

All young people after assessment and deemed eligible for a service from ASC are offered a personal budget and in ASC LD services this also includes those eligible for a Personal Health Budget. The budget can be received in a number of ways; Direct Payment to the person or nominated family member, Council Managed Direct Payment (this service is currently under review) and Individual Service Fund where an independent agency to the person/family and Council will hold the budget (this is still in its pilot phase at present).

Reviewing and developing the Personal Budgets Policy with parents is a priority as we move forward.

**Travel Assistance**

The Home to School Travel Assistance Policy was reviewed and updated in 2016 with support from ‘Full of Life’. We would like to review our processes for parents/carers to apply for travel assistance, how we make decisions, how we develop Travel Care Plans and assess risks and how we support greater independence wherever possible.

Currently 165 Kensington and Chelsea resident pupils receive travel assistance to enable them to attend education. A recent review of alternative travel assistance has put a strong focus on the need for travel training to increase the independence of children and young people.

**Parent/Carers and Young Carers**

We know that siblings of children with SEND can often become young carers and need support in their own right. There are currently a small number of young carers known to services. Family support services provide assessment for young carers
and link to a range of local community organisations.

Parent/carers are lifelong carers and we know that we need to do more to understand whether they can access support and information to enable them to maintain their own health and wellbeing. Parents tell us that we can focus too much on the children and do not always consider the needs of the whole family. This is a high priority for us to review and address over the lifetime of this Strategy.

**Joint Commissioning**

The CCG and local authority are working together on developing a Joint Commissioning Plan to support the implementation of the key priorities identified in this Strategy. The Joint Commissioning Plan sets out shared priorities and gives an overview of the joint work programme for the next 12-18 months, as well as describing the governance arrangements that will be used to oversee joint project delivery and service outcomes.

The plan focuses primarily on the direct interface between the CCG and the local authority to make joint commissioning arrangements for education, health and care provision for children and young people. Engagement and partnership will be far broader than this when delivering each of the priority projects. In particular, parents/carers will be involved in any service developments, reviews and re-designs to ensure co-production is at the heart of the everything we do.

The purpose of the plan is to provide a commissioning approach to support the achievement of the vision identified earlier in this Strategy. This will be done through the following cross-cutting commissioning principles:

1. A comprehensive offer of local services accessible to all
2. High aspirations for all our children and young people
3. A focus on early intervention and preventing issues from escalating
4. Fairness and equality
5. Building services around the voice of the child, young people and family
6. An engaged and confident workforce

The initial priorities identified within the Joint Commissioning Plan relate to:

- Speech, language and communication needs
- Occupational therapy
- Preparation for adulthood
- Social and emotional wellbeing
- 0 to 25 Integration
- Short breaks
- Development of a multi-agency autism strategy

Some of these will be commissioned using a fully integrated model, including joint contracts and budgets, whilst others are focused on having a joint understanding, planning and review process to enable aligned pathways and transitions across separately commissioned services.
Our commitments

In order to enable us to realise our vision and fulfil the aims of this Strategy, as a partnership, we make the following set of commitments. Co-production with parents, families and young people is a key principle that runs through all of these commitments:

1. **To co-produce a Local Offer which is accessible and supports children and young people to achieve the best they can in education:**
   a) support the development of excellent mainstream and specialist local education settings (including 6th form and Further Education);
   b) reduce the number of children who attend school out of the area;
   c) ensure smooth transitions between schools/colleges;
   d) ensure clear information is provided from schools/colleges about their offer;
   e) implement a new approach to travel assistance to maximise independence;
   f) celebrate best practice in education, health and other settings;
   g) review the information, advice and support service;
   h) review the early identification and prevention services aimed at improving emotional and mental wellbeing of children and young people with SEND;
   i) review and redesign outreach services for children and young people with sensory needs.

2. **To continue to support families of children with SEND affected by the Grenfell fire:**
   a) provide additional support in schools and early settings to support children’s education, with support from the Grenfell Education Fund;
   b) ensure that the expanded local offer of short breaks provision after school and in the holidays is accessible to all families, including those who wish to access the core offer;
   c) co-produce the curriculum for the new special school in North Kensington with families, children and young people to ensure that it meets their needs and enables progression towards independence and supported employment.

3. **To meet children and young people’s needs and outcomes via an EHCP process which is effective and in line with Code of Practice expectations and supports them to develop their independence:**
   a) build our workforce capacity;
   b) prioritise quality and co-production of health and care needs assessments, Plans and annual reviews.

4. **To provide comprehensive therapies which support children and young people to live and learn well so they can be healthy, active and visible in their local communities:**
a) develop pathways for children and young people with speech, language and communication needs;
b) address barriers to accessing support below the EHCP threshold;
c) develop an integrated local offer for occupational therapy.

5. To support children and young people with SEND to prepare for adulthood so they are supported to live as independently as possible and to get a job:
   a) deliver the Preparing for Adulthood (PfA) action plan;
   b) develop pathways to employment, work experience, traineeships, internships, apprenticeships leading to greater employment options;
   c) develop pathways to supported and other accommodation;
   d) improve transitions between children’s and adults’ services.

6. To provide evidence-based ASD, ADHD and LD pathways for children and young people so they can lead healthy, active lives with support to be as independent as possible:
   a) review pathways for diagnosis and support, including interfaces between CAMHS and paediatrics;
   b) to develop an all age ASD Strategy;
   c) ensure all information on the Local Offer is tailored to and accessible for children and young people with autism and their families;
   d) implement the Transforming Care action plan to transform services for people with learning disabilities.

7. To support carers (including young carers) in their caring role and to have a healthy life outside of caring:
   a) complete the review of short breaks to ensure the offer meets the changing needs of parents/carers;
   b) review the offer for young carers who are siblings of children and young people with SEND;
   c) review child care arrangements for children and young people with SEND;
   d) review the support and information available to all carers of children with SEND to ensure they have the support they need to maintain their own health and wellbeing.

How we will know we are making progress

We are developing an outcome focused Action Plan based on our commitments in partnership with parents/carers. This will set out the priorities with lead officers and expected timescales. We will track our progress at the CFA Executive Board where all partners come together on a regular basis.

We will continue to develop our relationship with parents/carers and with our Parent/Carer Forum to implement our shared priorities, progress in meeting them and to update all stakeholders through regular communications.
This Strategy will be refreshed on an annual basis to ensure it remains relevant to the needs of our residents and we will conduct a full review in 2021.

Appendix - Primary School Key Stage Results Data
<table>
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<tr>
<th>Primary School Achievement 2017</th>
<th>2017 Cohort</th>
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Appendix - Secondary School Key Stage Results Data
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