Together for Children DRAFT Strategy for Special Educational Needs and/or Disability (SEND) 0 - 25

“Working together for children, young people and families.”
2019 - 2022
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1. Executive Summary

Together for Children SEND Strategy 2019-2022 ‘working together for children, young people and families’ with SEND 0-25 outlines the vision and key priorities to ‘making this happen’.

Our vision for all children and young people with special educational needs and disabilities is that they have the right support and opportunities at the right time so that they become resilient, happy and independent adults leading fulfilling lives.

This is set within the national context and our statutory requirement to meet the needs of children and young people with SEND under the requirements of the Children and Families Act 2014 and our local context with the rising numbers of children who have a range of complex needs particularly those with ASD and SEMH. We need to provide high quality and responsive services within tight financial constraints.

There are many areas of SEND best practice in Sunderland but we recognise that there are crucial challenges ahead. Our outcomes for young people with SEND particularly at Key Stage 4 are not satisfactory so we need to build greater capacity in our mainstream schools to meet the needs of young people with SEND and to improve our transition processes across 0-25 years.

We have analysed our gaps in provision, using a range of data across services and settings. We work closely with the Parent/Carer forum and have developed effective multi agency partnerships.

Together we have identified our key objectives, priority actions and opportunities and challenges in meeting the growing needs and numbers of children and young people who have SEND.

We are currently looking to expand our Additional Resource Provision, establish our new Special Free School for ASD and look at innovative ways with schools to meet the needs of those children and young people who have SEMH needs.

The Preparation for Adulthood (PfA) agenda is pivotal in enabling our young people up to 25 years and beyond to achieve a fulfilling lifestyle. To have friends and be part of and contribute to their own local community is so important for many young people with SEND.

So it is important that we work with all stakeholders to achieve this vision through our 6 Key Priorities.
We want Sunderland to be a fantastic place for children and young people to live, to learn and to go onto achieve successful and fulfilled lives. For families who need support along the way, we want them to benefit from outstanding services which increase their resilience and independence and make possible new ways of addressing some of the most challenging problems that children, young people and families face.

The Children’s Strategic Partnership has a key role in driving forward service improvements and changing children’s lives for the better. We embrace the ethos of true partnership working and recognise that we can do much more for children, young people and families by working together.

This SEND Strategy builds on the key principles of working together with a focus on what parents and professionals have told us they need. The strategy is underpinned by: a personalised approach building on the strengths and resilience of families and their communities to find solutions through a person and family centred approach; working together with children and young peoples with SEND and their families from the earliest possible stage through joined up services and arrangements and Keeping it local – services and provision that are delivered locally wherever appropriate.

We will achieve this through access to high quality local Early Years provision, schools, post 16/19 settings, work-based training, internships, employment and social and leisure opportunities. Children and young people with SEND will be offered access to high quality and appropriate health and care support in response to their diagnosed needs. This will be effectively co-ordinated, managed and focused on working together across education, health and care to achieve outstanding outcomes for the families and children of Sunderland.

We are committed to the following key priorities in order to deliver our vision:

- Children and young people with SEND and their families, schools and partners have confidence and are effectively engaged in the systems, processes and support that they receive across education, health and care and are involved strategically and on an individual basis.
- Support early year’s settings, mainstream schools and Post 16 establishments to improve inclusion,
provide good or better provision and educational outcomes for children and young people with SEND thereby narrowing the achievement gap for all under achieving groups.

- Develop a continuum of high-quality local provision to meet the needs of children and young people with SEND (including autistic spectrum condition (ASC), social, emotional and mental health difficulties and speech and language needs)
- Enable children and young people with SEND to enjoy good physical and mental health wellbeing.
- Develop positive transitions and effective provision for children and young people with SEND to enable them to successfully prepare for adulthood such as employment and independent living.
- Improve integrated multi-disciplinary working, data sharing protocols, commissioning and co-ordination of services that will enhance choice, quality and ensure that Best Value is achieved from all our resources.

We are committed to safeguarding and protecting all children and young people with SEND. We want the journey from childhood to adolescence and through to adulthood to be a good experience building on the development of independence for all with young people, taking informed risks, making choices, being challenged and challenging boundaries as part of their growing up journey.

**In essence, our vision is underpinned in our strategic principles:**

We will place children and families at the heart of everything we do and that all our plans, services and policies are coproduced with families.

Children and young people with SEND feel safe and protected from harm. They are seen, heard and helped, effectively safeguarded, properly supported and their lives improved by everyone working together.

A focus on inclusive practices, removing barriers to learning and high-quality teaching

Ensure that the SEND Ranges are fully embedded and utilised in all settings and continue to focus on a ‘Quality First’ approach in our universal settings as well as specialist provisions.

We will regularly review the effectiveness of our services and interventions to ensure that they are as up-to-date and based on evidence of what works.

Systematic, proactive and appropriate early identification and early help and provision made available locally within supportive communities.

Greater independence, choice and control for young people and their families over support.

Ensure successful preparation for adulthood including supporting independence, independent living and training and employment.

Support the vision through effective and well-planned workforce reform, inspiring leadership, a skilled and stable workforce and services that are based on high quality interventions and impact.

Have a local offer which helps children, young people and their families to plan and make choices about their support.

Put in place funding and support that is allocated fairly and openly.
The Jo\int Strategic Needs Assessment (JSNA) highlights the significant challenges in EYFSP. During the 2017/18 academic year, no child with an EHCP/Statement achieved a good level of development compared to 5% nationally. In terms of the primary need, the majority (14) had a ‘speech, language and communication difficulty’ followed by ‘autism’ (11). Achievement of GLD across children with SEN support fell from 30% to 27% compared to 28% nationally. Poor performance can be identified across children with a ‘speech and language difficulty’, ‘social emotional mental health’, ‘autism’, a ‘hearing impairment’, and ‘moderate learning difficulty’. Performance of all children regardless of SEND, improved in 2017/18 compared to the previous year in line with the national picture, although this was not reflected across children with SEND.

**KS1**

**Reading**

The majority of children with an EHCP/Statement had a primary need of ‘speech, language & communication difficulty’, followed by ‘autism’ then ‘physical disability’. Children with a ‘speech, language and communication difficulty’, ‘autism’ and ‘physical disability’ struggled to achieve the expected standard. The majority of children with SEN support had a need of ‘speech, language & communication difficulty’, followed by ‘moderate learning difficulty’ then ‘social, emotional, mental health’ and ‘autism’. Children with a ‘moderate learning difficulty’ and ‘speech and language difficulties’ struggled to achieve the expected standard. Across children with an EHCP, 13% achieved the expected level matching the national rate. 34% of children receiving SEN support achieved the expected level compared to 33% nationally.

**Writing**

Children with an EHCP/Statement and a primary need of ‘autism’, ‘physical disability’ and ‘speech, language and communication difficulty’ struggled to achieve the standard. For SEN support, children with a need of ‘autism’, ‘moderate learning difficulty’ and ‘speech, language and communication difficulty’ struggled to achieve the standard. 11% of children with an EHCP achieved the expected level compared to 9% nationally. 25% of children receiving SEN support achieved the expected standard matching the national rate.
**Maths**

Across children with an EHCP/Statement, children with a primary need of ‘moderate learning difficulty’ and ‘speech, language and communication difficulty’ struggled to achieve the standard. For children with SEN Support, those with a need of ‘moderate learning difficulty’ and ‘speech, language and communications difficulty’ struggled to achieve standard. 15% of children with an EHCP achieved the expected standard compared to 13% nationally. 36% of children receiving SEN support achieved the expected standard matching the national rate.

**KS2**

**Reading**

The majority of children with an EHCP/Statement had a primary need of ‘autism’ then ‘social, emotional & mental health’ then ‘speech, language & communication difficulty’. Children with a need of ‘autism’, ‘physical & medical’ and ‘speech, language and communication difficulty’ struggled to achieve standard.

The majority of children receiving SEN support had a primary need of ‘moderate learning difficulty’ then ‘social, emotional & mental health’ then ‘speech, language & communication difficulty’.

**Maths**

Children with a need of ‘moderate learning difficulty’ struggled to achieve standard. 23% of children with an EHCP achieved the expected standard in reading compared to 16% nationally. 45% of children receiving SEN support achieved the expected standard compared to 43% nationally.

**Writing**

EHCP/statemented Children with a primary need of ‘autism’, ‘social emotional mental health’ and ‘speech, language and communication’ all struggled to achieve standard. Children receiving SEN support with a need of ‘moderate learning difficulty’ struggled to achieve standard. 16% of children with an EHCP achieved the expected standard compared to 13% nationally. 39% of children receiving SEN support achieved the expected standard compared to 38% nationally.

**Maths**

EHCP/statemented Children with a primary need of ‘autism’, ‘physical & medical’, ‘social emotional mental health’ and ‘speech, language and communication’ all struggled to achieve standard. Children receiving SEN support with a need of ‘moderate learning difficulty’ struggled to achieve standard. 20% of children with an EHCP achieved the expected standard compared to 15% nationally. 41% of children receiving SEN support achieved the expected standard compared to 42% nationally.

**KS4**

The majority of children with an EHCP/Statement had a primary need of ‘autism’ then ‘social emotional mental health’ then ‘moderate learning difficulty’. Children with a need of ‘hearing impairment’ gained the highest average attainment 8 score, but still lower than the Sunderland average overall. Those with a ‘severe learning difficulty’ achieved the lowest.

The majority of children receiving SEN support had a need of ‘social emotional mental health’ then ‘moderate learning difficulty’ then ‘specific learning difficulty (dyslexia)’. A similar picture was mirrored across children on SEN support, although children with a ‘hearing impairment’ achieved higher than the Sunderland average overall, while all other needs performed lower.

The 3-year trend in the average progress 8 score for Sunderland pupils supported at SEN support to the national average shows a decline from -0.45 in 2016, -0.53
in 2017 and -0.66 in 2018, below national rates of -0.38, -0.43, -0.43.

For pupils with an EHCP again shows a decline from -1.40 in 2016, -1.44 in 2017 and -1.42 in 2018, below national rates of -1.03, -1.04, -1.09.

Health

Timely recognition and response and access to therapies for children and young people with SEND

Health Pathways will be embedded across health providers

Children and Young people with SEND will have a key health professional who will co-ordinate their care (e.g. HDT SEND Nurse)

Health will provide representation at panels
4. Achieving our Vision and Outcomes – The Key Enablers

- The success of our strategy is reliant on a whole school/setting/team approach rather than a stand-alone and therefore fragmented ‘silo’ approach to children and young people with SEND.
- A well-planned continuum of provision from birth to 25 years that meets the needs of children and young people with SEND and their families. This means integrated services across education, health and social care which work closely with parents and carers and ensures that individual needs are met without unnecessary bureaucracy and delay.
- Our strategy requires a robust system of early identification. It has been developed on the principle of evidence based, targeted interventions delivered by trained staff to ensure families have their needs met early and they do not experience the level of challenge and difficulty in their lives that require statutory interventions.
- Effective EHCP’s that accurately reflect the needs and targets for the child and young person with individual needs being met appropriately and are reviewed in a timely manner..
- Systems and processes around the assessment and identification for those children and young people requiring an EHCP to be streamlined and transparent.
- Quality of paperwork, advice and guidance to schools and settings is of high quality and relevant.
- Effective communication between TfC, settings, schools, colleges, health and work providers to ensure that information is transparent and that trust can be restored between all parties.
- SEND panels and steering groups have clarity over their purpose, roles; remit and that focus the child’s needs at the heart of decision making.
- Ensuring local SEND services are inclusive of and integrated with high quality NHS, voluntary social care and community services so that the experience of families accessing services is positive and children and young people’s learning, development, safety, wellbeing and health outcomes are well promoted.
alongside their educational progress and achievements.

- Embed the use of the SEND Ranges across all settings.

2. **Infrastructure and Resources**
   - Strong strategic leadership by the Council and Together for Children, the education sector, health and social care across the SEND system in Sunderland.
   - The parent/carer forum is included in everything we do.
   - Business intelligence, systems of gathering data and ease of access to data will be key in delivering the strategy.
   - Effective monitoring, tracking and analysis of data and outcomes by all stakeholders will be pivotal.
   - The effective commissioning of services, eliminate duplication, align resources to achieve best value out of human, physical and financial resources.
   - Simplify processes and evaluate outcomes to ensure services are as effective as they can possibly be.
   - As we see our High Needs expenditure increase, partnership working with schools, health and partners agencies will be fundamental to develop more effective and innovative ways to use high needs funding in mainstream schools.

3. **People**
   - Early year’s settings, schools, colleges and health support services to have the capacity, skills and confidence to deliver high quality provision for children and young people with SEND.
   - The importance of good training, workforce reform and action research to ensure that we have the best expertise and to increase capacity throughout the area by sharing best practice and by promoting the model of collaborative working and collective responsibility and collective accountability.
   - A commitment to achieve the best possible outcomes for children and young people which support inclusion, developing independence and successful preparation for adulthood.

4. **Joint strategic leadership and management**
   - Strong governance, accountability and challenge through the SEND strategic board and the health and wellbeing board.
   - Elected members and those who are responsible for strategic leadership to have an informed and in depth understanding of the strategy and the solutions to the challenges that we face.
   - The vision for SEND is a golden thread weaving through all our services including schools through a clear commitment from senior leaders including school governing bodies and those who are governed by Trusts.
   - All teams and services working towards this strategy through team plans, individual performance and development targets.
   - Budgets aligned to our strategic priorities including additional funds that come from the DfE, including Capital grants and those achieved through joint bidding with others.
   - Innovative ways to work with partners to achieve our vision.
The SEND Strategic Board has driven the SEND Strategy. The Board has representatives from across all agencies – Health, Education, Social Care, Commissioning, Data Analysis, Schools, Colleges and strong representation from the Parent Carer Forum.

Multi-Disciplinary meetings have been held over the past year to identify and agree the key priorities.

The Strategy contains the latest 2019 data sets which have informed the key strategic priorities.

The Draft SEND Strategy will be launched to all schools and settings on May 1st alongside the SEND Ranges documents.

The consultation will close on July 12th.
6. Population: some key facts

SEND Facts and Figures

Population Data

There were 83,131 children, young people and adults aged 0-25 living in Sunderland according to the ONS mid-year estimates for 2017. Out of that number it is estimated that 6,588 children and young people in a school setting have a special educational need and/or disability. There were a further 244 young people aged 19-25 with an identified need or disability. These figures include children and young adults living in Sunderland but attending a setting outside the area.

In May 2017, Together for Children commissioned the University of Sunderland to undertake a piece of research around the prevalence of SEND in the city among children and young people aged 3-16 with the aim of informing the SEND Strategy. The research found that there was a particularly high prevalence of children identified with SEMH and ASC compared to national averages.

- **Social Emotional Mental Health:**
  National prevalence = 12.3%; Sunderland = 26.3%. This represents an increase in prevalence of +14.03% in Sunderland.

- **Autism Spectrum Disorders:**
  National prevalence = 25.9%; Sunderland = 31.03%. This represents an increase in prevalence of +5.13% in Sunderland.

- **Physical Disability:**
  National prevalence = 5.8%; Sunderland = 10.14%. This represents an increase
in prevalence of +4.34% in Sunderland.

Conversely, there is a lower than expected prevalence of children identified with Specific Learning Difficulties.

- The most prevalent primary needs for those identified as requiring SEN Support in Sunderland was:
  - MLD (30.56%)
  - SEMH (22.94%)
  - SLCN (19.60)

- The most prevalent primary needs for those who have a Statement of SEN* in Sunderland are:
  - ASD (30.12%)
  - SEMH (18.32)
  - SLCN (16.77%)

- The most prevalent primary needs for those who have an EHC plan in Sunderland are:
  - ASD (34.30%)
  - SEMH (24.53%)
  - SLCN (17.67%)

* Since the research was conducted all statements have been converted to EHCPs.

Early years

In January 2019, 5,025 children aged 0 to 4 were known to Together for Children (TfC) through attendance at an early year’s setting, whether that be a registered child minder, private day care or school nursery. Of those children, 2 (0.04%) had an EHCP and 308 (6%) were receiving SEN support.

Speech, Language and Communication Difficulties continues to be the area of greatest primary need for children in early years settings.

The University of Sunderland research found that in the 2017 academic year, 55.61% of all children with an identified need have SLCN. In order to adequately and consistently meet need, the report recommends that Together for Children should explore providing an accredited SLCN programme for early years practitioners, either Level 2, Level 3, Undergraduate credits or MA credits (no recommendation number).

The University’s research also found that the proportion of children identified with SEN in the early years that achieve Good Levels of Development (GLD) is extremely low. Of all children identified with SEN in Reception, only 17.38% of those children achieved a GLD in 2016.

Primary schools

In January 2019, 200 pupils in primary school had an EHCP, which equates to 0.95% of the primary population. This is marginally lower than last year’s regional (1%) and national (1.4%) averages. An additional 3,099 children were receiving SEN support in primary schools which equates to 14.7% of the primary cohort in Sunderland.

Speech, language and communication difficulties continue to be the greatest area of need in the primary sector, followed by moderate learning difficulties, and this has historically been the trend. It is important to note that the number of children presenting with Social, Emotional and Mental Health difficulties and with Autism Spectrum Disorders has steadily increased between 2016 and 2018.

Secondary schools including 16-18

In January 2019, 223 young people had an EHCP or statement, which equates to 1.5% of the secondary school cohort. A further 1,862 (12%) young people received SEN Support.

Moderate learning difficulty continues to be the most prominent need across children with SEND in secondary schools, closely followed by Social, Emotional and
Mental Health difficulties. It is important to note the steady increase in numbers and proportion of young people with Autism Spectrum Disorder attending mainstream secondary schools.

Special schools

In January 2019 there were 1,123 pupils with an EHCP in a Sunderland school. Of these, 61% (687) were in a special school in the city. This is lower than last year’s north east average of 62% and significantly higher than national of 49%.

There are a number of factors that contribute to this including:

- Parents and carers are dissatisfied with SEND support provided in mainstream schools. This is a national issue and is reflected in Sunderland.
- Coupled with this, the quality of special school provision particularly at primary level is at least good, if not outstanding.

1.16% (8 pupils) of all children in special school were receiving SEN support, lower than last year’s north east (1.9%) and national (2%).

The most prominent need across children in special school is autism (33%), followed by social, emotional and mental health (21%).

Pupil Referral Units

In January 2019, there were 101 full time enrolments, of which 64 were SEND. Three learners had an EHCP and 61 were receiving SEN support. 91% of children with SEND had a need of social, emotional & mental health in 2018 and 77% in 2019. As at February 2019, 3 out of the 4 pupil referral units that were inspected were judged to be good.

19-25-year olds in education with an EHCP

A total of 282 adults aged 19 to 25 in education outside a Sunderland special school had an EHCP in January 2019 compared to 193 in 2018. In terms of primary need, Autism is highest at 30%, followed by severe learning difficulty at 16% and also social emotional and mental health at 16%.

Vulnerable groups

Children in Need (CIN)

As at 31 March 2018, 2899 children and young people with a CIN episode in Sunderland, which equates to 534.3 per 10,000 population aged 0-18. Together for Children record that 56 of these young people (2%) have a disability recorded. These can be broken down into the following areas of need:

- 44% - Diagnosed with Autism or Asperger's Syndrome
- 14% - Learning difficulty
- 7% - Physical disability (mobility)
- 5% - Behavioural difficulties
- 4% - Hearing impairment
- 2% - Communication difficulties
- 2% - Incontinence
- 2% - Personal care
- 2% - Other (in line with Equality Act 2010)

Children in need of protection

As at 31 March 2018, 495 children and young people were subject of a child protection plan in Sunderland, which equates to 91.2 per 10,000 population aged 0-18. Together for Children highlighted that 8 of these young people (2%) have a disability recorded. These
can be broken down in to the following areas of need:

- 75% - Diagnosed with Autism or Asperger syndrome
- 12.5% - Behavioural difficulties
- 12.5% - Other (in line with Equality Act 2010)

Children Looked After

As at 31 March 2018, 579 children were looked after in Sunderland, which equates to 106.7 per 10,000 population aged 0-18. Together for Children record that 16 of these young people (2.8%) have a disability recorded. These can be broken down in to the following areas of need:

- 31% - Diagnosed with Autism or Asperger’s Syndrome
- 19% - Learning difficulties
- 13% - Physical disability (mobility issues)
- 6% - Communication difficulties
- 6% - Hearing impairment
- 25% - Other (in line with Equality Act 2010)

Exclusions

Primary School

During the 2017/18 academic year there were 336 fixed term exclusions in a Sunderland primary school, 1.4% of all enrolments. 5 were for children with an EHCP (3% of all EHCP children) and 253 were for children receiving SEN support (7.8% of all children on SEN support). 7 children were permanently excluded, 0.03% of all enrolments and all were receiving SEN support, a rate of 0.21% of children receiving SEN support.

Secondary School

There were 3,368 fixed term exclusions overall at secondary level, 1,928 at one school. A rate of 21.6%. 75 were for children with an EHCP (31.5% of the EHCP cohort) and 913 were for children receiving SEN support (48.9% of SEN support cohort). 46 children were permanently excluded, with 4 having an EHCP (1.68% of EHCP cohort) and 20 receiving SEN support (1.07% of SEN support cohort).

Special School

There were 73 fixed term exclusions within a Sunderland special school, a rate of 10.7% overall. All were on an EHCP (10.8% of cohort). There were no permanent exclusions.

National comparators are expected to become available in August 2019.

Attendance

Primary School

During the 2017/18 academic year, the overall absence rate at primary level was 4.4%, higher than 4.2% reported nationally. The persistent absence rate was 9.2%, higher than 8.7% reported nationally.

The absence rate across children with an EHCP was 6.5%, lower than 6.8% reported nationally. The persistent absence rate was 19.7%, slightly lower than 20.0% reported nationally. The absence rate across children receiving SEN support was 5.8%, higher than 5.5% reported nationally. The persistent absence rate was 16.2%, higher than 14.8% reported nationally.

Secondary School

At secondary level, the absence rate was 6.2%, higher than 5.5% reported nationally. The persistent absence rate was 16.4%, higher than 13.9% reported nationally.

The absence rate across children with an EHCP was 8.5%, slightly higher than 8.2% reported nationally. The persistent absence rate was 23.6%, on a par with national. The absence rate across children receiving SEN support was 10%, higher than 8% reported nationally.
The persistent absence rate was 27.3%, higher than 23.4% nationally.

**Special School**
The rate across children in a Sunderland special school was 11%, higher than 10.2% reported nationally. The persistent absence rate was 28.3%, lower than 29.6% reported nationally. Across children with an EHCP the absence rate was 11.8%, higher than 10.0% reported nationally. The persistent absence rate was 26.7%, lower than 28.9% reported nationally.

**Post 16 Destinations**
Connexions are aware of 591 children and young people aged 17-25 with an EHCP. The majority (44%) are in a further education college, including supported internships. 23% are in special school. 22% are not known and the remainder (11%) are in employment training.

A total of 60 children and young people aged between 16-18 previously SEN support are known to the Connexions service. 46 (76%) are in further education, including 6th form, 9 (15%) are not known, while the remainder, 5 (9%) are in employment training.

**Youth Offending**
During the 2017/18 academic year, 20 children with an EHCP aged between 10-17 had a YOS intervention (2.4%). 6 receiving SEN support were also involved (0.2%).
7. The Policy Context

The most recent legislation, The Children and Families Act and the Care Act 2014, set out a significant set of cultural and systematic reforms designed to improve outcomes for children and young people with SEND. The reforms extend the SEN system from birth to 25, giving children, young people and their families’ greater control and choice in decisions and ensuring needs are properly met. It requires:

- New joint arrangements for assessing, planning and commissioning services for children and young people with SEND, which make it clear what will be offered and who will deliver and pay for it, underpinned by a process to swiftly resolve local disputes between partners.

- The publication of a local offer, so children, young people and their families are clear what is available locally, with a clear complaint process and redress system. This is a new approach to information delivery in partnership with carers and young people, providing transparent and clear information across education, health and care.

- Introduction of local Education, Health and Care Plans (EHCPs) from age 0 to 25 which set out in one place the support from education, health and care services children and young people will receive; with a focus on helping to improve outcomes, including future employment and independent living.

- Personal budgets for those families who want to have them.

- A duty on Clinical Commissioning Groups (CCGs) and in limited cases, the health commissioners to secure the provision of health services which agreed in the EHCP, similar to the duty on local authorities in respect of special educational services.

- All LAs are subjected to Local Area SEND Inspections to ascertain how the SEND Code of Practice is being implemented.

Key areas/developments

- Support provided in mainstream settings where possible for children with more complex needs.

- For the first time the EHCP gives 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 paid employment.
• A focus on living independently and participating in their community.
• Increased choice and opportunity overall with families to be able to express a preference on provision.

The Local Policy Context

Sunderland Children and Young People’s Plan (2017-2022) – Working together for children, young people and families’ covers:

• all children and young people aged 0-19 years and their families,
• those over 19 years receiving services, including those leaving care and
• those aged between 19 and 25 years with SEND.

‘Sunderland has always had a strong culture of participation and engagement of children and young people in specific activities. However, this needs to be widespread if we are to fulfil the city’s ambition to be an ‘all age friendly city, making Sunderland a liveable place for all. In doing so we must ensure the voice of the children and young people is consistently listened to when we design and evaluate services as well as when we are working with them to meet their individual wishes, aspirational and needs’ CYPP (2017-22).

The plan identifies six priorities have been selected because the Children’s Strategic Partnership believes they are a powerful starting point providing a way to improve outcomes for all children and their families and to tackle the complex issues affecting the most vulnerable. They are:

1. All children, young people and families who need help are identified and supported as early as possible.
2. All children have the best start in life.
3. All children and young people enjoy good health and wellbeing.
4. All children and young people do well at all levels of learning and have ambition and the skills for life.
5. All children and young people are kept safe from harm.
6. All children and young people and their families will have a voice and influence.

The Children and Young Peoples Advisory Network have considered the priorities and agree these are the right ones to focus on. The SEND reforms are an important cornerstone for this work and ensures that the Children and Young Peoples plan is realised and embedded in all that we do.

The SEND Strategy aims to ensure that:

• There is a shared, inclusive vision for effective planning for children and young people from 0-25.
• There is an agreed action plan across all services in partnership with families and their children.
• We have an effective Joint Strategic Needs Analysis which provides the evidence base across education, health and care to help us plan and decide how best to use our resources.
• We are constantly listening to the views, aspirations and ambitions of children and young people and their parents and carers.
• We aim to ensure really effective co-production with parent/carers and young people when we develop and commission person centred services.
• We have high quality provision and is regularly monitored and is accountable.
We have a speedy resolution of problems and disagreements.

The Sunderland Integrated Planning and Commissioning Group was established in Autumn 2018 and comprises members from Together for Children (TfC), Sunderland City Council, Sunderland Clinical Commissioning Group (CCG) and Northumberland Tyne and Wear NHS Foundation Trust (NTW). The Group will identify what its members currently commission for the children and young people of Sunderland; identify current need in the city; ensure our individual and joint plans reflect this; commission and jointly commission services to meet the needs of children and young people in Sunderland; redesign services where applicable to ensure the best outcomes and ensure best use of resources whilst minimising demand for specialist services.

In May 2017, Together for Children commissioned the University of Sunderland to undertake a piece of research around the prevalence of SEND in the city among children and young people aged 3-16, with the aim of informing the 5-year strategy for SEND provision.

The findings from that research form a major part of this needs assessment and the 35 recommendations are included with other findings from the JSNA to inform improvement actions and commissioning intentions for the SEND Strategic Partnership.

Sunderland Paediatric Disability Service, City Hospitals Sunderland

A report by Sunderland’s Designated Medical Officer for SEND Dr Karen Horridge, (Consultant Paediatrician Disability) was produced on 21 October 2018 outlining the diagnoses and health needs of 4,680 children and young people seen in 6,607 paediatric consultations between March 2017 and February 2018. This was across all CHS paediatric clinics. The data presented in the report focuses primarily on children and young people with Special Educational Needs and Disabilities (SEND).

The report describes young people’s needs in line with the four broad areas of the SEND Code of Practice. However, it also provides a comprehensive overview of the many complexities of need, with a significant number of children and young people with SEND having a range of difficulties to be met. For example, 909 children and young people were identified as having an autism spectrum condition during the given period, 204 of whom had a confirmed learning disability and a further 58 (aged under 4 years) had early developmental delay.

Paediatric input for children and young people with SEND

Sunderland has a dedicated paediatric disability team that encourages early referrals from any practitioner where there are concerns that a child or young person may have a special educational need or disability.

The goal of paediatric assessment is to identify each and every health need, so that these can be made visible and be addressed. Appropriate investigations are undertaken to identify all health conditions and further assessments arranged as required with other members of the interagency team.

A management plan is made by the paediatrician with the family, to address all needs that are identified. All clinic letters are written to families and copied to the child’s interagency team with the family’s consent, including the Special Educational Needs Coordinator at nursery or school.
Please see the following links for video presentations describing the needs of children and young people identified over 2017/2018:

Overall needs: https://youtu.be/y4zlKgV1hDY

Needs of children and young people with learning difficulties and learning disabilities: https://youtu.be/Zgu-q8VXfNo

Needs of children and young people with autism spectrum conditions: https://youtu.be/us688QWuAY0

Needs of children and young people with behavioural, emotional and mental health needs: https://youtu.be/8fld1S2mjTl

Needs of children and young people with physical disabilities: https://youtu.be/B-p4aaH4x3o

This work will inform the SEND strategy and add significant evidence to our data set. This along with the University of Sunderland’s work in May 2017 – The prevalence of Special Educational Need and Disabilities (SEND) identified in young people aged 3-16, across the City of Sunderland and their new commissioned research on the causes and prevalence of children and young people with SEMH will support the City in developing and future proofing its services for SEND and in setting actions plans that are based on highly credible evidenced based research.

The Children’s Strategic Partnership

The Children’s Strategic Partnership is an advisory group to the city’s Health and Wellbeing Board. The partnership has recently approved the Mental Health and Wellbeing Transformational plan update 2019. This includes:

- Improvement of the Autistic Spectrum Disorder (ASD) Pathway and the Attention Deficit Hyperactivity Disorder (ADHD) pathway.
- The development of a single point of contact
- The Mental Health Charter Mark for schools proposed by the Youth Parliament to date 17 schools have achieved bronze status
- Review of integrated commissioning arrangements and ensuring that there are effective delivery of early interventions
- Continue to submit bids for Mental Health Support Teams
- Increase training to raise awareness and empower people to support children and young people with mental health issues.
8. What We Have Achieved So Far – April 2019

Overall the quality of our SEND provision is good with some schools having an Ofsted Outstanding grade. There is good quality Alternative Provision.

The partnership with the Parent Carer Forum is strong and the forum is involved in all that we do.

Key Stage 1 and 2 provision and outcomes are good and strong. Key Stage 3 and 4 provision is more variable and outcomes are less good for some pupils with SEND.

There is improved multi agency working across all agencies and the intention is to make 2 appointments to focus on SEND integrated pathways working between the CCG and Together For Children.

There are good pathways for those children and young people who have mental health difficulties once they access the service – the challenge is to get in. There are effective pathways for Early Years and for those children and young people with Autism.

We have been successful in bidding for a new ASD Free School which is due to be opened in 2021.

We have Additional Resource Bases for a range of SEND and are looking to expand these across the borough and in particular for those children with SEMH. We are looking to develop some bespoke Post 16 provision for SEND.

The conversions from Statements to Education, Health and Care Plans have been within the specific requirements and timescales from the DfE in March 2018.

We are introducing the Draft SEND Ranges into all settings in May with a launch on May 1st alongside the SEND Strategy. The SEND Ranges will be our response to support schools, colleges and settings to have a framework and consistent approach to the implementation of the SEND Code of Practice and the graduated response. Alongside the Ranges there will be training for all multi-disciplinary groups and settings including parents and families.

A specialist SEND Consultant Anne Hayward has been appointed to review our processes, policies and services. Considerable work is now underway in streamlining the work of the SEND team in terms of procedures, IT systems and making easy access for schools to key documents.
We continue to face a number of significant challenges, many of which reflect the national position:

- Increasing demand for EHC needs assessments (159 initiated in 2016-17 and 226 in 2017-18)
- Feedback from parents and carers indicates that they are not confident that their child’s needs will be met at SEND Support (national issue) and that they feel support staff often lack necessary training
- Confidence of parents and carers that their child’s needs will be met through SEND support drops dramatically at point of secondary transfer (national issue)
- The message that all teachers are teachers of SEND is not filtering through. The national survey has shown that only 10% of teachers are able to name the four broad areas of need in the SEND Code of Practice
- Increase in exclusions of children with SEND (rise in exclusions of children with autism of at least 44% in every part of England and Wales between 2011-12 and 2015-16). In Sunderland, 128 of the 169 primary pupils who received fixed term exclusions in 2017-18 were receiving SEND support – i.e. 76%.
- High proportion of children and young people with mental health needs (1 in 10).
- Under performance of children and young people with SEND at Early Years and at Key Stage 4. Under performance of specific SEND cohorts/groups.
- Huge demand for places in our special schools and units. 48.5% of those with EHCPs in Sunderland are in a special school compared with the NE average of 43.2% and national average of 34.8% (Jan 2018).
- Frustration on part of schools and parents when EHC needs assessment requests are turned down and high number of appeals to first tier tribunal which in turn are then granted an assessment.
- Heavy workloads of all professionals working in SEND thus raising the issue of too much paperwork and the need to look at ICT systems and processes.
- Evidence that Mental Health services for children with SEND are difficult to access.
• Ensure that the Local Offer is effective
• Post 19 services across agencies are not joined up effectively enough.
• The Preparation for Adulthood is not high enough on the agenda of schools and the EHCP process from Early Years to 25.
• Need to have an increase in the employment opportunities and supported employment practice Post 19 with an increase in supported internships and apprenticeships.
• A greater focus on social and leisure opportunities for those young people with SEND who will need to access them.

We can also take advantage of the following opportunities:

• The SEND Capital Grant presents the opportunity to increase capacity in the significant areas of need.
• The new ASD Free School is a welcome addition to the portfolio of provision for ASD.
• The SEND Ranges gives us a good start to hold settings to account and to ensure that the interventions are part of a graduated response with accountability.

• The SEND strategic Group has been reformed and now has clarity of purpose and vision alongside a refreshed SEND Strategy.
• An interim review of the SEND processes and procedures by Anne Hayward the SEND specialist Consultant has highlighted a wealth of improvements which have begun to be put into place internally.
• The University of Sunderland has commenced its second research project into the cause and solutions of the growing number of children who have SEMH as a prime diagnosis.
• Decisions have been taken to put in place free mandatory and highly recommended training for all settings and services to roll out the SEND Ranges and to support the improvements required in the EHCP process, advice and guidance required by schools and services and to reform the EHCP plans.
• A review of all the SEND panels is due to take place in the forthcoming two months.
• A training plan/ workforce reform is to be created alongside that which is delivered by the University of Sunderland.

• Good working partnerships remain with the parent/carer forum
• Anne Hayward has put in place a questionnaire for settings about the SEND provision and is currently working across settings to engage views and formulate solutions.
10. Our Strategic Priorities for SEND in Sunderland (2019-2021) and High Level Action Plans

SEND STRATEGY OBJECTIVE 1

Children and young people with SEND and their families, schools and partners have confidence and are effectively engaged in the systems, processes and support that they receive across education, health and care.

What outcomes do we want to see?

- Transparency of all decision making
- Agreed common approaches
- A whole organisation/area approach between TfC, families, young people, education, health and other services and settings where we all feel part of a team with a common approach.
- Families and young people have trust in the systems and processes and are given high quality advice and support.

Why is this important?

- The confidence that children, young people and their families have in the system is pivotal to having a high quality and responsive service.

Key Priority Actions to achieve our objectives

1. Create a participation group for children and young people with SEND to ensure that their voice is heard.
2. Ensure that all the SEND data across education, health and care is accurate and analysed on a regular basis.
3. The Local Offer to be updated to ensure that it effectively signposts families and young people to the services that they need.
4. Ensure that the statutory systems are fully in place and adhered to by well trained staff and data that is regularly monitored and analysed.
5. Provide early, accurate and timely assessment for children with SEND keeping to minimum delays between referrals and action.
6. Have in place an informed and proactive SENDIASS service for parents and families.
7. Review the SEND panels to ensure that they are fit for purpose.
SEND STRATEGY OBJECTIVE 2

Support early year’s settings, mainstream schools and Post 16 establishments to improve inclusion, provide good or better provision and educational outcomes for children and young people particularly at the end of Key Stage 4 with SEND thereby narrowing the achievement gap for all under achieving groups.

What outcomes do we want to see?

- That all schools and settings achieve a good or better outcome in Ofsted Inspections
- That children and young people with EHCP’s and on SEN Support achieve at least national expectations in all areas.
- Attainment and achievement particularly in the Early Years and at Key Stage 4 significantly improves and is at least national standard
- A reduction in fixed term and permanent exclusions particularly for those children and young people who are vulnerable and who have SEND.

Why is this important?

- Children and young people with SEND and their families should have the full range of opportunities through their journey 0-25 and have the ‘best start in life’.
- All children and young people with SEND should achieve their full potential and have access to a high quality curriculum that ensures at least good outcomes at all Key Stages but particularly at Key Stage 4
- By achieving their aspirations and ultimately their potential going into adulthood.

Key Priority Actions to achieve this objective

1. Put in place realistic and appropriate actions to increase the performance and outcomes of children and young people with SEND from Early Years to Post 16.
2. Ensure that all multi-disciplinary training and coaching opportunities 0-25 are in place, effectively coordinated, relate to the specific areas of need identified in the recent University of Sunderland research and are of high quality across the borough.
3. Specialist multi-disciplinary support and training to be in place for the Early Years with an emphasis on early identification of need and the blended therapeutic approach.
4. TfC and the parent/carer forum to put in place a specified training programme to embed the SEND Ranges, ensure high quality provision mapping and that all SENCO’s, senior managers of schools, Governors, parents and multi-disciplinary professionals are fully aware of the SEND Strategy and the resulting implications for their role and setting.
5. Have a continued focus on the development and delivery of an effective curriculum across all key stages and in light of the proposed new Ofsted framework.
6. Training, action research and sharing of best practice on ASD, SEMH, MLD and SpLD.
7. Establish a mental health lead/champion in all schools and a city wide multi-disciplinary approach to meet the needs of children and young people with mental health needs.

SEND STRATEGY OBJECTIVE 3

Develop a continuum of high quality local provision to meet the needs of children and young people with SEND (including autistic spectrum condition (ASC), social, emotional and mental health difficulties SEMH) and speech and language needs).
What outcomes do we want to see?
- That all our children and young people with SEND are educated in their own local community
- That our schools and settings are better equipped to identify and put in place successful interventions particularly for those children with ASC, SEMH and speech and language needs
- That all of our provision is of high quality including our Additional Resource Bases in mainstream provision
- That there is high quality work force reform programme across all agencies to ensure that our staff are skilled and knowledgeable about SEND

Why is this important?
- All our provision should be person centred to allow for the individual needs of children and young people with SEND to be met.
- We need to have the right provision in the right place so that children and young people can be within and make friendships in their local communities.

Key Priority Actions to achieve this objective
1. SEND Strategic partnership to explore the gaps in provision at school and service level and to act swiftly to rectify.
2. Integrated therapies to be delivered from the new ASD Free school
3. Fully implement and review the ASD diagnostic pathway
4. Establish ASD Champions in every school
5. Ensure that schools are equipped to support the growing rise in the number of children and young people with SEMH
6. Examine effective alternative provision models that support children and young people with SEND
7. Investigate the need for additional support at Early Years with particular focus on the identification of children with ASD and SpLD and the availability and suitability of local provision.
8. Ensure that local provision has the capacity and expertise to deliver SEND provision locally.
9. Review all support services and Additional Resource Bases to ensure that they are fit for purpose with the rapid rise in the numbers of children and young people with SEND.

SEND STRATEGY OBJECTIVE 4
Enable children and young people with SEND to enjoy good physical and mental health wellbeing.

What outcomes do we want to see?
- All children and young people have full access to all the health services that they need.
- Services respond in a timely manner with specialist expertise
- The transition of children and young people between and across services is transparent and smooth.

Why is this important?
- Children and young people with SEND and their families need the continuity of health service provision so that they can work, learn and achieve.
- Services must work closely together to ensure that families and young people are supported well into adulthood to 25 and beyond.

Key Priority Actions to achieve this objective
1. Ensure that the Early Years SEND Pathway is fully embedded across all settings and services
2. The work of the transitions management group is effective in securing positive transition to adult services.
3. Ensure that annual health checks are in place for all children with SEND.
4. The dynamic health register is in operation.
5. Parents are fully aware on how to sign up for the Disability Register.
6. Therapeutic services including mental health are available, responsive and are flexible in meeting the needs of families.
7. There is effective communication and data sharing across all health providers so that families have only to ask once.

SEND STRATEGY OBJECTIVE 5

Develop positive transitions and effective provision for children and young people with SEND to enable them to successfully prepare for adulthood and employment

What outcomes do we want to see?
- Smooth transition between key stages and services that builds confidence and trust in the move to the next stage of life.
- Effective transition process that involves the child and young persons voice and that of the family.
- The transition process prepares the child and their family for independent/semi/dependent living where appropriate, access to community and leisure opportunities so that young people with SEND can lead a fulfilling life.

Why is this important?
- Children and young people with SEND must have all the benefits that every other child, young person and family have to lead a fulfilling life.
- Transitions should be effective in planning for the next stage in education, work and achieving a life style that they aspire to.

Key Priority Actions to achieve this objective
1. Review the Multi-Agency Preparing for Adulthood Protocol and Pathway for children and young people with SEND to ensure that it is fit for purpose and fully implemented.
2. Develop a process for collecting data and recording outcomes for young people who are transitioning.
3. Ensure that there is a clear pathway for young people with SEND Post/16/19 and that there are high quality opportunities for them to access work, work experience, supported internships, volunteering for young people with complex needs and to develop friendships.
4. The Preparation for Adulthood (PfA) four key areas – Community Inclusion, Independence, Employment and Education and Health are embedded with the curriculum 0-25 across all settings mainstream and special and incorporated in the EHCP’s.
5. Young people with SEND and their families have a clear voice in the shaping of all the services and provision Post 19.
6. Work with post 16 providers to share information and develop consistency of person centred and multi-disciplinary approaches and provision across settings.
7. Ensure that we have the effective tracking systems for young people with SEND post 16 and Post 19 so that we can ensure high quality destinations and provision,
SEND STRATEGY OBJECTIVE 6

Improve integrated multi-disciplinary working, data sharing protocols, commissioning and co-ordination of services that will enhance choice, quality and ensure that Best Value is achieved from all our resources.

What outcomes do we want to see?

• Effective sharing of data that can be analysed to improve the life chances of children.
• More joined up working and dialogue leading to a clear strategic plan

Why is this important?

• We need to achieve best value from our services in terms of human, physical and financial resources.

Key Priority Actions to achieve this objective

1. Ensure through the effective capturing and analysis of SEND data across all agencies that this information impacts on the understanding of where services need to be.
2. Put in place an effective multi-disciplinary approach to the identification of SEND need with a particular focus on SEMH, ASD, Sp LD and Speech and Language difficulties.
3. Ensure effective collaboration and build on effective models of multi-agency working that supports early intervention and identifies geographical hot spots for SEMH difficulties.
4. Due to the high rate of SEMH prevalence in Year 11 at 6.03% there is a need to analyse and track these young people to ensure engagement in further education, employment and training.
5. Address the complex needs of those children and young people with SEMH attending specialist provision through scrutiny of multi-disciplinary data and case study to ascertain whether early and earlier identification and staff training could have met their needs more effectively.
6. Review all funding arrangements and financial allocations including ‘top ups’ in the embedding of the SEND Ranges.
7. Effective joint commissioning strategies are in place that are informed by accurate data across education, health and care.
The strategy will be deemed successful if:

- There are clear processes to identify children’s needs early and partners communicate and co-ordinate services well.
- We rely less on statutory assessment of children’s special education needs 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 education, community, leisure and fun activities.
- We meet children and young people’s needs in mainstream settings wherever possible and when more specialist help is needed, we are able to provide this in Sunderland.
- We use appropriate evidence-based interventions so all children and young people with SEND make good progress with their learning, achievements and social and emotional development over time.
- There is a well-co-ordinated transition for children and young people at all key points.

- 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 career have been involved in setting and reviewing goals and outcomes.
- The Local Offer is informative and accessible.
- Our SEND provision forms part of a clear continuous high-quality pathway where children and young people can access the right support and determine their destinations.
- Children and young people with SEND and their families 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.
- There are strong multi-disciplinary partnerships in place which have mutual trust and respect and where communication is truly effective and decision making transparent.
The delivery of our SEND Strategy is not the responsibility of a single agency or person. It is a partnership approach with collection accountability and collective responsibility owned by all stakeholders working with children, young people and their families. These include health, education, social care, schools, colleges, work-based training providers, employers, voluntary and community organisations and those responsible for the development of leisure and social activities.

Governance for the strategy will be provided by the Health and Wellbeing Board and the SEND Steering Group. The SEND Steering group will provide the strategic drive, co-ordination and oversight by receiving regular performance and outcome indicator reports on progress against objectives.

The Health and Wellbeing Board will be responsible for ensuring that the SEND issues are embedded effectively throughout the relevant plans and in the delivery of the Health and Wellbeing Strategy.

This Draft SEND Strategy will be out for consultation May – July 2019 and will be on the together for children website. From May 31st the consultation will be on the together for children website.