



Children with Disability Strategy

2016 to 2018

This strategy marks a step in a journey towards placing the needs of children, young people and their families at the centre of our planning process

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Executive Summary

This strategy addresses four challenges identified over the last three years:

- to place the child at the centre of the service provision as required by the Children and Family Act 2014;
- to create an integrated service for children with to help improve outcomes and independence for children and their carers from the start;
- to provide good quality alternative provision and school provision to meet the needs of children and young people with challenging behaviour and high functioning autism that will enable them to reach their full potential;
- to deliver the most effective services in the context of austerity and the continued reduction in public resources

Key recommendations

We have established key objectives. Each objective is focused on enablement and efficiency whilst ensuring that the needs of children, young people and their families are at the centre of our planning process.

- To develop models of support which encourage community building and resilient families, able to meet more of their needs drawing on their own resources
- SEN capacity increased through a new secondary unit for high functioning children with autism (ASD), provision for children with ASD and challenging behaviour, and increased provision for primary children with Social Emotional and Mental Health (SEMH) issues.
- Pre-diagnostic support services for children with ASD enhanced including support for the further development of Voluntary Sector capacity for children and families to provide a coherent well publicised offer and WBC Early Help services extended to a wider range of younger children with ASD to reduce the future need for more intensive support.
- Transition to adult services is managed from age 14 to enable maximum independence in adulthood
- A new model of inclusive home to school transport and support which enables children's development, independent futures and self-reliance.

Strategic context

Core purpose

The strategy marks a step in a journey towards placing the needs of children, young people and their families at the centre of our planning process

This strategy is concerned with how the needs of a specific group of children (those who are considered to be disabled) should be met by Wokingham BC and its partners. It sets out how cohesive, integrated services can be shaped around the unique needs of individual children.

There is no single definition of disability, but the statutory definitions that underpin the laws within which services are determined and delivered provide the foundation for this strategy. The focus is on those children with statutory needs – those that are considered Children in Need due to their disabilities or whose Special Education Needs are such that they require formal support.

For this strategy the Children Act 1989 (which sets out key local authority duties to children with disability) and the Equality Act 2010 definitions have been chosen to establish the client base associated with this strategy. The definitions are as follows:

The Children Act 1989 defines disability in Section 17 (11) in this way:

“A child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed”.

The Equality Act 2010 says:

“If you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative (adverse) effect on your ability to carry out normal day to day activities (GOV.UK 2015).”

According to the Equality Act, 'substantial' means more than minor or trivial and 'long term' means 12 months or more. People with progressive conditions can be classed as disabled.

National Policy

National policy was established in the Green Paper “*Support and aspiration: A new approach to special educational needs and disability*” in 2011. This led to the statutory framework for the provision of integrated services to children with Special Education Needs and disabilities (SEND) established in **Part 3 of the Children and Families Act 2014**. Duties include:

- Fully involving children, young people and their families in the decision making process;
- Providing information, advice and guidance including publishing a Local Offer of support services available in the local community;
- Agreeing formal “Education Health and Care Plans” for children and young people up to the age of 25 setting out how education, health and social care services will be provided to support an individual with SEND;
- A requirement for joint health service and local authority commissioning;
- Providing Personal Budgets;
- Providing support to parent carers.

Further key legislation includes:

Education Act 1996, Chronically Sick and Disabled Persons Act 1970, Equality Act 2010.

Wokingham priorities

Service priorities:

The Strategy supports the delivery of priorities established in key corporate plans, including:

Children and Young People Plan 2014 to 16 Priority 3: “Implement the changes required to deliver on the supported changes set out in the Children and Families Act 2014 and go

further to bring the child and family into the centre of assessment, planning and support processes.”

WBC Council Plan 2014 to 17: “Implement the changes required to deliver on the supported changes set out in the Children and Families Act 2014 and go further to bring the child and family into the centre of assessment, planning and support processes.”

Wokingham Health and Wellbeing Board Strategy 2014 to 17 key “Improving Life Chances” outcome for children and families: “Agree joint **CCG and WBC arrangements for the health and care provision for children and young people with special needs and disabilities, ensure support for Children in transition, agree a joint strategy for 0-25 year olds with a disability, increase local offer of services to meet the range of Wokingham needs.”

Related strategies that also sit under these three key overarching strategies include:

- The Early Help Strategy
- The Emotional Health and Wellbeing Strategy
- The Workforce Development Strategy

Financial priorities

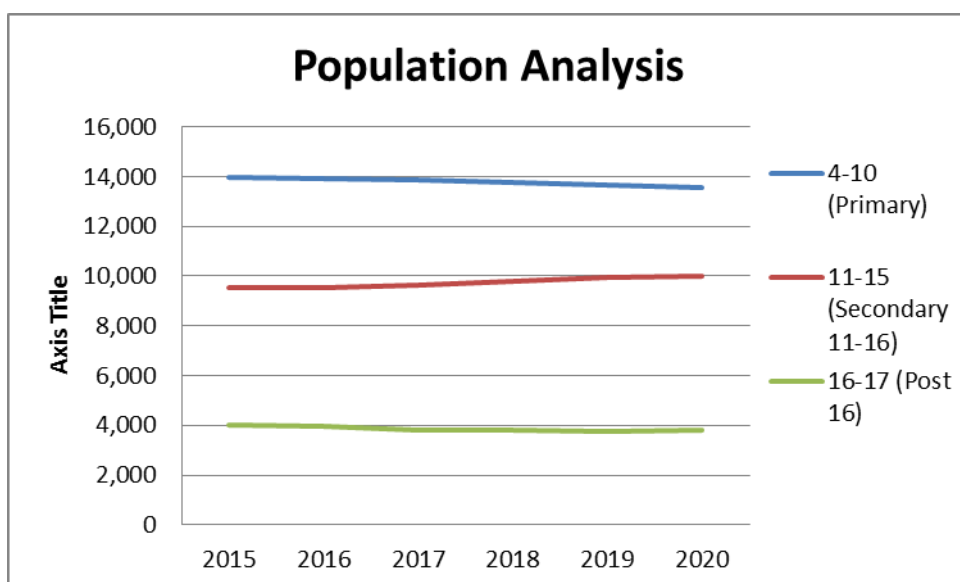
The continued reduction in budgets in successive local government financial settlements means that the Council must:

- Seek the best value for money in all service areas, through efficient organisation, better procurement and partnership working with other councils and health commissioners.
- Focus specialist services on individuals who have a statutory entitlement.
- Target Early Help services to prevent needs increasing so that higher levels of spend on avoidable statutory services are required
- Ensure fair charging where families have the means to pay.

Current position

Demographic analysis

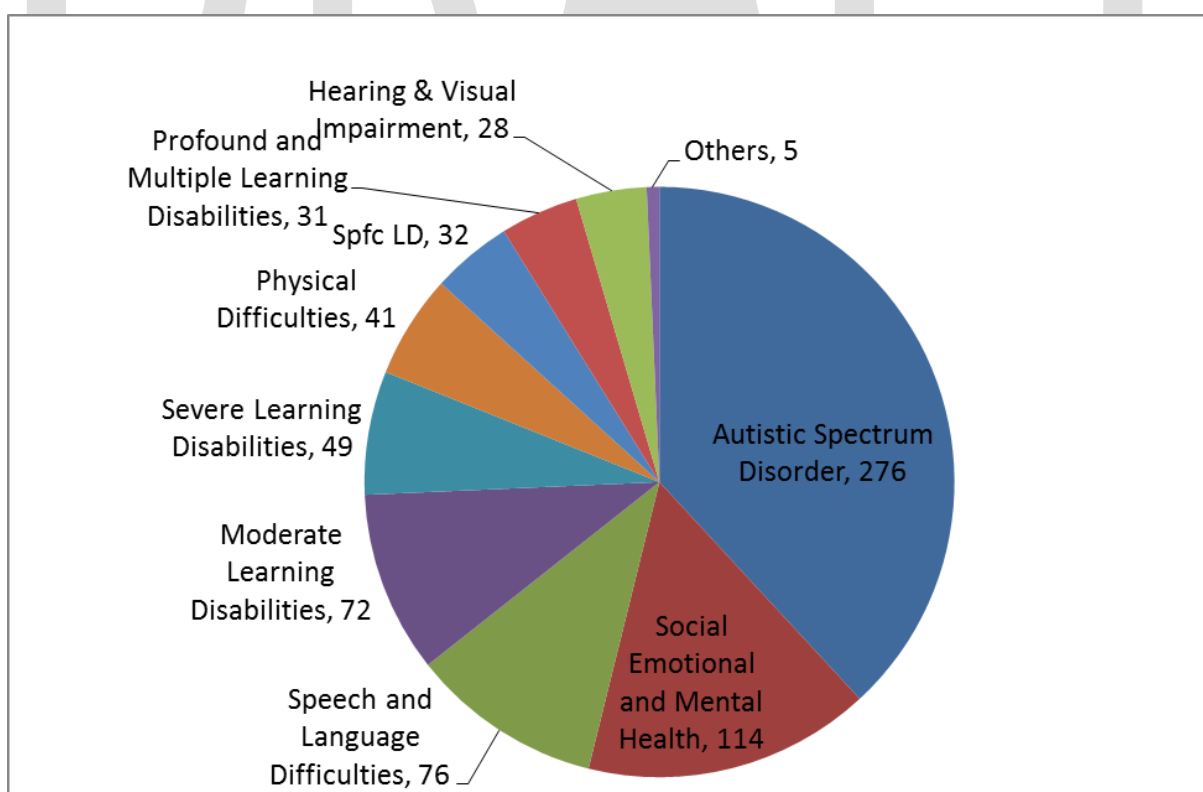
In 2013 Wokingham commissioned a demographic analysis of the borough. The analysis indicated that (in the short term) the underlying population in the primary sector would decline slightly, the secondary (11-16) cohort would increase in size, while the post 16 numbers would remain constant. Recent experience supports the broad patterns of change. The 10,000 new homes planned in the Borough’s Strategic Development Locations will lead to a significant growth in the population (being a 16% increase in the number of homes) but the anticipated build out rate (this is a 10 year plus programme) means this is unlikely to have a major impact in the time period of the strategy.



The proportion of children with statements of Special Educational Needs among Wokingham Children in Need population, including Children in Care is higher than is seen nationally, whilst there are relatively fewer children eligible for free school meals in Wokingham than seen nationally (CYPP 2015).

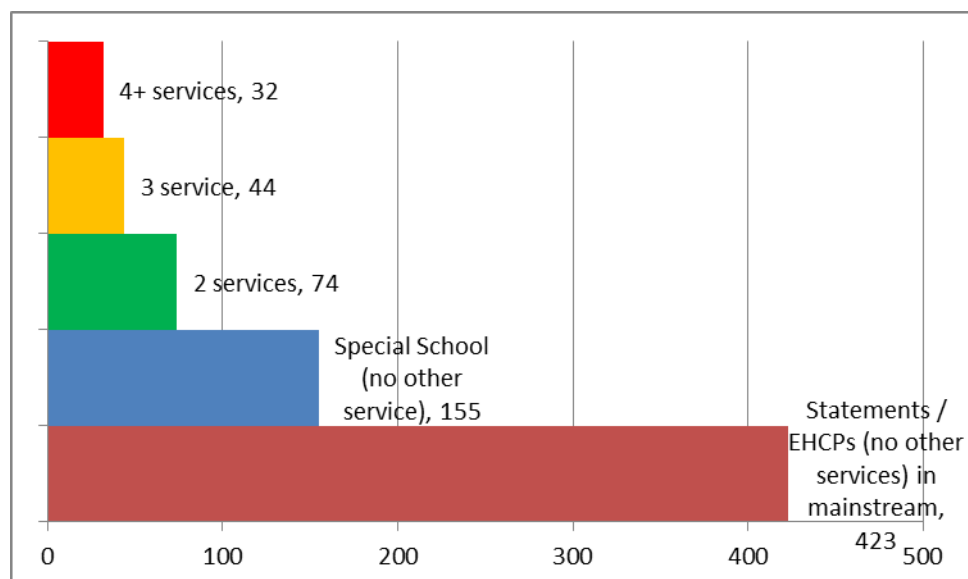
In 2015 there were 728 children with statements of special education need. The breakdown by primary need is set out in the pie chart below.

Number of Children with statements in 2015



Many Children receive a number of services from different WBC teams. The chart below summarises this information by number of services received.

Number of children receiving multiple services and with statements



In total 150 children receive at least 2 of the criterion. Around 50% of the 150 children (74 children) access all three of the criteria.

The largest group of children (37) accessing multiple services are those that have access to Bridges and a Special School (normally Addington). This represents 25% of the total number of children receiving multiple services. As the groups reduce in size the number of services received by the group increases which shows that those with more complex needs receive more services. Groups of 4 or more receive on average 3 services where as those in groups of less than 4 receive on average 4 of the services identified in the chart. Not included in the chart is School Transport, it is undoubtable that many of these children and others not recorded in the chart receive school transport as well as at least one of these services.

Current provision

| Primary Need / Activity | Setting |
|---|--|
| <i>Moderate, severe or profound learning needs</i> | Addington School |
| <i>Social Emotional and Mental Health needs</i> | Southfield School. |
| <i>Hearing impairments</i> | Ambleside Centre Emmbrook Junior School |
| <i>Autistic Spectrum Condition</i> and associated learning, communication and social difficulties | Wescott Infant School Westende Junior School |
| <i>Moderate to severe physical disabilities</i> | Lambs Lane Primary School and All Saints C of E Primary School |
| <i>Speech and language impairments</i> | Highwood Primary School |
| PRU (for pupils aged 5 to 16 who have been or who are likely to be permanently excluded) | Foundry College |

| | |
|---|--|
| from mainstream provision and older pupils who have been unable to access mainstream education) | |
|---|--|

Across Berkshire there are 4 schools and 1 college which provide education for high functioning children with Autism Spectrum Condition aged between 11-18.

Along with school and special school provision the Council provides range of services for children with learning difficulties.

Wokingham's "Local Offer" signposts children and their families to services the development of a Local Offer is one of a number of changes to the way children and young people with SEND are supported. The Local Offer helps parents, carers and young people to see clearly the range of services, support and information that are available in their local area and how to access them (WIN 2015).

Home to school transport is also included in this strategy; Wokingham spends in excess of £1.3m per year transporting 282 children with special education needs to school.

The early support programme provides a range of materials to help families with a disabled child. These include: A family pack with information about services available, booklets on a range of disabilities, and training courses for families and carer's.

Identified Need

Identification of need

Needs have been identified through structured interviews and questionnaires and area specific reviews carried out by Peter Grey (on SEN) and Clair Warner (on Alternative Provision). The 2013 Children in Need JSNA provides some further contextual analysis. Appendix 6 sets out the individuals and teams involved in the development of the strategy more fully.

JSNA

The JSNA shows that Wokingham Children in Need (including Children with Disability) do not make the same progress as Children in Need do nationally.

The 2013 Wokingham Children in Need JSNA (Joint Strategic Need Assessment) paper identified 258 Children in Need (a category that includes, but is not limited to children with disabilities). Of these 77% had some level of Special Education Need (43% with statements) and 39% were eligible for Free School Meals. Key Stage 2 results were below the national norms – with 30% of Children in Need achieving level 4 in both English and Maths (compared to 42% nationally). At Key stage 4 the disparity was less pronounced with 32% of Children in Need achieving 5+ A* to C GCSEs (compared to 34% nationally).

SEN capacity

Key identified deficiencies are for:

- Children and young people of secondary age with high functioning Autism (where approximately 20 children are placed out of the borough).

- Children and young people of secondary age with challenging behaviour and Autism.
- Primary age children in need of intensive behavioural support.

Better (in that it would be closer to home) and better value for money provision could be created in the borough. Consultation with SEND, Child Psychology and Early Years Professionals concurred that there was a need for more provision for those with Autism but also highlighted a need for more provision for children with challenging behaviour.

Workforce development:

The inclusion of 2 year olds and 16-25s into the assessment process creates a skill gap where workforce development is required to enable 2 year olds and 16-25s to be assessed and supported 2 year olds and 16-25s. SEND Reform has been identified as a priority in the Children and Young People Plan 2015 one of its priorities identifies the need to:

Implement the changes required to deliver on the supported changes set out in the Children and Families Act 2014 and go further to bring the child and family into the centre of assessment, planning and support processes (CYPP 2015)

SEN, Alternative Provision and integrated health and social care provision

The Council commissioned two reviews: SEN in 2012 by Peter Grey and Alternative Provision in 2014 by Clair Warner. Alternative provision is education otherwise than at school. It may be commissioned by the local authority (for children who have been permanently excluded or whose medical conditions preclude school education) or by schools themselves. It is generally required for children whose challenging behaviour cannot be managed successfully in mainstream provision. It is therefore closely related to services for children with Social Emotional and Mental Health issues. Analysis and comparison of the two papers was undertaken to identify common themes and recommendations. The analysis found that there are shared key characteristics in design and implementation that effect SEN/AP provision. Models that join up these characteristics are known as *whole service design* services. An Alternative Provision Group set up towards the end of 2014 that included the Council, schools and other key stakeholders agreed that the whole service model is the preferred way forward for Wokingham Borough. In addition to this professionals identified issues with the budgeting system which has two budgets for children with disability placements reflecting past service areas divisions.

Section 26 of the Children and Families Act 2014 creates a requirement for integrated health and local authority commissioning. There are a number of related services that are currently commissioned by both local authority and health commissioners (e.g. Occupational Therapy). This is inefficient and reflects past practise where services were not delivered in a joined up manner.

Accessing Multiple Services

Accessing multiple services is not a challenge for both the customer and WBC staff as there are multiple panels and funding streams for services for disabled children and families, children's social care and schools. Again there is a case for a whole service design to more closely integrate these service areas. It is also known that many children accessing the services identified in the chart will also be accessing transport services.

Early Help, Early Years and Voluntary Sector support services

Enhanced Early Help is key to reducing the future need for statutory services.

Early Years: Consultation with SEN Manager, Child Education Psychologist and Early Years Professionals identified capacity issues that could occur due to the reform to SEN through the Children and Family Act 2014. Most notably because children as young as 2 can now receive an assessment and 16 to 25 year olds still in education will continue to be monitored and assessed by the SEN team. Hypothetically if a child begins enablement early on he/she may not require services at all in the future if they are enabled early enough which in turn will reduce the work load of the SEN team. However before this reduction in long term need can be achieved there will be an initial period of extra work.

The ASSIST team work with children with learning disability to identify their needs, particularly the needs of children with autism. Family workers do not provide the same support for children without learning difficulties; this can result in problems later for the child who has learned poor behaviour because they have not received the appropriate help early on.

Amongst Wokingham experts the consensus is that approximately 10% of those that require overnight, day care and tea visits at Bridges may not have had to use the facilities if they received appropriate ASD training in their early years.

The Service Manager of Duty, Triage & Assessment agreed that there is disconnection between the two service areas and that the services should be bought closer together. It was noted that in this circumstance the impact on the team around the family is not high but it is high for the team around the child.

Wokingham's Sufficiency Strategy for Children Looked After and Care Leavers 2014-2017 came to the same conclusion. It identifies as a main priority the need to reduce the number of children becoming looked after, through early intervention and support for families.

Practitioners in the Team Around the Family and Team Around the Child (the Disabled Children team) have independently identified that the two services do not currently work in a sufficiently co-ordinated manner to provide a coherent and fully integrated service to children young people and their families.

Pre-diagnostic support for children with Autism provided by the Voluntary Sector is poorly co-ordinated and publicised. This is a problem because the ASD Diagnosis only pathway is significantly delayed with a lengthy waiting list and full support for children with ASD can be dependent on the formal diagnosis.

Home to school transport efficiency

The £1.3m spent on home to school transport is thought to be excessive; the major of this budget is spent on transporting children in low occupancy vehicles – taxis, and minibuses.

Home to school transport costs are high but the majority of people that use the services are happy with the service provided. Reasonable levels of satisfaction must be maintained whilst lowering the costs of transportation through more efficient use of resources that are available. This could mean using fewer low occupancy vehicles by streamlining routes creating collection points (bus stops) or enabling children to use other means of transport (bus, train etc). While children may receive free transport while they receive children's

services, only a minority of these children will be eligible for such support as adults. If they are to access health, work, leisure and education facilities they will need to be mobile, so it is important they gain independent travel skills but a support approach based on the provision of transport does not do this.

Empowering children and families

As well as the above mentioned workforce training the CYPP 2015 identifies the need to bring the child and family into the centre of the process. The Headliner research team were commissioned to identify the needs and desires of local children and families. Their report documented that children said that they would like:

- a greater range of age specific leisure activities (including family activities),
- better more personalised support (including at points of transition),
- better information and guidance (making it clear understandable and accessible) and
- better access to therapies and other support.

Short breaks service

Statutory service standards for short breaks

The disabled Children Team and Bridges need to continue to assure themselves through the continued review of the assessment process that service are provided in accordance with criteria derived from statutory need. Where such services are required the Children Act requires that they must be met in full. Some services are currently rationed through the operation of a waiting list and it is important that this is only used where the service is discretionary and not required to meet a statutory need under the Children Act.

Charging for short break services

Parents can be charged reasonable amounts for short breaks services under Children Act 1989 Part III S 29 (although people on income support benefit cannot be charged).

It is not lawful to levy charges on or for an individual receiving income related benefits such as income support, child or working tax credits, Job seekers allowance or employment and support allowance.”

Some charges are already in place for some services. Other services have similar charges that have no relationship to the cost of the service provided.

Short Breaks Capacity & Medium Term Care Provision

There is a waiting list for services provided by Bridges (Wokingham's short break facility) which makes responding to emergencies difficult. The result is that children that need unplanned services are taken into the facility sometimes at the expense of another less needy child and family whose spaces will be deferred to a later date.

This scenario rarely occurs but there is very little slack in the service to deal with emergencies. The Disabled Children Team identified that the gap in medium term care provision creates capacity issues for short breaks. The gap needs to be filled with family based overnight carers who could provide care for up to two weeks, and provide regular overnight and weekend stays. The DCT Management Team proposed specialist foster care or shared foster care with other authorities or a second facility like Bridges for medium term

care shared with other authorities. In their view medium term care could be out sourced but the market was too under resourced with too few providers and that no thorough work had been carried out to identify the specific medium care demand.

Shared care services (using approved local carers) are poorly developed.

Transition

The Children and Families Act 2014 provides for support for children and young people through Education Health and Care Plans up to the age of 25 in part to ensure the successful transition of those young people who are eligible to adult services.

Wokingham employs a support worker embedded in the ASC team, has transition meetings for children supported by the Disabled Childrens Team and provides coherent Care Pathways for children and young people as they leave care. Advice and support is signposted through our “Local Offer” web pages. A guide for families with young disabled people age 14 to 25 years is available to help young people with transition and Wokingham Information Network also provides comprehensive information: <http://directory.wokingham.gov.uk/kb5/wokingham/directory/advice.page?id=8ARAgcVENX0> . The analysis indicates that more must be done though.

Other local partners are developing transition support. The Berkshire Healthcare Foundation Trust are developing a four year “Ready Steady Go” transition programme (originally developed in Southampton) to support young people as they move to adults services. The initial focus is on neurodisability (with or without epilepsy), diabetes and mental health.

WBC has three broad categories of need where transition support may be required – and these are reflected in the data held in various WBC “systems”.

- Children with SEN whose details are recorded on the Capita One (“One”) management information system.
- Children in Need or in Care where details are recorded on the Frameworki system.
- Children with care packages (e.g. Bridges). Records are held manually / off main IT systems – and there is a transitional process to upload all such cases onto Frameworki (i.e. to formally record them as being Children in Need).

Children can be known to CS (and have needs that will exceed thresholds for Adult SC support) in each of these three “areas” individually or in any combination.

A few children may have care packages and nothing else (e.g. educated privately, or at home, respite care not exceeding threshold, no safeguarding concerns).

Approximately 8 out of 16 transitioning children each year are known to WBC only via their Special Education Needs (so are recorded on One only).

The other 8 will be known to WBC both through Frameworki and One, as children with SEN and who are also CiN / CiC.

Some children are known to SEN, but not CSC – these can arrive on the virtual ASC “doorstep” without forewarning. Moreover, where transition arrangements are in place the need for transition support can be flagged much later than the current guidance suggests (i.e. in the year before transition, not two years before).

Current recording & transition support services

Children in Care (CiC)

There is a statutory requirement for a Care Pathway for CiC. This includes (where relevant) children in care transitioning from children's to adult's services. The most significant issue here is that the transition assessment takes place late (1 year to go, not at age 14 onwards). Care Pathways are maintained to age 21.

Other Children

These are no formal pathways to signal a need for adult assessment. Parents / Carers / Young People apply directly for an assessment and support, having been prompted by other parents, schools, networks etc. This applies both children only "known" to the SEN team (and on One) and to some Children in Need (most of whom will be known to the SEN team).

Record categories

Children Services records

Capita One – records SEN categories and levels of need. There is a "broad brush" equivalence between the key ASC categories of Learning Difficulty (LD) (431 children), Mental Health (MH) (114 children) and Physical Disabilities (PD) (47 children). Some SEN categories do not necessarily indicate a continuing need for ASC services (136 children). The SEN and ASC categories do not map across directly though.

Frameworki – records two relevant categories – Children in Need (CIN) and Children in Care (CiC). CIN includes disability.

There is no straightforward way of mapping between the two systems (One and Frameworki). Children in Care should have UPNs (link numbers to One) entered into Frameworki, but most children's records will not.

Adult Social Care

Adults Social Care (ASC) support is assessed for needs including:

- Learning Difficulties (LD)
- Physical Disabilities (PD)
- Mental health (MH)
- Memory and Cognition (i.e. dementia – for older clients)

Of the three relevant categories LD is the largest as far as transition support is concerned – but with significant components related to MH and PD.

The CSC and ASC service pathways are based on different principles with different thresholds of need (based on the Children Act 89, the Children and Families Act 2014 and the Care Act 2014). Both ASC and CSC use the Frameworki system to record activity and need, though. There are no specific data fields to record co-working – any activity would be captured in text fields.

The table below records ASC assessment activity in the last year (2014 to 2015) by year of age and primary support need. Compared to SEND data above it can be seen there is a

marked fall off in the numbers assessed for ASC support compared to those with statements (so 21 18 year olds assessed, compared to 32 17 year olds with Statements). The most significant category of recorded primary need is Learning Disability (9 18 year olds, compared to 24 17 year olds with statements related to Learning Disability). Where no Primary Need is recorded ("None Listed") this includes young people who were deemed to have no statutory care need (so were referred to universal services). The other categories of need were much smaller in number (14 young adults or 22% of the under 25's assessed, excluding where no primary need has been identified).

The data currently provides no clear record of transition in practise and no information to enable any useful assessment of performance. It does though demonstrate that only a proportion of children provided with a children's service will receive an adult service and that some categories of SEND need do not translate into adult social care need.

| Age | Learning Disability Support - Learning Disability Support | Mental Health Support - Mental Health Support | None Listed | Physical Support - Access & mobility only | Physical Support - Personal care support | Sensory Support - Support for visual impairment | Social Support - Support for Social Isolation/Other | Grand Total |
|--------------------|---|---|-------------|---|--|---|---|-------------|
| 17 | 1 | | 3 | | | | | 4 |
| 18 | 9 | 2 | 9 | 1 | | | | 21 |
| 19 | 8 | | 2 | | | 1 | 2 | 13 |
| 20 | 7 | | 2 | | | | | 9 |
| 21 | 3 | 1 | | | | | | 4 |
| 22 | 9 | | | | 2 | | | 11 |
| 23 | 6 | 1 | | | 1 | | | 8 |
| 24 | 4 | | | | | | | 4 |
| 25 | 4 | 1 | | | 2 | | | 7 |
| Grand Total | 51 | 5 | 16 | 1 | 5 | 1 | 2 | 81 |

Information, Advice and Guidance Services

There are a number of separate services providing information, advice and guidance including Special Educational Needs and Disability Information Advice and Support Service (SENDIASS), SEND Local Offer, ASSIST and family workers. Re-design to consolidate services to secure the most effective information and advice that meets our quality standard is identified as a key priority.

Response to the identified need

SEN Capacity

We have identified that there is a need for more SEN capacity in the Borough's schools. This strategy recommends that we:

- Develop options to create new facility for children with challenging behaviour at,
- Develop proposals for an enlarged special school facility to serve primary age children,
- Develop a new mainstream Secondary ASD Unit,
- Consider the option of adding more capacity within existing schools.

Workforce development

Further workforce development is required to achieve the aims of the strategy. It should include: the Commissioning of training to support the inclusion of 2 year old children into SEND and training to support 16-25 year olds who are still in education but still require care.

Training needs to be provided to schools in the new code of practice so that they can fully implement the Children and Family Act 2014

SEN and Alternative Provision and Integrated Service Delivery

Alternative provision

This strategy endorses the recommendations set out by the Alternative Provision Group by agreeing that a Whole Service Design method is the logical way forward for future Alternative Provision. Wokingham Borough Council in partnership with schools and key stakeholders should engage in the design of a whole system approach to Alternative Provision for the vulnerable young people of the Borough. The provision will offer a high quality alternative to enable young people to maintain engagement thus improving their life chances and opportunities as adults. The pathways should be delivered through a range of quality assured providers of specialist provision building from the expertise already available in the borough.

Integration of services

A second recommendation is to bring teams that commission a range of services including specialist therapies together with the aim of creating a single process that will lead to a single budget for children with disability placements. The model will need to incorporate services for disabled children and families, children's social care, schools and transport and joint commissioning arrangements with NHS partners as the whole service must be envisaged as combined operation with key local partners and in particular with NHS bodies it will provide better efficiency and better clarity for the customer and those that work in the service area.

The service should be seamless to the customer and simplify the process for WBC staff by reducing the number of panels and funding streams.

Empowering families

A third recommendation is that the voice of the child and family should be central to assessment, planning and support processes by embedding in the Children and Family Act 2014 by:

- Embedding EHC Plans into our working practices
- Improving the local offer by listening to feedback and adding a rating button with comments from customers and providing a greater range of age specific leisure activities (including family activities) as recommended by the Headliner Report.

- working with health leads (i.e. NHS England and the Wokingham CCG and its commissioned partners including the Berkshire Healthcare Foundation Trust) by jointly establishing commissioning intentions
- develop further personal budgets and direct payments in line with the Headliner recommendations

Early Help & Voluntary Service support

Train and provide support for family workers so they can identify children with autism and offer them appropriate services which should divert families to different services at a low need level and away from the already oversubscribed short break services at Bridges.

Support the Voluntary Sector to develop a coherent, well publicised range of pre-diagnostic support services for children and families waiting for formal diagnoses of Autism.

Home to school transport efficiency

To improve the efficiency of home to school transport this strategy has identified two recommendations. Both recommendations address the Headliner Report findings on transport arrangements. The first recommendation is from work with our partner Futuregov (experts in designing public services through the smart use of new technology). This is an intended shift from Council provided taxis to independent parent arranged travel, supported by direct payments. This will be more flexible for parents and release resources to fund other improvements. The second recommendation is the introduction of independent travel training. It is a structured programme of activities, delivered in partnership with and directly by local schools and colleges to provide children and young people with SEN with the skills and knowledge to travel safely by their own efforts (walking or cycling) or public transport to their school or educational setting.

Both recommendations are expected to create efficiencies, through a modal shift to independent travel and parent organised travel. Independent travel training will free individuals to travel by themselves using public transportation, allowing them greater independence as both children and adults.

Short breaks review

Statutory service standards for short breaks

The Disabled Children Team and Bridges review the assessment process to ensure that service are provided in accordance with criteria derived from statutory need.

Personalisation and short breaks

This strategy recommends the development of a personalised service, with more customer choice, and a move to a personalised, person centred planning approach. Short breaks funding comes from non-ring-fenced Revenue Support Grant, and as such are subject to the same financial pressures as other services across the authority. Better value for money through increased personalisation and fair charging parents that have the means to pay will be developed within the timeframe of this strategy. We will:

- Consider how services can be designed around personalisation and carry out market research to identify the services that our customers want
- Consider the impact of personalisation on current services
- Consider the costs and pricing of the services that are provided
- Explore how the market can be developed to allow for personalisation

Personalisation will also be achieved by the increased adoption of personal budgets and direct payments. This will require a development of brokerage and quality assurance services to ensure that needs are met and funds allocated appropriately.

Short Breaks Capacity & Medium Term Care Provision

Medium term provision is required to release the pressure on short term provision. Medium term care means family based overnight care that can be provided for up to two weeks as well as provide regular overnight and weekend stays. This strategy recommends that:

- market research is carried out to identify the specific needs within the borough
- the costs and benefits of commissioning/sharing a medium term breaks facility with other authorities are investigated
- the option of pump priming interested parties to help stimulate the local market is examined
- the council continues to invest in the recruitment of specialist foster carers

Shared care services to provide local carers to support families in need of respite care will be considered and implemented

Transition

There is a need to ensure that co-working takes place and that the statutory assessment takes place as the conclusion of a managed transfer process that commences, where possible two or more years before service delivery commences. Future data sets should enable WBC to evaluate the extent to which ASC co-work with Children's Services in a timely manner (normally from age 14) before ASC services commence. The statutory assessment takes place approximately 2 months before the service commences – i.e. at the earliest just before the young person turns 18.

Objectives

| Special Educational Needs | |
|---|--|
| Special Education Needs Capacity | |
| In the next 3 years we will | <p>In the next 3 years we will:</p> <p>Design and construct an ASD Unit for high functioning young people with Autism</p> <p>Design and Construct a unit for children with ASD and challenging behaviour</p> <p>Extend the age range of special school primary provision</p> |
| We will know we have | Two ASD units are in place, one for high functioning pupils and one for |

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| succeeded if: | children with challenging behaviour. Our special schools offers support to both KS1 and KS2, including on site services to years 3 to 6. |
| SEN Workforce Development | |
| In the next 3 years we will | Commission training to support SEN staff so they are further enabled to support 2 year old children and 16-25 year old young adults with their SEN needs Provide training for teachers to bring them up to date with the Children and Family Act 2014 Design, implement and monitor a performance indicator set that monitors the demand on the capacity of the SEN team and the SEN's team's response to increased demand |
| We will know we have succeeded if: | SEN staff are enabled to support 2 years and 16-25 with their SEN needs All teachers are trained in the new code of practice and understand the SEND Reform There is clear understanding of the capacity needs of the SEN team to meet the demand any increase in demand for their services |
| SEN, Alternative Provision Design and integrated service delivery | |
| In the next 3 years we will | In partnership with schools, the NHS and other key stakeholders design of a whole system approach to Alternative Provision for the vulnerable young people of the Borough. Monitor the number of providers on offer Bring together the current teams responsible for commissioning a range of services for children with disabilities to create a single process Develop joint commissioning arrangements for the delivery of specialist therapies and resources as identified through EHCP plans |
| We will know we have succeeded if: | Implemented the whole service design Pooled or aligned budgets for children with disability placements Provided clarity of funding accountabilities the range of providers of specialist provision increased and the numbers of children using the facilities have increased |

| Home to school transport | |
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| Efficiency | |
| In the next 3 years we will | Use the work of our partner Futuregov to develop a home to school transport scheme that promotes independence and resilience. Provide travel training to children so that they can travel to school by themselves |
| We will know we have succeeded if: | More children are enabled to travel independently Parents report satisfaction and confidence with travel arrangements |

| Disabled Children Team | |
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| Personalisation and Short Breaks | |
| In the next 3 years we will | <p>Review the costs and pricing of the services that are provided</p> <p>Design services around personalisation and carry out market research to identify the services that our customers want</p> <p>Carryout market research to identify the appetite for change</p> <p>Consider the impact of personalisation on the short breaks facility</p> <p>Explore how the market can be developed to allow for personalisation</p> <p>Develop personal budgets and direct payments</p> |
| We will know we have succeeded if: | We understand the implications of personalisation and offer support to enable families to develop personalised services using personal budgets. |
| Statutory service standards for short breaks | |
| In the next 3 years we will | Review the assessment process to ensure that services are provided in accordance with criteria derived from statutory need. |
| We will know we have succeeded if: | We have confirmed that services are provided in accordance with criteria derived from statutory need |
| Medium Term Care Provision | |
| In the next 3 years we will | <p>Carry out market research to identify the specific needs within the borough</p> <p>Consider the option of pump priming interested parties to help stimulate the local market is examined</p> <p>Understand any costs and benefits of commissioning/sharing a medium term breaks facility with other authorities are investigated</p> <p>Continue to invest in the recruitment of specialist foster carers</p> <p>Consider and if viable promote the development of a network of local shared carers.</p> |
| We will know we have succeeded if: | <p>We understand the specific service needs within the borough and are able to</p> <p>We have explored the cost benefits for commissioning and sharing medium term breaks facilities with other authorities and have acted upon the results</p> <p>We have recruited sufficient specialist foster carers.</p> |

| Early Years & Voluntary Sector | |
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| Pre-diagnostic support for children with autism without SEN | |
| In the next 3 years we will | <p>We will train and provide support for family workers so they can identify children with autism and offer them appropriate services which should divert families to different services at a low need level and away from the already oversubscribed short break services at Bridges.</p> <p>The Voluntary Sector offer for pre-diagnostic support for children with ASD will be enhanced and presented as a coherent offer through the Local Offer.</p> |
| We will know we have | Family support workers are able to identify children with autism and direct them to appropriate services that will reduce their need for more expensive |

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| succeeded if: | <p>services in the future.</p> <p>Children and families will report that they have received appropriate and effective voluntary sector support while waiting for formal diagnoses of ASD.</p> |
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Multiple Service Objectives

Accessing multiple Service

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| In the next 3 years we will | Join up children's social care, education, health, schools and transport services so the process of accessing these services is seamless for the customer and WBC workers |
| We will know we have succeeded if: | <p>There is one port of call for the customer to access these services</p> <p>Panels and funding streams have been simplified.</p> |

Empowering the Child and their family

Giving families control

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| In the next 3 years we will | We will work to embed partnership working with parents across integrated services and empower families through Personal Budgets |
| We will know we have succeeded if: | Families report to us that their voice is heard, that services reflect their needs and hold and use personal budgets to meet their children's needs |

Transition

Ensuring successful transfers to adult services

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| In the next 3 years we will | <p>We will ensure that robust procedures are in place to ensure that all children who are expected to need adult services have a supported transition process, where possible from age 14.</p> <p>We will create the data tools to enable us to see that the transition process is managed successfully.</p> |
| We will know we have succeeded if: | <p>Our data tools will report 100% compliance with the transition quality standard (that the initial transition contact is made at least two years before the adult services commence or shortly after the child's level of need is documented (where children conditions arise or where they move into the borough within two years of their likely entitlement to adult services)).</p> <p>That parents, carers and young people report that they were properly supported during the transition process.</p> |

| Information Advice and Guidance | |
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| Integrating services | |
| In the next 3 years we will | We will review our information advice and guidance activities (Special Educational Needs and Disability Information Advice and Support Service (SENDIASS), SEND Local Offer, ASSIST and family workers) to create a single source of support for families. |
| We will know we have succeeded if: | Families are receiving timely advice and support with the Councils' financial constraints. |

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