Strategy for improving the outcomes achieved by children and young people aged 0-25 with special educational needs and/or disabilities (SEND) 2016-2020
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Executive summary

Camden’s strategy for improving the outcomes achieved by children and young people aged 0-25 with special educational needs and/or disabilities (SEND) 2016 -2020 outlines the vision and key priorities that we want to support Camden’s children and young people with SEND. Our vision for all those with special educational needs and disabilities is that they achieve well in their early years, at school, in adolescence and go on to lead happy and fulfilled lives in adulthood.

In Camden this work is led by the Children’s Trust Partnership Board (CTPB) which is responsible for developing the local strategy for improving children’s lives by delivering better services and better support across the whole system. The CTPB is the local partnership that brings together the organisations responsible for services and support for children, young people and families, in a shared commitment to improving children’s lives.

To achieve our ambitions for children and young people with SEND, we will continue to focus on taking actions to reduce inequalities and closing the gap between those who already do well and those who may need extra support to thrive. Where possible we believe that every Camden child and young person should be able to access the support they need in the community near where they live.

Our six broad priority areas/outcomes are that children, young people and their parents/carers have access to:

- good quality information and advice that is timely and up to date so that young people and their families can make informed decisions and choices
- early support at the right time and in the right place to help children and young people realise their potential
- short breaks enabling parents and carers to have breaks from their caring role while also enabling children and young people to access positive and safe activities
- inclusive education and the removal of barriers to learning so that children and young people with SEND are able to learn, participate and achieve their best possible outcomes
- effective preparing for adulthood services, enabling young people to make a smooth transition from childhood to adulthood consolidating their individual identity, achieving independence, establishing adult relationships and finding meaningful occupation
- universal health services appropriate to their needs and where children, young people and families need extra or specialist support that local education, care and health services are delivered in an integrated way where wellbeing and health outcomes are promoted alongside educational progress and achievement.

The SEND strategy provides more detail of how we plan to support Camden’s children and young people with SEND to achieve these outcomes.

Our effective implementation of the Government’s SEND reforms will continue to require a cultural shift across education, health and care agencies in both children’s and adult services and partner agencies. This will require a shared focus on the outcomes for children and young people with SEND.

1. Introduction

Our aim for Camden is that it is a community where everyone has a chance to succeed and where nobody gets left behind. Camden is committed to improving the life chances of children and young people ensuring that all local children reach their potential and are effectively prepared for their life beyond school, training and further education. We aspire to have a strong community that is responsive and creative to provide a place for all individuals to thrive and exceed expectations.

In Camden this work, as it relates to children and families, is led by the Children’s Trust Partnership Board (CTPB) which is responsible for developing the local strategy for improving children’s lives by delivering better services across the whole system. The CTPB is the local partnership that brings together the organisations responsible for services for children, young people and families.

We want Camden to be a place where all children and young people:

- feel valued and are a respected part of the wider community and make a positive contribution to it
- have every opportunity to achieve their full potential, whoever they are; wherever they are from and whatever their family circumstances
- are inclusive members of their communities and do not experience barriers to learning
- have choice and control especially as they start to prepare for adulthood

1 The Camden Plan 2012-2017
take responsibility for their own lives as appropriate

enjoy the best possible physical and mental health

feel safe and are protected from harm.

Developments in the SEND work in Camden are an important cornerstone for the work of the partnership driven Resilient Families’ Programme (RFP) and the Health & Wellbeing Strategy. The aim of the Resilient Families Programme (RFP) is to improve outcomes by promoting family and community resilience through whole system change. This means working together with our partners to reduce families’ dependency on services throughout children’s lives by focusing on what families need to support themselves and empowering them to improve their own situation. The work of the programme is the shift towards early help that focuses on protective factors that develop and strengthen family resilience. This ensures that families are better able to cope with changes, stressors and difficulties and are less likely to escalate to higher levels of need which are more costly to deliver.

Our SEND Strategy is our overarching approach to SEND in Camden. Autism Spectrum Disorder (ASD) is an element of SEND and we have developed an all age plan for people with autism. We have also developed our Accessibility Strategy for Education Settings 2016–2020. The purpose of Accessibility Strategy is to remove barriers and minimise any adverse effects to learning for SEND students, allowing them to benefit fully from education provisions and to ensure that no one is disadvantaged as a result of any form of disability. All three documents are interrelated and lay out Camden’s approach and priorities for children, young people with complex and additional needs.

2. Our vision for SEND support in Camden

Our vision for all those with special educational needs and disabilities is that they achieve well in their early years, at school, in adolescence and go on to lead happy and fulfilled lives in adulthood.

To achieve our ambitions for children and young people with SEND, we will continue to focus on taking actions to reduce inequalities and closing the gap between those who already do well and those who may need extra support to thrive. Where possible we believe that every Camden child and young person should be supported in the community where they live. This is through access to good quality local early years provision, schools and further education settings. In addition to learning opportunities they should be offered access to appropriate health and care support in response to their diagnosed needs. Underpinning this vision is a focus on individual assets and understanding of children, young people and families’ skills and knowledge, resilience, finances, social networks and involvement in community activities.

Camden is committed to early intervention and prevention, providing early help in a timely way so that the needs of local children and young people do not increase. Making sure that we identify needs early and provide the right support, is key to improving outcomes for children and young people with SEND. We will continue to focus on a ‘Quality First’ approach in our universal settings (in early years, schools and colleges) so that more children learn and make good progress without the need for additional support. We are also committed to providing a well-planned continuum of provision from birth to age 25. This means high quality and well integrated services across education, health and social care, which work closely with young people, their parents and carers and where individual needs are met without unnecessary bureaucracy or delay. We aim to meet the needs of children and young people in universal and mainstream settings wherever possible and where more specialist help is needed, we will aim to provide it in Camden wherever possible.

We want the journey from childhood to adolescence and through to adulthood to be a good experience for every child and young person. We want them to be getting the right information, advice and guidance in the right places at the right time depending on their needs. We want young people’s experience of adolescence to be one where taking informed risks, making choices, being challenged and challenging boundaries is about the growing up journey.

3. How strategy was developed – on going feedback, conversations and who we talked to?

Camden has a good track record of engaging and involving children, young people and their families in planning services, and helping them to feed back about how things are working. We believe this is the best way to make sure we are meeting their needs. Some of the ongoing mechanisms we have include:

- Local Offer Steering Group with parent participation
- Complex and Additional Needs Commissioning Group with parent participation
- Parent Participation workers
- Reactive Forum - a disabled young people’s group for those aged 13 to 18 and living in Camden. The Forum provides an opportunity for disabled young people to have a say about what they think about services and influence strategic decision-making and service planning that affect disabled young people. The Forum also evaluates and gives views and feedback on service delivery across the Council and Children’s Trust partnership
- Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS) parents/carers group
- Swiss Cottage School Parents group
- Special Parents Forum
- focus groups within Camden Integrated Children’s Service, engaging families in developing the work of the partnership and developing shared care plans.
- feedback from children and young people is actively sought after every intervention by health staff, using child and young person focused formats including electronic surveys and ‘Talking Mats’.

We have used ongoing feedback from these mechanisms and feedback from specific sessions to review the strategy statement of intent to help identify the priorities for the strategy. We also talked to service providers and practitioners to help us develop the strategy.

4. National policy context

Our priorities for children with SEND are shaped by the Children and Families Act 2014. The Act sets out the responsibility to improve services, life chances and choices for vulnerable children and to support families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The Act extends the SEND system from birth to 25, giving children, young people and their parents/carers greater control and choice in decisions and ensuring needs are properly met.

The new approach to special educational needs and disability makes provision for:
- children and young people and their families to be at the heart of the system
- close cooperation between all the services that support children and their families through the joint planning and commissioning of services
- early identification of children and young people with SEN and disabilities (SEND)
- a clear and easy to understand ‘local offer’ of education, health and social care support to children and young people with SEND and their families
- support provided in mainstream settings where possible
- for children with more complex needs, a co-ordinated assessment of needs and a new 0 to 25 Education, Health and Care plan (EHC plan) for the first time giving new rights and protection to 16-25 year olds in further education and training comparable to those in school
- a clear focus on outcomes for children and young people with EHC plans, anticipating the education, health and care support they will need and planning for a clear pathway through education into adulthood, including finding paid employment, living independently and participating in their community
- increased choice, opportunity and control for parents and young people including a greater range of specialist educational provision, mainstream schools and colleges for which they can express a preference and the offer of a personal budget for those with an EHC plan.

4.1 Local policy context

The Camden Plan sets out a clear long-term ambition to make Camden a better borough, a place where everyone has a chance to succeed and where nobody gets left behind. Its five strategic objectives are:
- providing democratic and strategic leadership fit for changing times
- developing new solutions with partners to reduce inequality
- creating conditions for and harnessing the benefits of economic growth
- investing in our communities to ensure sustainable neighbourhoods
- delivering value for money services by getting it right first time.

As described above The SEND reforms are an important cornerstone for the work of the partnership driven Resilient Families’ Programme (RFP) and is also a key aspect of the Health & Wellbeing Strategy.
The RFP considers how the Council with the support of our partners can foster and promote self-help and resilience, with a view to strengthening the capacity of families and communities. The work of the programme is the shift towards early help and intervention that focuses on protective factors that develop and strengthen family resilience and help to reduce needs escalating.

Camden Clinical Commissioning Group has a vision of “working with the people of Camden to achieve the best health for all”. Its mission is “to lead the development of the local healthcare system with our partners and the people of Camden to ensure access to and the delivery of safe, effective and responsive services that reduce inequalities, meet identified needs and ensure maximum positive health impact within the resources available”.

4.2 The new SEND strategy aims to ensure that:

- there is a shared, inclusive vision for effective planning for children and young people from 0 to 25
- we will have an effective needs analysis evidence base to help us plan and decide how to best use our resources
- we listen to the views, aspirations and ambitions of children and young people and their parents and carers when we develop and commission person centred services
- resources are used where they will make the biggest difference, supporting integrated working through evidence based practice and early identification
- there are clear and well publicised pathways for children and young people and their families, with swift and easy access to support and effective planning in preparation for adulthood
- we have high quality, effective and accessible provision across universal and specialist support
- we have speedy resolution of problems and disagreements.

Our effective implementation of the SEND reforms will continue to require a cultural shift across education, health and care agencies in both children’s and adult services and partner agencies. This will continually require a shared focus on the outcomes for children and young people with SEND. In Camden, we know we are doing well in some areas but we are still on the journey.

4.3 Since the introduction of the reforms, Camden has made some key changes and these include:

- we now take a life pathways approach to working with children and young people with SEND, with responsibilities from birth to 25 years
- we have prioritised the importance of involving children, young people, and families in decision making
- we are building on our strong foundations for joint planning and commissioning of services to ensure closer co-operation between education, health and social care partners
- we have implemented the co-ordinated assessment process, and where resources are required that cannot be met through what is ‘ordinarily available’, a 0-25 Education, Health and Care plan (EHC plan) replaces the former statement of special educational needs and Learning Difficulty Assessments (LDAs). Statements and LDAs are being converted to EHC plans
- there is now a stronger focus on outcomes for children and young people, particularly functional outcomes that are meaningful to the child or young person in the context of everyday living
- there is a greater focus on providing support that enables children and young people with SEND to succeed in their education and make a successful transition to adulthood
- we have developed a comprehensive local offer engaging parents and young people in its development and are reviewing it regularly
- there are greater responsibilities for health and local authorities to support the needs of young people in youth custody.

5. Children and young people with SEND

Children and young people with SEND may present with a broad range of needs, some of which will be complex. For some the focus of the support required will be wholly educational; for others, their parents, carers and families will need support from a number of services and this will continue throughout their childhood and may continue into adulthood. A child or young person may have a special educational need or a disability or both. A child or young person has SEN if they have a learning disability and or difficulty 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 disability or difficulty 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.

For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.

Although not an exhaustive list this could be children and young people with autistic spectrum disorder (ASD), hearing impairment, moderate learning disability, multi-sensory impairment, physical disability, profound learning and multiple disability, social, emotional and mental health needs, speech, language and communication needs, attention deficit hyperactivity disorder (ADHD), severe learning disability, specific learning disability and or visual impairment.

We know that children with SEND will often have more than one type of need. These children and their families may require additional support for them to help achieve their full potential. Many of these children receive multi-agency input from health services, early years and education and social care, who work closely with families to maximise outcomes for these children and support the families.

Collecting data on children with special educational needs and disabilities is complex because there are a number of definitions, cohort sizes and methodologies in use. There are two main statutory sources of data for children with SEND in schools:

- information collected by all the maintained schools in Camden as part of the annual school census on all pupils (aged 4-19), irrespective of where they live
- the SEN2 return is the annual data survey that collects information on all SEN statements and EHC plans of Camden children and young people (0-25) irrespective of where they attend school.

In addition, the Early Years Intervention Team (EYIT) has a key role in early identification and intervention in SEND for children in early years settings and keeps a record of the activity and outcomes of those children.

6. Population - some key facts and figures

Overall we know that:

- in 2016 there are 79,400 children and young people aged 0 to 25 and they make up 33% of Camden’s population of 234,800
- the actual numbers of 0 to 25 is projected to increase to 82,300 by 2031 and will they will make up 31% of the population
- of the 79,400 children and young people, the gender split is more or less half and half
- in 2016, 58% pupils of compulsory school age children (5-15 years old) have a first language other than English
- 28% of schools have one or more pupils from a Traveller family on their school roll; this is just under half the schools in Camden
- at the end of 2015/16 there were 188 Looked after Children in Camden; and there were 254 children who were subject to a child protection plan.

In terms of SEND we know that:

- Autistic Spectrum Disorder (ASD), speech, language and communication needs and multiple needs are the main needs/diagnosis of 0 to 3 year olds in the high needs cohort
- there are 3,852 pupils in Camden schools with SEND as of January 2016
- 15.9% of Camden school population had some form of special education needs in January 2016, of which 25.3% had an Autistic Spectrum Disorder
- there are 1,079 Camden children and young people with a SEN statement or an EHC Plan in January 2016
- in 2016, there are proportionately more pupils with SEND in primary schools at 16% compared to just under 13% in secondary schools. This is similar to 2014 and 2015
- of those pupils requiring SEN support in 2016, a small percentage required a statement and or Education, Health and Care (EHC) plans and this

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2 Special educational needs and disability code of practice: 0 to 25 years. Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities January 2015

3 Source: GLA 2014 Round of Projections (Camden Development, Capped AHS)
4 ibid
5 ibid
6 ibid
7 Source: Social Work service- monthly performance overview - March 2016
8 Virtual SEND register 2015
9 2016 School Census

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has largely stayed the same since 2014 ranging from 3.7% to 3.9% in that period.\(^{10}\)

- ASD, speech, language and communication needs (SLCN), moderate learning disability (MLD) and social, emotional and mental health account for just over 80% of the children and young people with statutory SEND plans.

- Nationally, the total number of statements and EHC plans has continued to rise but the numbers in Camden have been relatively stable for the 0 to 19 age group for the last four years.

A national trend has seen the growth in children and young people with diagnoses of autism but there is disagreement over whether this represents real growth or just the re-categorisation of children who would previously have been said to have communication or learning difficulties. The categorisation of children and young people is acknowledged to be linked to medical labelling and as a means to access funding through descriptions of needs that meet threshold descriptors.

See Appendix 3 for more detailed needs analysis and information.

7. Financial context

In the current economic climate public services are under increased financial pressure to achieve ever improving outcomes for local children and young people, against a backdrop of ever diminishing resources. These financial constraints will require us to reduce bureaucracy and increase effectiveness to ensure that provision targets children and young people to best effect.

From 1st April 2013 the government changed the way in which all schools, including academies were to fund SEN provision. As a result of the Government funding reform, mainstream schools now receive funding for pupils with special and additional educational needs from two sources. The majority of funding is now delegated to schools from the Schools Block with ‘top up’ funding for individual pupils with high level, low incidence SEN provided via the High Needs Block. In Camden we are reviewing our High Needs Block funding and how it is used to ensure that we can manage the further changes expected from the Government in April 2018.

8. Outcomes

The Joint Strategic Needs Assessment (JSNA) updated in October 2016, highlights four main areas where children with SEND face barriers to achieving the outcomes their peers can expect and some of the actions that have taken place in Camden to reduce inequality. The outcome areas are:

- good education/attainment
- employment opportunities
- good health
- good mental health

8.1 Education/attainment

In 2015 in Camden, 24% of SEN pupils with statements achieved Level 4 or above in Key Stage 2 in reading, writing and maths compared to 16% the year before; the all pupil Camden average was 86%. For GCSEs, 7% of SEN pupils with statements/EHC plans achieved 5+ A*-C including English & Maths, up on the previous year’s 4%; the all-pupil Camden average was 56%.

Although school attainment has a role and it will be right to focus on this for some pupils, success in other areas that prepare young people for life after school can be just as important. One example in Camden is that Swiss Cottage Special School launched a ‘Roadmap for Life’ programme which has included workshops on ‘Alternatives to GCSEs’ and ‘Assessment and Evaluation Towards Aspirational Outcomes’ and held a conference for parents and professionals exploring issues facing individuals with learning disabilities such as getting a job and developing new skills.

8.2 Employment opportunities

Young people with special educational needs and disabilities often struggle to get paid work when they leave education. This could be due to a lack of work experience opportunities, through to the sometimes negative attitudes of employers and a lack of accessible information. In England only 6% of people with a moderate to severe learning disability known to adult social care were in work in 2014/15.\(^{11}\)

In Camden this was very slightly better at 6.2% but still below our London comparator group rate of 7.6%.\(^{12}\)

In Camden from locally collected data, in March 2016 the figure for 16 -19 year olds in education, employment and training (EET) was 91.5% compared to the SEND figure of 75%.

Yet the overwhelming majority of young people with SEND are capable of sustainable paid employment, with the right preparation and support. Both the Children and Families Act 2014 and the Care Act

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10 2014, 2015 & 2016 School Census


12 The Chartered Institute of Public Finance and Accountancy (CIPFA) bands a number of “like” authorities that can be used to compare national measures. There are 15 London authorities including Camden in our comparator group.
2014 strongly endorse participation in work as a desired and fulfilling outcome. The SEND reforms and the introduction of EHC plans from year 9 and extended to 25 year olds requires local authorities to consider the support a young person might need after school.

In Camden, different pathways for gaining employment are being set up. These include supported internships which help young people aged 16 to 24 with complex learning difficulties or disabilities to find jobs that suit their abilities and creates a study programme to learn the necessary skills to do the job. From September 2016 a partnership between Great Ormond Street Hospital and Swiss Cottage Special School will offer 10-12 places on a supported internship programme called ‘GO! Into Employment’ to support the transition from full time education to full time work. Based at the hospital, they will also benefit from support from Swiss Cottage School, have access to a tutor and job coach, and the opportunity to gain a vocational qualification.

8.3 Good health outcomes

Young people with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions, age-related conditions, and may engage in risky behaviours such as poor diet and smoking. Barriers to health care can include affordability of health services and transportation, lack of appropriate services, physical barriers such as inadequate bathroom facilities, and inadequate skills and knowledge of health workers.13

People with learning disabilities are three times more likely to die early compared to the general population. Men with learning disabilities live, on average, 13 years less than men in the general population. Life expectancy for women with learning disabilities is 20 years less than the general female population.

In Camden, we are driving forward system-wide change to enable more people to live in the community, with the right support, and close to home in line with recommendations of Transforming Care. Transforming Care aims to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. Our plan is for everyone to have access to integrated, community-based, specialist multidisciplinary health and social care support in their community. The service will be readily accessible, when needed, by children, young people and adults with a learning disability and/or autism, including those who may have come into contact with or are at risk of coming into contact with the criminal justice system.

8.4 Good mental health

Mental health issues are more prevalent in those with SEND. Mental health issues exhibited most frequently in children with SEND include conduct disorder, depression and suicidal ideation, ADHD, obsessive compulsive disorder and schizophrenia. Research suggests that children with a learning disability are over twice as likely to experience anxiety disorders and approximately six times as likely to experience conduct disorders.

The Council and Camden Clinical Commissioning Group has embarked on a three year project to improve preventative work with vulnerable young people with mental health needs. Minding the Gap is looking to develop an integrated service model providing a holistic young person friendly service. The project has three main elements and these are the development of a youth base14 from which a team of young people’s workers will reach out to young people across the borough and seek new ways to contact hard to reach young people and work alongside them. The second element aims to improve the preparation for adulthood for young people when moving from child and adolescent mental health services (CAMHS) to adult mental health services and lastly increasing capacity for young people to receive counselling and psychotherapy at a local voluntary sector organisation.

9. Support and services

The range of support available to children and young people with SEND from the age of 0 up to the age of 25 is set out on the Camden SEND Local Offer website which was launched in September 2014. Since then, in order to continue to meet the requirements of the SEND reforms, and as a result of feedback and involvement by young people, parents, carers and practitioners the Local Offer has been further developed to make the information and range of support more accessible and relevant.

The local offer website includes information about the services and support available to children and young people, and their parents and carers. It ranges from information about universal support, to targeted and specialist services. It can be filtered by age group including for infants & young children, school age children & young people and preparing for adult life, the sector that the support provider is from as well as

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13 World Health Organisation (2012) Factsheet no 352 Disability and Health

14 The Hive will also host sexual health services, substance misuse specialist, other youth and social care services as needed as some leisure activities
geographic location.

These services and support are currently categorised under the following broad themes:

- early education and childcare
- education (including primary schools, secondary schools, special schools in Camden and post-16 options)
- health
- social care and support (including short breaks, being part of the community and living independently)
- things to do
- travel and transport.

The Local Offer is intended to be a live resource, responsive to local needs with feedback from young people, parents, carers, practitioners and other stakeholders key to its continuous development. The Local Offer is therefore updated on an ongoing basis to ensure it correctly and accurately reflects the area-wide local SEND offer.

10. Our priorities - what we will do

From an on-going assessment of local needs and engagement with parents, children, young people and service providers – the following areas are the priorities that have been developed and the key actions we are going to undertake to address them.

10.1 Good quality information and advice

Children/young people and or parents tell us:

“A lot of services don’t know about the services and support available to children and young people with SEND.”

“We went to the GP initially for information and advice, especially in the early days of diagnosis but our GP didn’t know what support was available to us.”

“Not sure that nurseries and schools know about the services that are available – it is important to get this information as early as possible.”

“It’s good to have the information all in one place.”

Why this is a priority?

We know that having access to good quality and timely information and advice builds parents’ and young people’s confidence in the support provided and improves the engagement of parents and young people.

What are we doing well?

In Camden we recognise the importance of good quality and timely information and the Government as part of the SEND reforms requires councils and partners to develop the Local Offer for SEND. In Camden we have:

- developed the Camden Local Offer website in close collaboration with parents, carers and young people to ensure it has information that is relevant and accessible
- involved parents, carers and young people in regular reviews of the Local Offer, and where appropriate acted on that feedback
- worked effectively with key education, health and social care partners and stakeholders to ensure there is a wide range of information included about local support and services
- continued to promote the Camden Local Offer to parents, carers, young people, as well as across education, health, social care and other partners
- have a nationally recognised SENDIASS (SEND Information Advice and Support) service which meets the national quality standards for IAS services.

What we will do in the next three years?

- continue to work with parents, carers and young people to develop and review the Local Offer website further and ensure the website continues to be informative, relevant and accessible
- further raise awareness about the Local Offer across the local area so that as many people as possible are aware of it. We will continue to provide training and work in key areas including GP surgeries, early years settings and schools
- ensure that SEND provision within the Local Offer continues to meet the needs of children and young people, and where required, respond to changing needs
- improve information and advice for young people to help them prepare for adult life and to achieve good outcomes.
10.2 Getting support early and in good time

Parents tell us that:

“Children should get support quickly, starting in nurseries so they don’t fall behind.”

“Reviews and goals helped us (parents) track progress and make realistic short-term achievements possible.”

“I think universal services need to adapt and be more aware of SEND.”

“The service (Early Years Intervention Service) “helped my son progress through nursery and get him school ready.”

“Parents need support – sometimes things get to a crisis before we get any help.”

Why this is a priority?

We know that a child or young person’s needs change over time and we want to ensure that practitioners have the skills and knowledge to work closely with parents to identify social care, health and special educational support a child or young person may have and to put in place timely support that is effective in helping children achieve, contribute and make good progress. We know that early identification, intervention and support help a child to realise their potential.

Early help applies across the age range, and is particularly relevant as children and young people develop new support needs as they grow older. The support parents and carers need can also change, and an effective early help offer will be able to offer the right support at the right time. A resilient families approach can prevent families going into crisis and then needing intensive intervention and support. Early help and an early identification of need through a resilient families approach can also support families to find their own solutions.

What are we doing well?

In Camden we offer services to all families with children under 5 years old and specialist services for children with learning difficulties or a disability.

Services in Camden follow the graduated response as outlined in the SEND code of practice for the identification, assessment and meeting the needs of children with special educational needs and disabilities. We commission and employ a range of professionals to assess a child’s needs and who provide appropriate services, refer to other agencies or provide advice and guidance about where to access the support needed.

This includes collaboration with:
- Speech & Language Therapists
- Occupational Therapists
- Physiotherapists
- Paediatricians
- Child and adolescent mental health services (CAMHS)
- Early Years Intervention Team
- Educational Psychology
- MOSAIC (Making Our Services All Integrated in Camden) service which has social care and health professionals and a range of other services that support young children and their families
- teachers of the deaf and visually impaired
- other specialist health, education and care services
- voluntary and community sector organisations that can provide support to children, young people, their parents and families.

The different NHS providers work together in a formal partnership arrangement, in which they collaborate to provide a joined up approach to care for children and young people with SEND. This includes the development of using a single electronic health care record, which allows all professionals involved to access the whole child’s record and care plans.

In order to ensure children’s needs are identified and met as quickly as possible the Early Years Intervention Service supports providers of early years services with:
- stay and play drop-ins
- nurseries
- child minders
- parenting support and early help

All providers are encouraged to take up training opportunities to enable them to identify and meet the needs of most children. If a child has needs that the service cannot meet then support is offered in a timely manner. In nurseries this support is from the Area SEND Coordinators (SENDCOs). The role of the Area SENDCO is to support settings to develop sufficient expertise and experience amongst local early years providers to identify, assess and intervene to effectively support children with SEND. Area SENDCOs help settings by:
- providing information, advice and training
- making links between education, health and social care so that effective support can be provided
- informing and working with parents
- supporting children’s transitions.

**What we will do in the next three years?**

- continue to provide and broker high quality continuing professional development and learning from within Camden and national organisations to ensure educational professionals identify, assess and intervene to effectively support children with SEND
- through the Camden Learning's school improvement activities maintain and improve the outcomes for children and young people as outlined in the Camden School's Led Partnership Strategic Plan 15
- the SENDCo's forum and training events with SENDCo's will ensure that identification and assessment for pupils with SEND is based on effective dialogue, observation and appropriate tasks combined with summative assessment16 to ensure that judgements are secure and consistent in all schools
- continue to develop alternative provision for complex children and young people to prevent them being placed out of area and or in hospital
- continue to offer the right support at the right time to young people and their families through a resilient families approach.

### 10.3 Support for parents/carers - short breaks

**Children, young people and or parents tell us that:**

“We want to be able socialise and take part in activities like trampoline, gymnastics, running, going out with friends, using computers, dancing and music.”

“Direct payments help to give us small moments of normal family life where we can focus on other children and give them full attention.”

“Some of the carers who provide the support need more training; they don’t always know how to support our children.”

“I find short breaks invaluable.”

**Why this is a priority?**

Short breaks form one element of the support offered by Camden Council to disabled children and young people and their families. They provide opportunities for disabled children and young people to spend time away from their parent/carer, taking part in positive activities, while also providing much-needed breaks for the parent/carer.

Short breaks are personal to individual needs and can include day, evening, weekend or holiday activities and can take place in the home or in a community setting. For young people with the most complex needs this may be in a residential setting. We know that regular breaks enable parents and carers to continue to care for their disabled child at home; reduce family breakdown and the likelihood of needing high cost services or placements. Therefore the provision of short breaks is also part of our approach to early intervention and prevention.

The SEND reforms require the local authority to provide a range of short breaks to carers of disabled children and to publish a statement as to how they will be provided.

**What are we doing well?**

Camden has a well-developed programme of short breaks commissioned from a range of providers. The current statement on how services are provided is available on the Local Offer webpages.

- we conducted a review of short breaks in 2015 and have developed proposals for the recommissioning of short breaks. As part of the review we consulted disabled children and young people and their families as well as obtaining feedback from a range of professionals who work closely with children, young people and their families
- young people told us that they wanted carers with similar interest, help to learn new things and meet friends with them. In response further discussions have taken place with young people and we involved them in the short breaks tendering process
- we are also looking to ensure that the new model offers more flexibility and choice and helps to provide more personalised options. Parents have told us that having access to direct payments is a positive move.

16 Summative assessments are used to evaluate student learning, skill acquisition, and academic achievement at the conclusion of a defined instructional period—typically at the end of a project or school year
What we will do in the next three years?

- we will recommission our short breaks services with new contracts starting in April 2017. The proposals will be based on meeting the needs of children and young people as identified through evidence-based consultation with parents, children and young people
- as part of our short breaks offer we are looking to develop a sports offer for children from 5 to 13 years. This is in direct response to the feedback we received
- as we move more towards personalisation, Camden would like to offer more flexible short breaks packages to all families. This means parents/carers and young people will have more control and flexibility to take the breaks when families need them the most, as long as it meets the outcomes outlined in the care plans and equivalent cost
- during the consultation many parents/carers told us that they would be interested in using a self-assessment tool rather than having to go through a social work assessment when the need was just for short breaks. From October 2016, families have had access to the core offer through a self-assessment referral tool (SART)
- we will develop a specific short break offer for 18-25 year olds as part of the implementation of the Preparation for Adults review as we embed the new 0-25s Disability Service.

10.4 Doing well at school

Children/young people and or parents tell us:

“I want to go to college/university.”

“I want my child to do well at school so they have a good life.”

“There are some really good special schools in Camden.”

“Schools need to be more transparent - how much is available to support my child and what options are there so that she can do well.”

Why this is a priority?

We are committed to ensuring inclusive education of children and young people and the removal of barriers to learning. There is an expectation that educational settings will work to enable all children and young people to develop, learn, participate and achieve their best possible educational and other outcomes.

In Camden in 2015, 24% of SEN pupils with statements achieved Level 4 or above on Key Stage 2 in reading, writing and maths compared to 16% the year before; the all pupil Camden average was 86% in 2015. For GCSEs, 7% of SEN pupils with statements/EHC plans achieved 5+ A*-C including English & Maths, up on the previous year’s 4%; the all-pupil Camden average for 2015 was 56%.

This is an improving picture but we want to be even better. In Camden we want every child’s needs to be met, as far as possible, in their local community, in local early years settings, local schools, in further education (FE) colleges and work places and that they are offered high quality provision that ensures good health and care and good educational progress, attainment and achievement. We expect every early years provider, mainstream maintained school, academy, specialist education provision, independent special school and college, free school and post 16 settings to make effective provision for disabled children and those with SEN, so that they make good progress in their learning and can move on easily to the next stage of their education and later into employment and independent adult life.

What are we doing well?

Most Camden children with SEND go to a mainstream early years setting or school or college. Many children and young people may need some extra help or support at some time.

- we work closely with schools through our school improvement service – Camden Learning (also referred to as Camden Schools Learning Partnership). This service monitors and supports the work of Camden’s schools, helping to support teaching and learning as well as leadership and management
- if a school believes a child has SEND, they will always discuss this with the parent/carer. The school will work with the child and their parent/carer to work out what additional support is required. Each Camden school has a SEN information report that explains how each school works with parents to plan to meet each child’s needs.
- Camden schools have proven experience of developing strategies to support pupils with a variety of needs. The Camden SENDCO Forum shares good practice between schools and introduces SENDCOs to evidence based practice

17 The Camden Local Offer has links to all the schools’ SEN Information Reports at http://cindex.camden.gov.uk/ks5/camden/cc/advice.page?id=n2h6-b9R_XpM
Camden Learning has dedicated SEND support strand to ensure any developments such as joint assessment practices are made appropriate for working with pupils with SEND.

What we will do in the next three years?

Our Camden Schools Learning Partnership (CSP) Strategic Plan 2015-17 lays out our ambitions for all Camden children and young people in terms of attainment. We want all our children and young people to do well at every stage of their learning. We believe this can be achieved by meeting the needs of children and young people with complex needs in or near to Camden.

We want all children and young people with SEND to make good progress relative to their starting points and needs. We want the overall gap between attainment of pupils with SEN and all pupils to reduce and pupils with severe, profound and multiple learning difficulties to make clear, evidence based progress against their EHC plan outcomes.

- we will ensure that all schools are familiar with raised expectations for children and young people with SEND and are developing pupil centred assessment, teaching and learning techniques for their individual cohorts
- through training and networks with SENDCOs and SEND Champions, we will ensure that assessment for pupils with SEND is based on effective dialogue, observation and rich tasks triangulated with summative assessment and scrutiny, thus ensuring that judgements are secure
- we will develop and offer training on SEND assessment for complex learning profiles
- provide support to identified schools – those with high percentages of pupils with SEND not reaching expected levels of progress to raise standards
- work with classroom teachers, subject leaders and Speech & Language Therapists in target schools to increase the number of pupils meeting expected levels of progress
- continue to meet the needs of children and young people with complex needs (including autism) in or near Camden thereby reducing the number children and young people placed in out of borough provision. This may involve using resources more flexibly to reduce demand for specialist provision and work across services to develop capacity in mainstream provision.

10.5 Preparing for adulthood – being independent

Children/young people and or parents tell us:

“I know what I am doing – I have a place at college and will be starting in September.”

“I’m worried that my daughter is going to fall out of support when she leaves school – I don’t want her to be “cut adrift.”

“I don’t think there are enough options - housing and employment are going to be issues for my son.”

“I couldn’t find a year 10 work placement that could cater for my disability.”

“I would have liked to have learnt to use transport earlier so that I can be more independent.”

Why this is a priority?

We know from research and the work of Aiming high for disabled children: better support for families that “it has traditionally been the case that disabled children are likely to have poorer outcomes across a range of indicators compared to their non-disabled peers, including lower educational attainment, less access to health services and therefore poorer health outcomes; they are more likely to experience difficult transitions to adulthood, and poor employment outcomes”.

Parents and carers identify preparation for adulthood as one of their greatest areas of concern, particularly the transfer from children’s services to adult social care and health support and from school to college.

For any young person the journey from childhood into adulthood involves consolidating their individual identity, achieving independence, establishing adult relationships and finding meaningful occupation. For those who have long term conditions and or disabilities this passage brings additional concern about whether, how and where their on-going educational, health and social care needs will be met. In particular for employment we know that 3.7% of the Camden working age population are claiming sickness and disability benefits due to mental health or behavioural issues, which is the 2nd highest proportion in London. Overall, 6.7% of the working age population in Camden is claiming sickness and disability benefits. This is the 4th highest proportion in London and higher than the London average (5.5%).

19 HM Treasury and DfES, May 2007
20 Source DWP 2014
Research and evidence show that preparing young people with disability for adulthood can be challenging. Planning for the changes adulthood brings needs to start early and needs to fully involve young people and their families. Young people and their families need access to personalised advice and guidance and understand early the type of support that might be available to them as adults so that they have plenty of time to prepare for any possible changes. Young people need to be given the chance to develop new skills that will maximise their chances of being able to live independently and be able to enter paid employment.

Historically services have had a tendency to discuss preparation for adulthood in very narrowly defined terms and primarily seeing it as a ‘transition’ or transfer of responsibility between services. However young people tend to take a broader perspective and see it as potentially encompassing a much wider range of processes including leaving home, entering further education or employment, taking more responsibility for their own health, finances and lifestyle. In short, preparing for adulthood and establishing themselves as autonomous individuals with rights and responsibilities, and having choice and control over how they live their lives.

The Children's and Families Act 2014 requires positive transitions at all key stages within a 0-25 age range, especially a more successful transition to adult life. The Care Act 2014 reforms the law and prioritises individual wellbeing for those over the age of 18 with care and support needs with an emphasis on person centred planning and outcomes and putting people in control of their care and support needs.

**What are we doing well?**

In Camden, we recognise that by offering positive preparing for adulthood support, we should ensure that young people with disabilities in the borough routinely move safely and smoothly into adulthood, and that the support they receive enables them to achieve their aspirations.

In practice this means that preparation for adulthood planning will start at age 14 and be better co-ordinated so that parents/young people are empowered to make informed choices and enabled to have their views heard; that support plans are co-produced and tailored to suit individual needs; that services are cohesive, emphasise continuity of support and are aligned towards achieving articulated outcomes; that opportunities exist beyond education, which enable young people to be as independent as they can be and remain in Camden.

In order to achieve this, we commissioned a review of the services available across children and adults teams and have developed a holistic pathway into adulthood for young people with disabilities aged 14 to 25. As part of this, we intend to align and improve social work practice, SEN support and local health care provision so that the local offer is more clearly defined and more aligned to the resilient families way of working which promotes a bespoke and flexible approach to help build resilience and improve outcomes.

The purpose of the SEND reforms was to improve outcomes in four important respects – employment, independent living, community inclusion, health and wellbeing. Whilst the above changes will help to positively influence outcomes in most of these areas, we recognise that the Council and partners have a leadership role in promoting and developing these further. Some of the developments in this area include:

- the establishment of supported living schemes where some young people with disabilities have been able live independently in their own flats with support
- we have, over the last three years, implemented a new contracting arrangement with over 30 post-16 providers, with finance agreements appended for each learner with a Learning Difficulty Assessments/EHC Plan requiring an additional resource. We have shared and developed the model with other local authorities in north London
- we have developed an excellent working relationship with our main FE provider to jointly establish specialist FE provision in response to local need and parental preference for keeping learners living locally beyond school age
- we have co-commissioned a specialist FE college with a mainstream FE provider
- we are developing supported apprenticeships and coaching into employment for young people with SEN through a pilot programme, with a view to developing wider employer engagement – Project Search. The supported apprenticeships will take place in Great Ormond Street Hospital
- in July we ran a successful Choices & Opportunities Day aimed at adults 19+ with information and advice about learning, training, employment and volunteering opportunities in Camden and the support services that can help them access those opportunities
- in 2016/17 we developed Camden’s all age Plan for People with Autism. In line with the national outcomes identified for people with autism, it identifies how Camden can provide access to a range of local education settings to meet needs
during their school life, that transitions from primary to secondary education are successful and that at Post 16 there are appropriate links to adults services for long term support.

What we will do in the next three years?

Employment - in recognition of the impact poor health, disability, mental health and or behavioural issues can have on long term unemployment and wellbeing; the Council with partners are working on a range of support for people SEND. This includes working with Job Centre Plus to jointly commission support to build on and improve existing pathways to work for residents facing health/disability barriers, to trial different approaches and inform future commissioning decisions. Other approaches include:

- developing Individual Placement Support (IPS), an approach aimed at increasing paid employment and health and wellbeing outcomes for people with SEND (there are currently two bespoke interventions in place for common mental health and severe/enduring mental health conditions are currently in use). IPS relies on co-location and joint working between employment and clinical specialists
- developing employer focused interventions and improving access to in-work support. This is currently in the commissioning process and aims to improve job opportunities for people with disabilities and long-term health conditions.

These developments are underpinned by the following principles:

- employment support integrated with clinical treatment or therapy – and offered in parallel
- anyone who wants to work should be supported to do so (not decided by category or professional judgement)
- focus should be on ‘real work’ (not sheltered workplaces) and be in line with the individual’s interests and preferences
- job search should start quickly: ‘place, train, maintain’ (not long periods of pre-employment training)
- support should be provided for employers and continued once an individual is in the workplace.

Autism – implement the Camden’s Plan for People with Autism and associated action plan. In line with the national Think Autism Strategy, Camden’s plan for people with autism focuses on outcomes. By 2021 people with autism and their carers will:

- achieve better health outcomes
- be included and economically active
- live in accommodation that meets their needs
- benefit from the personalisation agenda in education, health and social care, and access personal budgets
- no longer be managed inappropriately in the criminal justice system
- be satisfied with local services, as will their families
- be actively involved in planning the services that affect their lives.

Accommodation – we know that good housing options give people choice in where they live, who they live with and the support and services they access, as well as helping people to remain independent in their own homes close to family and friends. It enables people to have more control and choice. Our vision is to have a range of cost-effective, modern accommodation opportunities in borough, from general needs housing through to specialist residential placements in the borough, to suit the needs of people with complex needs and disabilities, including young people with disabilities preparing for adulthood.

To deliver this vision we will:

- work with disabled people and their families to identify the current and future housing needs of people with disabilities
- based on this information, we will work creatively with partner organisations to develop the required range of accommodation. This will involve making better use of our existing assets and opportunities as a provider of council homes; working with registered landlords to adapt homes in the social and private sector; using regeneration and planning policies and maximising funding streams to develop new accessible housing schemes; and utilising new technology to help people remain in their own homes
- support Camden residents currently living outside of the borough to move back to Camden if that is what they wish to do.

Other developments - the Greenwood Place development will see Camden open its first Centre for Independent Living from 2018, which will include services and activities that promote the wellbeing and independence of people with disabilities. This development will support the Council’s Resilient
Families Programme objectives to develop resilience in the local community.

10.6 Health and wellbeing

Children/young people and or parents tell us:

"Health services don’t talk to each other – communication is the most important thing."

"Schools are reluctant to do tests for children under seven years old (parent was talking about Dyslexia) – it is important to get an early diagnosis so we know what we need to do.”

"Camden is a proactive place – I have seen positive changes in the last 10 years."

"Parents need support – sometimes things get to a crisis before we get any help.”

Why this is a priority?

We know that a healthy start in life and good early child development, healthy lifestyles, academic and social successes, good emotional health and skills to prepare for adult life help children overcome challenges they may face from time to time. Most children and young people who do not need formal care and support will access local universal services (eg GPs, health visitors, early years, schools, school nursing and dentists). They should also be able to use and enjoy leisure, play and youth facilities including those run by voluntary organisations and all these should be accessible for everyone to use.

Our core offer has been developed to ensure that children with SEND have access to universal services appropriate to their needs. This includes community health interventions e.g. immunisations needed by all children are delivered regardless of any special educational need or condition they have.

We recognise that people need clear information at the right time and in the right format so that they can choose what is right to meet their health and wellbeing needs.

Where children, young people and families need extra or specialist support, we also know that local education, care and health services delivered in an integrated way leads to families’ experience of accessing services as positive and children’s and young people’s safety, wellbeing and health outcomes are well promoted alongside their educational progress and achievement.

As part of implementing the recommendations from Transforming Care – we are identifying the young people who may fall within this guidance to ensure that plans are in place to identify the right support at the right time and that they have access to integrated, community-based, specialist multidisciplinary health and social care support in their community.

What are we doing well?

Our approach focuses on working in ways that builds children's and young people social and emotional skills, enabling them to better recognise their strengths, build resilience, respond to risks and challenges and take up opportunities that they recognise as important for their long term wellbeing.

- in universal children’s services (health visitors, school nursing etc) we have been working with teams to help them to identify children and young people with SEND. Diagnosis of need from paediatricians, health visitor screenings and two year checks are notified to the MOSAIC (Making Our Services All Integrated in Camden) service

- every new school entrant is offered a universal holistic health and wellbeing assessment by the school nurse. Posters in schools advertise the regular presence of school nurses on site to address health and wellbeing queries and issues. Social and emotional mental health (SEMH) training has been rolled out in the borough for 8-18 year olds and 18 plus detailing how to identify those experiencing mental health difficulties and what to do about it

- for those with more complex needs school nurses contribute to the EHCP process and are involved in health assessments for looked after children. We want to ensure that identification of needs is timely and those children potentially in need of early intervention are discussed at allocation meetings. If a child is looked after (LAC), the LAC health review is held every six months for under fives with annual reviews for over fives. We follow the NICE guidance on ADHD and recognising Autism in under-19s. User feedback indicates that 95% view the school nursing service as good or excellent.

In addition, Camden Integrated Children’s Service (CICS) is an innovative alliance between the London Borough of Camden and four health providers, which are Central North West London NHS Trust (CNWL), Tavistock & Portman NHS Foundation Trust, Royal Free NHS Foundation Trust, and Whittington Health NHS Trust. CNWL is the operational lead for the service, providing strategic leadership and coordinating performance of the service against a set of jointly agreed performance measures.
The alliance brings all children’s health staff in Camden together in one service, regardless of employing organisation, to meet the needs of children and young people with additional needs, and their families. Camden Integrated Children’s Service operates an electronic Single Point of Referral (SPOR) as the single front door to access services. It provides developmental assessments including Community Paediatrics, Speech & Language Therapy, Occupational Therapy and Physiotherapy for children and young people in Camden. This alliance is a part of MOSAIC service which has social care and health professionals and a range of other services that support young children and their families.

Some successes include good recruitment and retention of staff, a well-developed pathway for children with Cerebral Palsy which has been recognised as an example of good practice²² and evidence that the SPOR is helping to better identify children and young people with complex and additional needs.²³

The child development team (CDT) undertakes a thorough assessment with specific pathways for children identified with Autism Spectrum Disorder (ASD) and a different pathway for those with other identified needs.

As part of our approach to identification of need – we have a key role in involving and communicating with services. We have adopted the CDT model of a specialist health visitor that engages with the family. The specialist health visitor (SHV) will conduct the initial visit to the family after the referral is accepted. The SHV informs the family about local resources including the key worker services and the children centre services. The SHV is aware of all children on the caseload with safeguarding, child in need (CIN) or child protection plans and is the key link person for the rest of team – ensuring information is shared appropriately.

The disabled children’s team (DCT) provides assessment, therapy and family support including short breaks (see section 10.3 above). It is co-located and works with health professionals at MOSAIC. Help and support is offered early on from the point of referral regardless of the child’s age. The national Early Support Model is offered and provides a keyworker to help with the co-ordination of all professionals working with the family so they work as a Team Around the Child (TAC), and one of the team will operate as the Assessment Co-ordinator for a child undergoing statutory assessment for an Education, Health & Care Plan. As well as the services mentioned above, DCT help with the protection of disabled children, access to parent/young people’s groups (eg Special Parents Forum and Reactive Forum), information and quarterly newsletters.

What we will do in the next three years?

- we will continue to support universal services to help identify a child or young person with SEND and provide support to the family
- we will continue to integrate our services further. Community Paediatrics and Continuing Care have recently joined the partnership
- we are looking at how we can better join up our information systems and or agree shared access across the health and local authority systems. Our complex and additional needs programme is looking at ways to join up systems
- we will be implementing the self-assessment tool for short breaks as highlighted above (see section 10.3 above) so it easier for families to access short breaks if this is the only service they require
- we will continue to offer flexible and personalised services for children, young people and families and increase the take up of direct payments so that people have more choice and control over services
- we will continue to co-design services with children, young people and their families
- through the All Together Better (ATB) Camden’s Integrated Child Health Project which focuses on improving the management of children's health in the community we are:
  - testing out new models of care, reviewing how families and young people use technology to manage their physical and mental health
  - reviewing how specialist doctors for children and young people can work in new and different ways alongside GPs and other health staff in the community, outside of hospital
  - continuing to improve child and mental health services
  - look at new ways to improve communication between different parts of the health service, including using technology more effectively
  - we have set up a Parent Advisory Group to continue to incorporate views into how the project progresses. We will also continue to work with children and young people.

²³ 1421 referrals to SPOR made October 14 – September 15) compared to 1361 Oct 13 – Sep 14.
11. What will success for children and young people with SEND in Camden look like?

This strategy will be deemed successful if:

- there are clear processes to identify children’s needs early and partners communicate and coordinate services well, working together to meet these needs
- early preventative services help parents to provide appropriate physical and emotional care to their children
- we rely less on statutory assessment of children’s special educational needs (SEN) and more on getting the right level of support when it is needed
- reviews are thorough and lead to improvements in outcomes for the child or young person
- children and young people with SEND can take part fully in all aspects of school, community and fun activities
- we meet children’s needs in mainstream settings wherever possible, and when more specialist help is needed, we are able to provide this in Camden wherever possible
- We use appropriate evidence based interventions so all children and young people with SEND make good progress with their learning and social and emotional development over time
- there is well-coordinated transition for children and young people at all key points through to adulthood, and children, young people and families are positive about their experiences
- children and young people with SEND have high aspirations, and we support them to be independent, and well prepared for adult life
- we know that provision is improving outcomes, that aspirational yet realistic targets are agreed and progress towards them monitored, and that children and young people with SEND, and their parents and carers, have been involved in setting and reviewing goals
- we give young people with SEND and their parents/carers the right information and advice about the services they can use, at the right time
- practitioners in education settings feel confident about providing for children with a broad range of SEN and working closely with their parents to provide effective evidence based approaches across the setting

- children and young people with SEND and their families regularly have a say in designing and evaluating services
- the families of children and young people with SEND tell us that they are satisfied with services and that their needs have been met appropriately
- our workforce has the right skills and competencies to meet the needs of children and young people with SEND
- children and young people with complex and additional needs have more choice in services based in the community.

12. Taking the SEND strategy forward

The SEND strategy will help us to achieve our vision and ambitions for children and young people with SEND in Camden.

The strategy is the ongoing work programme of the Complex and Additional Needs Commissioning Group. The group is made up of senior officers from the Supporting People Directorate in Camden Council across education, social care and commissioning. Officers from early years, public health, adults, Camden Clinical Commissioning Group and our health providers are represented on the group as well as parent carers. The group will steer the priorities from the strategy as well as monitor progress. As part of this we will conduct an annual review of the strategy so that we can report back on progress.

The Complex and Additional Needs Commissioning Group is accountable to the Children’s Trust Partnership Board (CTPB) and it is chaired by the Cabinet Member for Children and members include representatives of Camden Council, Westminster Kingsway College, the Metropolitan Police, Jobcentre Plus, Camden NHS Clinical Commissioning Group, Camden and Islington Public Health, Voluntary Action Camden and schools.

13. Appendices

- Appendix 1 – Measures that will help us know if we are meeting outcomes
- Appendix 2 – Statement of joint working and joint commissioning
- Appendix 3 - Needs analysis
- Appendix 3 - A glossary of terms used in the strategy
Appendix 1 – Some measures that will help us know if we are meeting outcomes

These are just some of the measures we will be looking at to see what progress we have made in meeting children and young people’s (CYP) outcomes.

Baselines and targets are identified where appropriate and in some cases these still have to be developed further.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline and target</th>
</tr>
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<tbody>
<tr>
<td>1. A reduction in numbers of children and young people with Autism Spectrum Disorder placed in independent and non-maintained provision</td>
<td>From 41 children and young people placed in 2014/15 to a target of 28 by 2020</td>
</tr>
<tr>
<td>2. At least 70% of children with long-term input from the Camden Integrated Children’s Service achieve agreed goals as measured at review or discharge in every discipline.</td>
<td>This target is being reviewed as it was achieved for 2015/16</td>
</tr>
<tr>
<td>3. Ensure all schools are familiar with raised expectations for CYP with SEND and are developing pupils centred assessment, teaching and learning techniques for their individual cohorts. Identify SEND Champions in schools to become the ambassadors of SEND progress and attainment developments</td>
<td>The Camden Schools Led Partnership (CSLP) Strategic Plan 2015-17 reports on the details of recent progress and attainment for pupils with SEND and an action plan for future improvement. More details can be found at the above link</td>
</tr>
<tr>
<td>4. Improvement in satisfaction and engagement with the Education, Health and Care (EHC) planning process</td>
<td>Baseline to be identified. A survey was introduced in late summer 2016 asking families for feedback on the EHC process. Results to be finalised.</td>
</tr>
<tr>
<td>5. Improve the percentage of 16-19 with SEND in education, employment or training (EET).</td>
<td>91.5% of 16 -19 year olds in education, employment and training (EET) in March 2016 compared to the SEND figure of 75%.</td>
</tr>
</tbody>
</table>
Appendix 2 – Statement of joint working and joint commissioning

Camden Council and the NHS Camden Clinical Commissioning Group (CCG) work together under a formal partnership agreement. The agreement employs the flexibilities permitted by the Health Act 2006. The partnership agreement sets out a statement of joint working, information on joint arrangements and governance arrangements. The agreement covers all children accessing universal healthcare services, community and mental health services for children with additional healthcare needs and all adults eligible for social care services.

The partnership agreements states that the aim of this joint working is to:

- deliver excellent social and health care in line with national, regional and local strategies
- promote independence
- ensure significant improvement in access, experience, choice, involvement and continuity of care by integrating services that have the right resources, skills and expertise
- provide equality of access to ensure that services can meet the varied needs of local residents and are sensitive to the particular needs of those from black and minority ethnic communities
- ensure a more effective single management of health and social care in Camden
- bring social inclusion into its core business, building stronger, healthier and safer communities by working together and improving partnerships with housing, education, environment, leisure services, the criminal justice system, the business community and the voluntary and community sector.

The agreed purpose of joint commissioning is:

- to enable partners to join together to design and deliver services around the needs of users, rather than the boundaries of their respective organisations
- to deliver better value for money by combining budgets and avoiding gaps and duplication between services.

Joint commissioning operates at the interfaces between health and social care, between primary and secondary services, and with housing and community resources. NHS treatment and care services for adults with learning disabilities, physical disabilities and some long term conditions, mental illness, drug and alcohol misuse, sexual health, older people, children and their carers are commissioned with the aligned social care budgets from the Council.

In addition the NHS also places a requirement on local health and care systems to produce “sustainability and transformation plans” (STPs) to show how local services will evolve and become sustainable over the next five years. The STP draft plan sets out how North Central London (NCL) which consists of the boroughs of Camden, Islington, Haringey, Barnet and Enfield will work together to deliver high quality, sustainable services in the years to come and how we can meet the financial challenges and increasing pressures on services over the next five years. The key STP priority of care closer to home, including the greater emphasis on community based services covers many of the services that fit within the Section 75 agreement.

The Camden local care strategy sets out a standardised approach to planning and delivering health and social care in Camden. The approach aims to embed a model for providing care that unites all services across the system. Key features include:

- delivering a greater proportion of people’s care in the community setting closer to their homes
- an integrated approach to planning
- delivering and monitoring the use of pathways of care
- a stronger focus on prevention and self-care.

Through consistent implementation of the model, the strategy aims to improve the following whole system outcomes while also ensuring value for money:

- prevent early death
- reduce health inequalities
- improve people’s access to care
- improve people’s experience of care
- enhancing people’s quality of life.

The joint commissioning committee provides the governance for the oversight by the CCG of the Section 75 arrangements and an annual report is produced to review and evidence how the arrangement is delivering positive outcomes for children and adults.
Appendix 3 – Needs analysis

SEN trend data 2016

The data below is from the comparative national dataset from the SEN2 submission which was published at the end of May 2016 (SFR17/2016). This information is the annual census of statements and EHC plans maintained by each local authority.

The national picture

The total number of statements and EHC plans has continued to rise – Camden numbers are relatively stable for 0 – 19 years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Statements</th>
<th>Statements</th>
<th>Statements</th>
<th>Statements</th>
<th>Statements or EHC</th>
<th>Statements or EHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>228,220</td>
<td>229,015</td>
<td>230,155</td>
<td>233,430</td>
<td>237,110</td>
<td>240,185</td>
</tr>
<tr>
<td></td>
<td>0.35%</td>
<td>0.50%</td>
<td>1.42%</td>
<td>1.58%</td>
<td>1.30%</td>
<td>6.72%</td>
</tr>
<tr>
<td>Taking out FE: 228,220</td>
<td>229,015</td>
<td>230,155</td>
<td>233,430</td>
<td>237,110</td>
<td>240,120</td>
<td>244,540</td>
</tr>
<tr>
<td></td>
<td>0.35%</td>
<td>0.50%</td>
<td>1.42%</td>
<td>1.58%</td>
<td>1.27%</td>
<td>1.84%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.15%</td>
</tr>
</tbody>
</table>

Statements & EHC plans in place excluding FE colleges

The proportion in mainstream continues to fall nationally – currently 55.4% (actually 57.8%) of Camden statements/plans are in mainstream. This is the median for Inner London – but some LAs have lower numbers of statements/plans with higher numbers in special schools.

<table>
<thead>
<tr>
<th>Type</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainstream</td>
<td>55.8%</td>
<td>55.4%</td>
<td>55.1%</td>
<td>54.4%</td>
<td>53.5%</td>
<td>52.3%</td>
<td>50.6%</td>
</tr>
<tr>
<td>Special</td>
<td>42.0%</td>
<td>42.5%</td>
<td>42.8%</td>
<td>43.6%</td>
<td>44.5%</td>
<td>45.6%</td>
<td>46.6%</td>
</tr>
<tr>
<td>Other</td>
<td>2.2%</td>
<td>2.1%</td>
<td>2.1%</td>
<td>2.0%</td>
<td>2.1%</td>
<td>2.1%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

NB units/resource bases taken as mainstream as before, FE taken out for comparison
National distribution of pupils with statements or EHC plans by placement

London authorities seem to have higher proportion in mainstream than national average but trend is still downward. However this may be due to EHCPs being for those with highest need and mainstream schools are expected to contain more predictable needs without statutory assessment.

Number of children and young people with a statement or EHC plan maintained by each local authority

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLAND</td>
<td>228,220</td>
<td>229,015</td>
<td>230,155</td>
<td>233,430</td>
<td>237,110</td>
<td>240,185</td>
<td>256,315</td>
</tr>
<tr>
<td>LONDON</td>
<td>36,570</td>
<td>37,630</td>
<td>38,070</td>
<td>39,165</td>
<td>40,340</td>
<td>41,105</td>
<td>43,710</td>
</tr>
<tr>
<td>INNER LONDON</td>
<td>13,525</td>
<td>13,980</td>
<td>14,060</td>
<td>14,485</td>
<td>14,960</td>
<td>15,010</td>
<td>16,050</td>
</tr>
<tr>
<td>Camden</td>
<td>1,015</td>
<td>990</td>
<td>970</td>
<td>955</td>
<td>970</td>
<td>965</td>
<td>1,080</td>
</tr>
<tr>
<td>City of London</td>
<td>15</td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Hackney</td>
<td>1,215</td>
<td>1,235</td>
<td>1,285</td>
<td>1,350</td>
<td>1,400</td>
<td>1,535</td>
<td>1,635</td>
</tr>
<tr>
<td>Hammersmith and Fulham</td>
<td>600</td>
<td>610</td>
<td>600</td>
<td>630</td>
<td>645</td>
<td>725</td>
<td>785</td>
</tr>
<tr>
<td>Haringey</td>
<td>1,240</td>
<td>1,300</td>
<td>1,360</td>
<td>1,395</td>
<td>1,350</td>
<td>1,345</td>
<td>1,395</td>
</tr>
<tr>
<td>Islington</td>
<td>820</td>
<td>800</td>
<td>815</td>
<td>835</td>
<td>910</td>
<td>875</td>
<td>945</td>
</tr>
<tr>
<td>Kensington and Chelsea</td>
<td>385</td>
<td>405</td>
<td>430</td>
<td>440</td>
<td>440</td>
<td>495</td>
<td>570</td>
</tr>
<tr>
<td>Lambeth</td>
<td>1,360</td>
<td>1,545</td>
<td>1,400</td>
<td>1,470</td>
<td>1,580</td>
<td>1,520</td>
<td>1,550</td>
</tr>
<tr>
<td>Lewisham</td>
<td>1,365</td>
<td>1,340</td>
<td>1,355</td>
<td>1,380</td>
<td>1,450</td>
<td>1,410</td>
<td>1,470</td>
</tr>
<tr>
<td>Newham</td>
<td>575</td>
<td>600</td>
<td>640</td>
<td>660</td>
<td>610</td>
<td>505</td>
<td>515</td>
</tr>
<tr>
<td>Southwark</td>
<td>1,455</td>
<td>1,485</td>
<td>1,475</td>
<td>1,475</td>
<td>1,515</td>
<td>1,420</td>
<td>1,600</td>
</tr>
<tr>
<td>Tower Hamlets</td>
<td>1,480</td>
<td>1,560</td>
<td>1,625</td>
<td>1,745</td>
<td>1,805</td>
<td>1,940</td>
<td>2,065</td>
</tr>
<tr>
<td>Wandsworth</td>
<td>1,165</td>
<td>1,225</td>
<td>1,245</td>
<td>1,290</td>
<td>1,265</td>
<td>1,295</td>
<td>1,400</td>
</tr>
<tr>
<td>Westminster</td>
<td>825</td>
<td>875</td>
<td>850</td>
<td>850</td>
<td>1,010</td>
<td>975</td>
<td>1,035</td>
</tr>
<tr>
<td>OUTER LONDON</td>
<td>23,045</td>
<td>23,650</td>
<td>24,010</td>
<td>24,680</td>
<td>25,380</td>
<td>26,095</td>
<td>27,660</td>
</tr>
</tbody>
</table>

The figures are rounded and show a big increase in 2015 to 2016 due to addition of FE/FE college students getting EHC plans.
Camden: number of CYP with statutory SEND plans 2013 – 2016

<table>
<thead>
<tr>
<th>Age group:</th>
<th>SEN2 returns 2013 - 2016</th>
<th>comparable Jan-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-13</td>
<td>Jan-14</td>
</tr>
<tr>
<td>Under 5</td>
<td>78</td>
<td>66</td>
</tr>
<tr>
<td>5-10</td>
<td>381</td>
<td>377</td>
</tr>
<tr>
<td>11-15</td>
<td>435</td>
<td>448</td>
</tr>
<tr>
<td>16-19</td>
<td>67</td>
<td>78</td>
</tr>
<tr>
<td>20-25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>961</td>
<td>969</td>
</tr>
<tr>
<td>LDAs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SEN2 pupil count 2013 – 2016 (excluding FE colleges)

The above shows that overall numbers have remained largely stable over these four years. There is however pressure arising from growth in the funding being awarded in mainstream, which has been offset up to now by reductions in numbers placed in expensive independent schools. Therefore while the numbers funded in Camden mainstream schools have been relatively stable in recent years, the proportion at the highest funding level (band 2) have grown whilst those with statements/EHC plans funded from within schools devolved resources have fallen.

Timeliness of issuing statements and EHC plans

Nationally - of the new EHC plans made during 2015 (excluding cases where exceptions apply), 59.2% were issued within the 20 week time limit. This has reduced from last year when 64.3% were issued within the time limits. The percentage of EHC plans completed within the time limits is lower than the percentage of statements issued within the time limits in previous years. This is expected as it will take local authorities time to adjust to the new system, in particular with the addition of health and care elements.
## New EHC plans issued within 20 weeks

<table>
<thead>
<tr>
<th></th>
<th>Excluding exception cases:</th>
<th>Including exception cases:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EHC plans issued</td>
<td>Percentage of EHC plans issued within 20 weeks</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>1,175</td>
<td>19,710</td>
</tr>
<tr>
<td>LONDON</td>
<td>205</td>
<td>3,615</td>
</tr>
<tr>
<td>INNER LONDON</td>
<td>55</td>
<td>925</td>
</tr>
<tr>
<td>Camden</td>
<td>0</td>
<td>115</td>
</tr>
<tr>
<td>City of London</td>
<td>x</td>
<td>5</td>
</tr>
<tr>
<td>Hackney</td>
<td>x</td>
<td>75</td>
</tr>
<tr>
<td>Hammersmith and Fulham</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Haringey</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Islington</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Kensington and Chelsea</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Lambeth</td>
<td>5</td>
<td>145</td>
</tr>
<tr>
<td>Lewisham</td>
<td>35</td>
<td>105</td>
</tr>
<tr>
<td>Newham</td>
<td>0</td>
<td>85</td>
</tr>
<tr>
<td>Southwark</td>
<td>10</td>
<td>90</td>
</tr>
<tr>
<td>Tower Hamlets</td>
<td>5</td>
<td>140</td>
</tr>
<tr>
<td>Wandsworth</td>
<td>0</td>
<td>85</td>
</tr>
<tr>
<td>Westminster</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>OUTER LONDON</td>
<td>150</td>
<td>2,690</td>
</tr>
</tbody>
</table>

Nationally: 18.2% of statements in place at January 2015 were transferred to EHC plans.

Camden exceeded this at 20.5%. We ranked 3rd of Inner London boroughs, including City of London. We remain significantly behind schedule.
Analysis of high needs children & young people by primary need category (January 2016 SEN2 data)

This shows that four categories of need account for just over 80% of the children and young people with statutory SEND plans:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic Spectrum Disorder (ASD)</td>
<td>25.3%</td>
</tr>
<tr>
<td>Speech, Language &amp; Communication Needs (SLCN)</td>
<td>22.5%</td>
</tr>
<tr>
<td>Moderate Learning Disability (MLD)</td>
<td>20.1%</td>
</tr>
<tr>
<td>Social, Emotional &amp; Mental Health</td>
<td>12.7%</td>
</tr>
</tbody>
</table>

Types of need

The charts above shows an analysis of children and young people with High Needs categories. The categories used are broadly in line with the analysis required by the DfE in the annual SEN2 and schools’ censuses. Primary need is recognised as a very crude way to categorise individuals and its use even for high level strategic thinking is questionable. The identification of a secondary need could refine the analysis, but creates a lot more categories, and this information is not consistently available. Nearly all categories contain a wide spectrum of need which would require different levels of spending – so for instance autism, hearing impairment or behaviour (SEMH) all could be supported in mainstream schools or warrant highly specialist support.

A national trend has seen the growth in children and young people with diagnoses of autism but there is disagreement over whether this represents real growth or just the re-categorisation of children who would previously have been said to have communication or learning difficulties. Finally the categorisation of children and young people is acknowledged to be linked to medical labelling and as a means to access funding through descriptions of needs that meet threshold descriptors.
In terms of early years:

- referrals for support received by the Early Years Intervention Team (EYIT) have increased from 42 referrals in 2010/11 to 63 referrals in 2014/15
- of the 63 children referred in 2014/15, 44 were male (70%) and 19 were female (30%)
- where ethnicity was declared by those referred, there has been an increase in the numbers of Bangladeshi and White European children and a decrease in the number of Black African and White British children in 2014/15.

Children with severe and complex needs, challenging behaviour indicating underlying complex needs or a life-endangering medical condition are supported at their early years setting within the SEN Support offer. The provider ensures that the child is supported appropriately to thrive in the setting. Where a setting identifies a child as having SEN they work in partnership with parents to establish the support the child needs. The graduated approach will be led and co-ordinated by the setting SEND/CO working with and supporting individual practitioners. See section 10.2 for more information.

This support is also offered during the statutory needs assessment period. The support is provided by the Early Years Educator SEN (EYESEN) – in children’s centres – or through a grant from sustainability funds to provide additional staff – in Private or Voluntary settings. This support is recommended following assessment and presentation at a small internal panel. In 2014/15, 20 children were supported in children’s centres with this support.

The following data from the Early Years Intervention Team compares referral data for 5 years from 2010/11 to 2014/15.

- the number of referrals received by the team increased again during this year in every month except March
- the overall increase in referral numbers is mostly in the younger age groups and attributable to an increase in two year olds entitled to the Nursery Education Fund [NEF] extension being placed. The increase in numbers of children aged two and three years old remained as high as last year. These children tend to remain with the referring nursery with EYIT input. The overall number of children the team are working with is increasing as a result. We will go into 2015-16 with 41 children carried over from 2014-15
there was a slight increase in children under-2 years old being referred, possibly attributable to the extension of the Code of Practice to the under twos  
the number of children whose referrals were ‘carried over’ is increasing year-on-year  
the Early Years Advisers’ work on the importance and use of the Early Years Foundation Stage Outcomes as a way of identifying children requiring additional support led to a more timely referral for many children – with autumn and summer becoming the busier terms for referrals  
while a small number of children resolved after identification and intervention, those with severe and complex needs benefitted from some direct work at an early stage. In particular, an improvement in the number of young children, with social-communication skills, being considered by the December SEN panel and supported into and through enhanced provision the following September. Providing this level of support at a pre-statutory stage increased the number of referrals for interim support but reduced the need for a number of statutory needs assessment requests. Children were not excluded while support was put in place, and thus made good progress. Parents and nurseries expressed their appreciation of this provision.

Month-by-month referral data

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Carried over from previous year</td>
<td>19</td>
<td>16</td>
<td>27</td>
<td>20</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>3.4</td>
</tr>
<tr>
<td>October</td>
<td>4</td>
<td>11</td>
<td>3</td>
<td>9</td>
<td>12</td>
<td>7.8</td>
</tr>
<tr>
<td>November</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>10</td>
<td>7</td>
<td>6.2</td>
</tr>
<tr>
<td>December</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>8</td>
<td>9</td>
<td>5.0</td>
</tr>
<tr>
<td>January</td>
<td>0</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>4.2</td>
</tr>
<tr>
<td>February</td>
<td>10</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>5.8</td>
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<tr>
<td>March</td>
<td>4</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>4.8</td>
</tr>
<tr>
<td>April</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>May</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>10</td>
<td>4</td>
<td>5.8</td>
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<tr>
<td>June</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3.0</td>
</tr>
<tr>
<td>July</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td>August</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Totals</td>
<td>42</td>
<td>58</td>
<td>49</td>
<td>74</td>
<td>65</td>
<td>56.2</td>
</tr>
<tr>
<td>Number of children worked with in each academic year</td>
<td>61</td>
<td>74</td>
<td>76</td>
<td>94</td>
<td>99 (+2 inappropriate referrals)</td>
<td></td>
</tr>
</tbody>
</table>
Age

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>19</td>
<td>2</td>
<td>22</td>
<td>23</td>
<td>15.23</td>
</tr>
<tr>
<td>3</td>
<td>29</td>
<td>35</td>
<td>27</td>
<td>39</td>
<td>33</td>
<td>32.6</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>3</td>
<td>13</td>
<td>8</td>
<td>3</td>
<td>6.6</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Type of setting making a referral

<table>
<thead>
<tr>
<th>Type of setting</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
<th>Average 2011-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary</td>
<td>16</td>
<td>12</td>
<td>15</td>
<td>18</td>
<td>15.25</td>
</tr>
<tr>
<td>Private</td>
<td>17</td>
<td>11</td>
<td>28</td>
<td>20</td>
<td>18.5</td>
</tr>
<tr>
<td>Independent</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>3.0</td>
</tr>
<tr>
<td>Children’s Centres</td>
<td>23</td>
<td>23</td>
<td>27</td>
<td>24</td>
<td>24.25</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>49</td>
<td>74</td>
<td>64</td>
<td></td>
</tr>
</tbody>
</table>

The pattern of referrals by type of setting did not change significantly this year.

Children with severe or complex needs

In addition to the support of an Inclusion Teacher, children with severe and complex needs, challenging behaviour indicating an underlying complex needs or a life-endangering medical condition can be supported at SEN Support Stage. This support is also offered during the statutory needs assessment period. The support is provided through the Early Years Educator SEN –in children’s centres – or through a grant from sustainability funds to provide additional staff – in Private or Voluntary settings.

This support is recommended following assessment and presentation at a small internal panel.

Number of children supported in children’s centres by the EYESEN:

<table>
<thead>
<tr>
<th>EYESEN support</th>
<th>2014-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children</td>
<td>20</td>
</tr>
<tr>
<td>Number of children who underwent statutory assessment</td>
<td>11</td>
</tr>
<tr>
<td>Number of children who went on to special provision</td>
<td>4</td>
</tr>
<tr>
<td>Number of centres allocated EYESEN support</td>
<td>7</td>
</tr>
</tbody>
</table>

There is one EYESEN who works across all the children’s centres. These figures are for the whole year, and the EYESEN did not work with all children simultaneously. Nevertheless, it suggests that most children’s centres are working with several children with severe and complex needs at a pre-statutory level at any one time in an academic year.
EYESEN area of children’s needs:

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognition and Learning [C&amp;L]</td>
<td>7</td>
</tr>
<tr>
<td>Number of children with social communication needs, or with an Autistic Spectrum Disorder [SLCN]</td>
<td>6</td>
</tr>
<tr>
<td>Number of children with complex needs [PMLD]</td>
<td>1</td>
</tr>
<tr>
<td>Emotional, Social and Mental Health Difficulties [SEMH]</td>
<td>4</td>
</tr>
<tr>
<td>Speech and Language Disorder and behavioural issues [SLCN &amp; SEMH]</td>
<td>1</td>
</tr>
<tr>
<td>Medical/Physical Impairment</td>
<td>1</td>
</tr>
</tbody>
</table>

There has been a year-on-year increase in the proportion of children with social-communication difficulties referred for this interim support. This is in line with national data.

EYIT work with children: children’s outcomes

There were 3 types of outcome measure used:

- EYFS Outcomes levels,
- Teaching Talking Checklist age-equivalence levels, and
- Proportion of Individual Education Plan [IEP] targets met, partially met or not met.

Settings that were unable to provide either EYFS or TTC data were mentioned to the Advisory Teachers for follow up.

EYIT work with children: transitions

On closure the destination, or outputs, regarding the 68 children moving on were as follows:

<table>
<thead>
<tr>
<th>Destination:</th>
<th>No Further Action [NFA]</th>
<th>SEN Support Stage</th>
<th>Undergoing statutory assessment</th>
<th>With an Education Health and Care Plan</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainstream school</td>
<td>7</td>
<td>17</td>
<td>4</td>
<td>9</td>
<td>40</td>
</tr>
<tr>
<td>Mainstream nursery</td>
<td>7</td>
<td></td>
<td>1</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Special provision</td>
<td></td>
<td></td>
<td>10</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Moved out of area</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Child completed EYFS</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Totals</td>
<td>7</td>
<td>28</td>
<td>6</td>
<td>21</td>
<td>68</td>
</tr>
</tbody>
</table>
### Appendix 3 – Glossary

<table>
<thead>
<tr>
<th>Word or term</th>
<th>What it means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder (ASD)</td>
<td>A general term for a group of complex disorders relating to development of the brain.</td>
</tr>
<tr>
<td>Assessment</td>
<td>A process that identifies the strengths and needs across all areas of a child or young person life. An assessment usually involves parents and professionals working with the child or young person to identify any support that is needed.</td>
</tr>
<tr>
<td>Assessment coordinator</td>
<td>This person is the main point of contact for parents and carers and manages the Education, Health and Care Plan assessment and planning process for children and young people with SEND.</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Children and Adolescent Mental Health Service.</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>This is a general term covering a number of conditions that affect the brain and nervous system. They usually affect a child’s movement and coordination.</td>
</tr>
<tr>
<td>Developmental delay</td>
<td>A developmental delay is when a child is not meeting their milestones and usually refers to young children.</td>
</tr>
<tr>
<td>DIE</td>
<td>The department for education.</td>
</tr>
<tr>
<td>Direct payments</td>
<td>Payments made to a parent or carer (or if appropriate the young person) on behalf of their child or young person so that they can buy services themselves based on their assessed needs.</td>
</tr>
<tr>
<td>Dyslexia</td>
<td>A common type of learning difficulty that mainly affects the skills involved in the reading and spelling of words.</td>
</tr>
<tr>
<td>Dyspraxia</td>
<td>A disorder that affects movement and co-ordination. Dyspraxia affects basic motor skills (such as walking or sitting upright) and fine motor skills (such as writing or picking up small objects).</td>
</tr>
<tr>
<td>Education, Health and Care Plan (EHC)</td>
<td>If you have special educational needs, this is a single document, to be used from birth to 25 years of age that sets out your needs and the outcomes you want to achieve.</td>
</tr>
<tr>
<td>Eligibility criteria</td>
<td>These are requirements that a child or a young person and family may have to meet to receive a specific service.</td>
</tr>
<tr>
<td>Keyworker</td>
<td>Someone who coordinates the assessment and planning process for the child or young person and their family. This person helps to maintain relationships between the family and practitioners and helps the family through the process.</td>
</tr>
<tr>
<td>Learning disability</td>
<td>A learning disability affects the way someone learns, communicates or does some everyday things. There are many different types of learning disability. They can be described as mild, moderate, severe or profound.</td>
</tr>
<tr>
<td>Word or term</td>
<td>What it means</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Maintained provision</td>
<td>These are state schools funded by public money. They provide education free of charge. Most of this type of school in Camden offer mainstream education. This means they can cater for a wide range of abilities and needs.</td>
</tr>
<tr>
<td>Maintained schools</td>
<td>These are state schools funded by public money. They provide education free of charge. Most of this type of school in Camden offer mainstream education. This means they can cater for a wide range of abilities and needs.</td>
</tr>
<tr>
<td>MOSAIC</td>
<td>MOSAIC is our service for children and young people with disabilities, where all services are based in Kentish Town Health Centre. The service brings together health and care services so that families get the help they need through one service.</td>
</tr>
<tr>
<td>Occupational therapists (OT)</td>
<td>Occupational Therapists promote children and young people’s health and wellbeing through their everyday activities. An occupational therapist can identify problem areas that children and young people may have in their everyday lives, such as dressing or feeding and will help them to work out solutions.</td>
</tr>
<tr>
<td>Paediatrician</td>
<td>A doctor specialising in the health needs of babies, children and young people.</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>A personal assistant is a person employed to provide someone with support in a way that is right for them.</td>
</tr>
<tr>
<td>Personal budgets</td>
<td>A personal budget is a sum of money made available for children and young people who require additional support over and above what is available to most children through universal services.</td>
</tr>
<tr>
<td>Personalisation</td>
<td>The principle of a person and family centred support, designed around the individual and family, rather than a one-size fits all approach.</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>Assesses and treats children and young people who have difficulties related to movement.</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>Safeguarding is a process of making sure vulnerable children and young people are protected from being abused, neglected or exploited. If you are concerned, call 020 7974 3317.</td>
</tr>
<tr>
<td>SEMH</td>
<td>Social, emotional and mental health needs.</td>
</tr>
<tr>
<td>SEN information report</td>
<td>This is an explanation in one place what a school provides for and how the school supports children and young people with special educational needs and disabilities. It must be published on the school’s website.</td>
</tr>
<tr>
<td>SEND</td>
<td>Special educational need and/or disability.</td>
</tr>
<tr>
<td>SENDCO</td>
<td>The teacher at the school who is responsible for helping and supporting children and young people with special educational needs and disabilities.</td>
</tr>
<tr>
<td>Word or term</td>
<td>What it means</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>SENDIASS</td>
<td>Special Educational Needs and Disabilities Information, Advice and Support Service. A service providing impartial information, advice and support to parent carers of children with special educational needs or disabilities and children and young people aged 16-25, about education, health and social care.</td>
</tr>
<tr>
<td>Short breaks</td>
<td>Services that support families by giving them a break from their caring responsibilities. Short Breaks also enable disabled children and young people to take part in enjoyable, positive activities.</td>
</tr>
<tr>
<td>Special schools</td>
<td>A school catering only for pupils and students who have special educational needs and disabilities due to severe learning difficulties, physical disabilities or behavioural problems. Most children with special needs are educated in mainstream schools.</td>
</tr>
<tr>
<td>Speech and Language therapist (SLT)</td>
<td>A professional who helps children and young people who have language difficulties or speech problems.</td>
</tr>
<tr>
<td>Transition</td>
<td>Transition is the journey from being a child to being an adult. Also known as preparing for adulthood.</td>
</tr>
<tr>
<td>Universal services</td>
<td>Services that are for everyone. For example, schools, health visits and leisure activities.</td>
</tr>
</tbody>
</table>
Strategy for improving the outcomes achieved by children and young people aged 0-25 with special educational needs and/or disabilities (SEND) 2016-2020