

WOKINGHAM SEND STRATEGY (0-25)

2021 – 2024

VERSION 5.0 – SUBMITTED FOR PUBLIC CONSULTATION

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Please note: this draft of the SEND Strategy and Action Plan reflects work complete to date and will develop further subject to the outcomes from consultation.

The consultation will run between 18th December and 31st January.

At this stage any views and feedback are welcome on this draft: please feel free to feed views into:

Matthew Booth

Email: mgbooth1980@hotmail.co.uk

Phone: 07534 917824

1. INTRODUCTION

Wokingham is a great place for children and young people to grow up. The area is vibrant and has a strong local economy. Most families in Wokingham benefit from high quality housing and access to good community services. Schools in Wokingham are excellent. Healthcare provision across the Berkshire West area is accessible and high quality. The aspiration set out in this Strategy is that Wokingham is a great place for children and young people with SEND to grow up.

There are several good services and support locally for children and young people with SEND in Wokingham and their families. There is a good range of public and privately funded resources for Wokingham children and young people with SEND. Parents and carers of children and young people with SEND in Wokingham benefit from an extremely active and engaged Parent Carer Forum, as well as advocacy, advice and support from outstanding independent, voluntary, community and charity sector organisations.

However, like many local areas, Wokingham faces several challenges which need to be addressed in the coming years in order to improve outcomes for children and young people with SEND. The needs of children and young people are changing and increasing in the context of sustained pressures on public finances. The impact of the COVID-19 pandemic is already being felt in terms of additional pressures on funding for local public services and dramatic shifts in the way that services are provided, which present further challenges for improving outcomes for children and young people with SEND.

Over the years, pressures on funding for SEND support have increased significantly. Increases in demand and the challenges of meeting needs locally has driven increases in placements for children and young people outside Wokingham, which has put additional pressure on available funding. Although investments have been made in strengthening local provision (including expansion of Special provision in the Borough) and further investments are set to follow in the coming years, costs of placements in the Independent and Non-Maintained Sector and with travel assistance for children and young people with SEND accessing education out of borough are significant and unsustainable at their current rate.

Trend data show that the demand for SEND support in Wokingham is increasing. Over the last few years there has been a significant upward trend in the numbers of children and young people with Education Health and Care Plans (EHCPs) and numbers of children and young people requiring SEN support in schools. There have been notable increases in demand for support in relation to Autism Spectrum Disorder (ASD) and Social and Emotional Mental Health (SEMH) in particular. The numbers of younger children (aged 7-11) requiring some form of SEN support has increased significantly over the last three years, partly as a result of changing demographics and needs, and partly as a result of better assessments and more successful early identification and prevention.

Strategic partners across Wokingham are committed to putting children and young people at the heart of everything they do. The signatories to this document are committed to improving outcomes for children and young people with SEND over the next three years, and this Strategy sets out how this will be achieved.

2. UNDERSTANDING LOCAL NEEDS PART 1: SUMMARY OF INSIGHTS FROM ANALYSIS OF LOCAL QUANTITATIVE DATA

This Strategy sets out strategic priorities which will give particular focus to planning and delivery over the next three years. These priorities, and the actions which will deliver them, have been informed by a Strategic Needs Analysis.

The Needs Analysis has two parts. Part one is based on analysis of quantitative data relevant to SEND needs, trends and priorities. Part one is summarised below; the detailed data analysis can be found in **Appendix 2**.

Conclusions from analysis of quantitative data	Some of the implications for the SEND Strategy
<p>1. Needs and support requirements relating to SEND have increased significantly in Wokingham between 2017 and 2020; analysis of trend data suggests that future increases are likely over the next three years.</p>	<p>The sufficiency of local provision will need to feature as a priority area in the SEND Strategy. This will be a challenge in the context of upward trends in needs and demand for services and support, and availability of resources to meet needs.</p>
<p>2. Trend data from 2017-2020 show increasing numbers and proportion of Wokingham children and young people with EHCPs. The increases are in excess of local population growth (approximately 4% over the past 3 years, compared with an increase of 8% in the number of children and young people with EHCPs between 2019 and 2020).</p>	
<p>3. Within this group, the increasing numbers of younger children (in Reception, KS1 and KS2) with EHCPs requires attention, and explanations for this require further research and discussion. Although absolute numbers are small, between 2019 and 2020 there was a 75% increase in the numbers of children at Reception age with EHCPs. Data collected at the local level also demonstrates increased demand for support for children aged between 3 months and 5 years. Increases in the numbers of children at early Curriculum years have potentially significant implications for increased demand for services and support in coming years.</p>	<p>Special attention should be given in the Strategy to how best meet the needs of younger children, and provision at Early Years. This is partly a question of sufficiency of provision, and partly a matter of ensuring successful transitions e.g. to primary education.</p>
<p>4. In terms of primary SEN needs featured in EHCPs, various datasets show the greatest areas of need as consistently being for ASD, SEMH, SLC and MLD. In recent years, there have been significant proportionate increases in ASD and SEMH in KS2 and KS3 particularly. This also has potentially significant implications for demand for services and support as these children age through the education system.</p>	<p>The Strategy and Action Plan will need to set out clear actions to address growing demand for support in relation to ASD, SEMH, SLC and MLD. A clear, shared definition and understanding of “MLD” also merits attention in the Strategy.</p>

Conclusions from analysis of quantitative data	Some of the implications for the SEND Strategy
<p>5. Through consultation on the SEND Strategy in general, the sufficiency of local support for SEMH-related needs is an area which professionals, parents and carers have consistently flagged as a priority area of focus for the SEND Strategy.</p>	<p>A multi-profession, co-produced, partnership approach is required to sufficiently address needs relating to SEMH in the next three years.</p>
<p>6. Reviews of EHCPs show there are increases in several types and levels of SEN needs at KS2 level. Explanations for this, implications of services and how the system needs to be shaped over the lifetime of this Strategy require further research and discussion. As of 2020, more children at KS2 receive SEN support than any other Curriculum Year (41% of the total number of children and young people receiving SEN support are in KS2). In terms of SEN Support, there are also increasing levels of needs relating to ASD in KS2 and an upward trend between 2017 and 2020.</p>	<p>The Strategy should clearly address how support in advance of and around KS2 will strengthen and improve in the coming years. This has implications for commissioning sufficient support, as well as ensuring appropriate transition arrangements are in place and planned for ahead of time; that information sharing between professionals is effective; and families are engaged in a genuinely coproduced approach to addressing needs.</p>
<p>7. There is also a general upward trend in demand for SEN Support. Currently 9% of children and young people in Wokingham receive SEN Support, and numbers of children with SEN support in state-funded Wokingham schools have increased significantly since 2017. Increases in SEN support needs related to SEMH across most Key Stages over the last three years is particularly striking.</p>	<p>The Strategy will need to include clear actions to strengthen inclusion in mainstream education, and the support that is ordinarily available in Wokingham schools to support children and young people with SEND or possible SEND needs to be clarified.</p>
<p>8. As with many other local areas across the country, it is a consistent struggle to ensure that needs are met through local provision in Wokingham. A significant proportion (approximately 33%) of children and young people with EHCPs are educated Out of Borough. Over 62% of children and young people educated out of borough are 16+.</p>	<p>The Strategy must include a clear, (multi-strand) plan for enhancing the sufficiency of local provision and reducing dependence on out of borough placements. There will be several components to this, including commissioning, clarification of the ordinarily available offer, a clear strategy for resource bases, and more efficient and effective working between professionals and families.</p>
<p>9. Collectively, the scale and nature of trend increases has significant implications for the strategic approach to strengthening local arrangements for children and young people with SEND and their families: particularly in relation to the sufficiency of in-borough provision particularly for areas of growing need; support for children and young people in mainstream settings, and strengthening transition arrangements between school years and into adulthood.</p>	

3. UNDERSTANDING LOCAL NEEDS PART 2: SUMMARY OF INSIGHTS FROM STAKEHOLDER ENGAGEMENT AND QUALITATIVE DATA

It is important that qualitative information about the needs of children and young people with SEND and their families, how well these needs are being met currently, and what needs to change in the coming years, is also included in this Strategy in order to give greater context and meaning to the quantitative data analysis, and create a more comprehensive picture of what works well in Wokingham in relation to support for children and young people with SEND and their families, and what needs to improve in the coming years.

Part two therefore summarises some of the key areas of strength and areas for improvement identified by Parents and Carers in Wokingham, professionals across services, and through the joint inspection of services for children and young people with SEND and their families carried out in 2019.

Views of Parents and Carers on what works well in Wokingham

Throughout last year (2019), SEND Voices Wokingham (Wokingham's Parent Carer Forum) carried out several engagement events, coffee mornings, Local Offer Live events and focus groups, in order to identify the practice, support and delivery which Parents and Carers valued and felt were effective in Wokingham, as well as areas for improvement and development. Areas of strength identified through this extensive engagement work included:

- Some extremely passionate and able professionals across different services and agencies providing support for children and young people with SEND
- Valuable and highly regarded support from the SENDIASS service
- Some strong examples of effective work to improve outcomes on the part of particular schools, Headteachers and SENDCos
- Extremely highly regarded support from Addington special school

However, several areas for improvement and development were also identified, including:

1. Early intervention is critically important and needs to be strengthened
2. A range of improvements are needed to improve and strengthen the EHCP process – more work is needed to improve the timeliness and quality of EHCPs, and the processes around and feeding into assessments also need work to improve
3. Several aspects of local provision are not sufficient at the moment – including local education provision, social and emotional mental health provision,
4. Communication between professionals, and children, young people and families, needs to improve
5. Transport provision for children and young people with SEND to access education placements is a priority area of concern for parents and carers – issues around safeguarding, appropriateness and consistency around provision have been raised in several stakeholder engagement events, as well as communication between professionals and families
6. Better communication and information sharing is needed in order to address the needs of vulnerable children and young people with SEND
7. Arrangements for successful transitions to adulthood needs much more focus and improvement, to ensure young people are not “lost in transition”. Better information sharing and teamwork across services and professions is needed to achieve this,
8. Too many variations in effectiveness across different services for children and young people with SEND – for example in terms of education outcomes and health outcomes – greater

consistency of effectiveness is needed

9. Generally closer working and more effective communication with parents and carers – a consistently effective “coproduced” approach is needed to ensure the best possible outcomes for children and young people with SEND

Insights from the joint inspection of SEND provision in Wokingham

In the Spring of 2019, a joint inspection between Ofsted and the Care Quality Commission (CQC) found that there were several strengths in Wokingham’s local area approach to support for children and young people with SEND, their parents and carers. These included:

a) Effective work and support to identify special educational needs and/or disabilities early

- Strong and effective collaboration and communication between health professionals working in child development and those in the acute sector, which helps to identify a child’s needs at the earliest point
- Well-trained staff in early years educational settings working well with health professionals to identify SEND needs quickly
- Speech and Language therapists working effectively to support early identification of need, “drop in” services provide additional support, and comprehensive screen assessments help to identify early children who may have ASD
- Helpful assessments of young people entering the youth offending service, and inclusion of speech and language therapists and CAMHS specialists in the service helps to improve assessment and access to support
- Work to strengthen information sharing between health professionals enables a more rounded overview of a child or young person’s needs

b) Several clear examples of how the needs of children and young people with special educational needs and/or disabilities are being met effectively

- Some good multiagency working in relation to early years support (e.g. through the early years support panel)
- Some strong partnerships and teamwork between professionals across education, health and care to provide support for children and young people with SEND in schools, and several examples of effective working by Wokingham SENCos
- Some support for children and young people whilst waiting for neurodevelopmental assessments is very highly valued by parents, for example the local autism spectrum service for information, support and training
- Local voluntary, community and charity organisations provide some excellent support to children and young people with SEND, and their parents and carers
- Therapy services working effectively as part of an integrated therapy service

c) Several clear examples where partners across Wokingham have worked to improve outcomes for children and young people with SEND

- Some good educational outcomes for children with an EHCP, with results at KS2 and KS4 above the national average
- Some good examples of support for children and young people with SENDS to improve

- longer term outcomes, for example through access to training and employment
- Additional focus on reducing school exclusions for children and young people was also identified as welcome
- Children and young people being well supported in the in-patient unit to continue learning and education
- Constructive efforts to improve health services by using feedback and health data effectively were highlighted as a positive development

However, overall the inspection found that significant improvements to Wokingham's support for children and young people with SEND and their families are needed. Several specific areas for improvement were identified; these are summarised below:

1. Wokingham needs a **clearly communicated and co-produced SEND Strategy and accompanying action plan**, which are shared and understood across education, health and care, and which are focused on improving the outcomes of children and young people with SEND.
2. The **timeliness and quality of EHCPs** needs to improve
3. **Co-production** at the strategic level to inform effective co-production at all other levels is lacking and needs focused development
4. The **quality of management information** to inform accurate evaluation and energise service improvement needs to improve
5. **Joint working and joined up thinking** and delivery between professionals across education, health and social care needs to be strengthened
6. Successful **transitions** to adulthood also requires focused improvement in Wokingham.

The key areas for improvement identified through the joint inspection inform the priorities within this strategy, and the priority actions set out in the Action Plan.

There are several examples of great services and support for children and young people with SEND and their families, and this strategy aims to strengthen and build on these. However, several areas for improvement have also been identified by parents and carers and professionals in Wokingham, and regulatory bodies, and these too will help to shape the priorities and actions set out in this Strategy and Action Plan.

4. OUR VISION AND STRATEGIC PRIORITIES

Based on our analysis of local needs and engagement with stakeholders including professionals across agencies and disciplines, and the feedback and views of parents and carers, we have established a simple vision for this strategy, which will be delivered through four clear strategic priorities. **Our Vision is:**

We will work together to deliver better outcomes for children and young people with SEND.

To achieve this we will:

1

2

3

4

Build local provision to better meet local needs...

Delivered through an efficient, effective, well managed system....

With real coproduction embedded at all levels of planning & delivery...

Enabled through intelligence & strategic commissioning.

56

- Sufficiency and consistency of local SEND provision
- Defining consistent universal offer and “ordinarily available” provision
- Future direction and strategy for inclusion and support offer in mainstream settings
- Improving the value for money (effectiveness and cost) of resource base provision
- Define the future direction and strategy for in-borough special provision
- Focus on gaps / issues of concern to parents, carers, children and young people: e.g. mental health and transport services

- Strengthening “transitions” of all types – into adulthood, between mainstream and special, between school years, “managed moves”
- Embed a consistent graduated approach across Wokingham
- Early intervention, prevention and forward planning is embedded in assessment and decision-making
- Timeliness and quality of assessments reflects the above
- Make it easier for parents and carers to engage with services

- Drive meaningful co-production at a strategic and individual level
- Strengthen genuine partnership between professionals, children, young people, parents and carers in the way services are planned, delivered and reviewed
- Effective implementation of the SEND Coproduction Charter, with systematic reviews to ensure change is happening on the ground
- Consistently effective approaches to evaluation and management of service user feedback

- Strengthen quality and use of data and evidence-led planning
- Develop a single shared view of local needs across the area
- Genuinely strategic joint commissioning
- Early intervention and prevention central to commissioning
- Strengthen the focus on outcomes / impact on people’s lives in performance management, and management of implementation of the SEND Strategy

5. OUR THREE-YEAR ACTION PLAN

This Section sets out the Strategic Actions that will deliver against the 4 Strategic Priorities set out in the Section above, over the course of the next three years.

Although all the Strategic Actions have been identified as critically important to improving outcomes for children and young people with SEND and their families, a small number of **Top Priority Actions** have been identified for immediate action.

These Top Priority Actions are highlighted in **PINK** in the Action Plan on the following pages.

PLEASE NOTE THAT WORK IS ONGOING THROUGHOUT DECEMBER TO ASSIGN OWNERS AND TIMESCALES TO THE ACTIONS, AND REFINE FURTHER THE LIST OF PRIORITY ACTIONS.

Strategic priority	Key Actions
1. Local provision which meets local needs	<ul style="list-style-type: none"> • Improve the sufficiency and consistency of local SEND provision: right support/right time/right place to meet current & future needs • Establish a consistent and coherent universal offer and define what is “ordinarily available” • Define the future direction and strategy for inclusion and offer in mainstream settings • Reviewing and improving the value for money (quality, effectiveness and cost) of resource base provision • Define the future direction and strategy for special provision • Focus on strengthening the local area approach to mental health and SEND transport services
Key actions	
1.1	Collaborate with schools and partners to complete and implement the “ordinarily available” offer linked to actions to embed a graduated approach (see Actions for Priority 2), which clearly sets out expected outcomes and support available to professionals
1.2	Implement the outcomes from a collaborative, co-produced and comprehensive review of resource base provision, contracted services and services provided via SLAs. Determine desired outcomes, appropriate success measures and KPIs, and timescales for completion
1.3	Create SEND identification guidance/tools for use by professionals at all stages to highlight indicators of where further assessment, intervention or referral might be necessary to improve outcomes, drawing on existing tools and good practice and the “Identifying additional needs” tool developed in 2020 by health partners
1.4	Continue to develop and strengthen a co-ordinated approach to SEND training and development, taking a multi-agency approach where appropriate and embedding use of resources such as the Berkshire West Multi-Agency Training Directory, and outreach support from Addington. Review and evaluate annually to identify impact on outcomes, gaps, issues, emerging requirements (links to 1.1)
1.5	Put the support and investment in place to ensure the local offer provides a map of local services (e.g. education, health and social care) with links to appropriate referral processes used by professionals in Early Years and schools. Organise the information by concern/need as well as service provided

1.6	Support SENDIASS, case officers and key stakeholders to develop a programme of support for Early Years and Mainstream Schools to have structured conversations with parents/carers about a child or young person's potential SEND needs, which helps support a graduated approach towards improving outcomes.
1.7	Support SENDIASS and key stakeholders to strengthen guidance and information for school governors, NQTs and SENCos on awareness and early identification of SEND, availability of local support and processes for access to local services and support
1.8	Establish an action plan for a co-ordinated approach to reducing school exclusions, based on a Therapeutic Thinking approach, and establish goals and targets for reducing exclusions of children and young people with SEND (links to 2.4)
1.9	Develop a 5-year forward plan for local special education provision, based on predictive analytics, forward planning based on current cohorts, levels and types of need, and known future developments in the borough (e.g. re: Special education). Ensure sufficient commissioning of therapies and school nursing arrangements is in place (links to 1.1 and 1.2)
1.10	Strengthen the approach to SEND Transport, focusing on successfully implementing new Home to School Transport and Travel Assistance Policies, take a coproduced approach to improving SEN transport service operations, ensure that SLAs, SOPs and provider training reflect the needs of SEN children and young people (links with 1.9)

Strategic priority	Key Actions
1. Local provision which meets local needs	<ul style="list-style-type: none"> • Improve the sufficiency and consistency of local SEND provision: right support/right time/right place to meet current & future needs • Establish a consistent and coherent universal offer and define what is “ordinarily available” • Define the future direction and strategy for inclusion and offer in mainstream settings • Reviewing and improving the value for money of resource base provision • Define the future direction and strategy for special provision • Focus on strengthening the local area approach to mental health and SEND transport services
Key actions	
1.11	Implement outcomes from the Review of Commissioning Arrangements for Specialist Independent and Non-Maintained Provision (completed Autumn Term 2019); specifically recommendations in relation development of local SEND provision, post 16 and 19 provision
1.12	Continue to build on and develop work progressed through Future in Mind and mental health teams in schools, e.g. ensuring SEMH guidance is in place for education settings, including range descriptors, and which reflects Therapeutic Thinking. Ensure that the “ordinarily available” work addresses SEMH needs
1.13	Implement outcomes from reviews of multiagency support available for young people with Learning Disabilities and / or Autism, who are at risk of requiring hospital admission. Incorporate into this work outcomes from the “CYP Positive Behaviour Service Model”
1.14	Pending outcomes of feasibility assessment, establish an Intensive Support Team for under 18 children with SEND (including MLD, ASD and SEMH) – is this realistic? Where would funding contributions for this come from?
1.15	Develop a project to improve post 16 education, learning, careers advice, employment and training for young people with SEND. Scope could include mapping of post 16 provision; reviewing post 16 OT, SALT and Physio provision for sufficiency and effectiveness; audit based review of post 16 provision in mainstream schools using Gatsby benchmark standards for careers provision in SEND; working with schools/colleges to review curriculum and LSA support for learners with SEND; strengthening careers advice and support tailored to the needs of children and young people with SEND

1.16	Develop new post 19 supported internship provision and review the impact of this, as well as establishing demand for future provision, annually
1.17	Develop an agreed definition and expected standards for employment related curriculum and delivery for young people with SEND, based on Gatsby benchmarks and promote the understanding and use of this across all Post 16 providers. Make use of employment and internship pathway in place at Addington to help support development in mainstream schools as needed
1.18	Engage peers / other local authorities and providers / children and young people in reviewing Local Offer content relating to Post 16 education and employment with parents/carers/young people. Incorporate appropriate outcomes from the POET survey into this work.
1.19	Map local day services and alternative provision in the community, including opportunities for young people who may not meet criteria for social care provision. Identify areas where alternative provision is being used effectively, gaps and areas for improvement, and develop a plan to address these
1.20	Explore feasibility of information events/network for Post 16 young people with SEND and their families, with a focus on independent living, education and careers

Strategic priority	Key Actions
2. Delivered through an efficient well managed system	<ul style="list-style-type: none"> • Strengthening “transitions” of all types (e.g. into adulthood, between mainstream & special, school years, “managed moves” • Embed a consistent graduated approach across Wokingham • Early intervention, prevention and forward planning is embedded in assessment and decision-making • Timeliness and quality of assessments reflects the above • Make it easier for parents and carers to engage with services
Key actions	
2.1	Build on work delivered by multiagency SEND groups to review and improve processes for joint working within and between SEND services, e.g. Working Together & frontloading multiagency input into needs assessments, and strengthening frontloaded multiagency working to improve EHCP timeliness, quality and effectiveness. Evaluate success of pilot approaches, identify any gaps and actions for further improvement
2.2	Strengthen the process for checking on progress and development of children and young people with SEND, including effective monitoring against outcome measures continuing to strengthen the approach to Annual Reviews
2.3	Create information on Post 16 education & employment pathways and make these available to mainstream schools for use early in transition planning
2.4	Apply outcomes from SEND data set for attainment and exclusions to delivery of targeted support (including outreach) to improve attainment and exclusion outcomes (links to 1.8)
2.5	Based on a clear and consistent understanding and definition of MLD across the local area, co-ordinate profiling of children with MLD who are transferring from mainstream to special schools to establish the nature of their learning needs, additional difficulties and age profile to determine feasibility of catering for more of these pupils in MLD resourced units in mainstream schools. Ensure that what is meant by ‘MLD’ is clearly defined

2.6	Embed goals and targets to improve outcomes in commissioning (including joint commissioning) agreements, Service Level Agreements, and contracts for services to children and young people with SEND and their families. Embed value for money evaluation of outcomes delivered against requirements in all commissioning, and ensure consistency of KPIs across commissioned and jointly-commissioned services
2.7	Agree an approach and process for longer term tracking (as well as at point of EHC cease) and reporting on outcomes and destinations from commissioned post 16 courses
2.8	Review approach to “managed moves” of children and young people with SEND, identifying actions for improvement such as strengthening forward planning and communication, and engagement with children, young people and families.
2.9	Review, refresh and implement outcomes from the Review of Commissioning Arrangements for Specialist Independent and Non-Maintained Provision (completed Autumn Term 2019); specifically recommendations in relation to contracts and quality assurance, culture change, EHCPs monitoring and review, transition arrangements, the need to embed “plan, do, review” in commissioning (links to actions in 1.1)
2.10	Define ambitious and stretching targets for improving educational attainment for children and young people with SEND over the next 3 years

Strategic priority	Key Actions
2. Delivered through an efficient well managed system	<ul style="list-style-type: none"> • Strengthening “transitions” of all types, e.g. into adulthood, between mainstream & special, between school years, “managed moves” • Embed a consistent graduated approach across Wokingham • Early intervention, prevention and forward planning is embedded in assessment and decision-making • Timeliness and quality of assessments reflects the above • Make it easier for parents and carers to engage with services
Key actions	
2.11	Research and identify examples of good practice in transitions between educational settings. Establish a project group (potentially an existing T&F group) to create a co-produced transitions guidance document, including a standard transitions form template. Circulate this and upload to the Local Offer website. Support SENDCos in primary and secondary to work together around strengthening transition support
2.12	Review the transition processes from Children’s services to adult services, specifically: from Children’s Therapy Services to Adult Therapy Services; from CAMHS to Adult Mental Health Services / CMHT; from Paediatric to Adult Health services. Develop monitoring arrangements to ensure that transition process is efficient, documented, shared and applied consistently, and define reporting and accountability arrangements to achieve this
2.13	Review and update protocols relating to Multi Agency Transitions, develop performance indicators and agree monitoring procedures. Promote across stakeholder groups, consider engagement events and scope potential training requirements across agencies. Consider the value of a multi-agency transition event to help promote transition protocols

2.14	Co-produce a transitions information pack, with flow charts, and promote this to professionals and families, including via the Local Offer website (action also features in Priority 3) (links with 2.11)
2.15	Ensure that the transitions team and representatives from adults services are included and engaged in Local Offer events
2.16	Transitions team invited to attend a termly “support and review” meeting with special schools, for those young people who will or may be transitioning to adult services

Strategic priority	Key Actions
3. With real coproduction embedded at all levels of planning & delivery...	<ul style="list-style-type: none"> • Genuine partnership between professionals, children, young people, parents and carers in the way services are planned, delivered and reviewed • Coproduction in design, implementation and review • Consistent and implementation of the SEND Coproduction Charter, with systematic reviews to ensure change is happening on the ground • Consistently effective approaches to evaluation and management of service user feedback
Key actions	
3.1	Coproduct the “ordinarily available” offer with appropriate agencies and stakeholders, including parents, carers and their representatives, and the Wokingham Youth Forum. Ensure that expectations of the “graduated approach” are shared across all stakeholder groups, and arrangements for monitoring and evaluating impact of the ordinarily available offer are understood and agreed. Collaborate across stakeholder groups to promote and share outcomes from this work
3.2	Implement the Wokingham Coproduction Charter across agencies: including self-assessment and implementation guidance included in the Charter. Review progress and effectiveness of implementation bi-annually and report outcomes to appropriate governance groups
3.3	Engage children and young people in work to review and strengthen transition arrangements (see Actions in Priority 2). Seek feedback on current approaches / outcomes and identify key areas for improvement, for example through a Transitions Survey to help evaluate success of the transitions process and identify areas for improvement
3.4	Co-produce a transitions information pack, with flow charts, and promote this to professionals and families, including via the Local Offer website (action also features in Priority 2)
3.5	Engage with parents and carers and incorporate feedback on resource base provision (areas of strength and development) - to feed into review of resource base provision

3.6	Continue to strengthen engagement with school/education networks in delivery, monitoring and review of the SEND Strategy and Action Plan
3.7	Engage parents, carers, service users and Youth Forum in reviews and development of local provision. Ensure that any assessments made of performance/sufficiency are shaped by parent, carer and service user views
3.8	Review all actions across the SEND Strategy and Action Plan for coproduction requirements: prioritise and forward plan coproduction actions and activities to ensure key areas of the SEND Strategy are sufficiently coproduced
3.9	Review commissioning / grant funding arrangements in relation to third sector/parent carer representative organisations, with a view to strengthening coproduction in delivery of the SEND Strategy and Action Plan

Strategic priority	Key Actions
4. Enabled through intelligence and strategic commissioning	<ul style="list-style-type: none"> • Strengthen quality and use of data and evidence-led planning • Develop a single shared view of local needs across the area • Genuinely strategic joint commissioning • Early intervention and prevention central to commissioning • Strengthen the focus on outcomes / impact on people’s lives in performance management, and management of implementation of the SEND Strategy
Key actions	
4.1	Implement the outcome measures associated with the SEND Strategy: set baselines and targets for improvements over the course of the Strategy, review progress against commitments to improve outcomes annually (as a minimum)
4.2	Based on analysis of performance against targets goals and desired outcomes, identify examples of local best practice. Review this best practice for opportunities for learning across agencies, development and improvement of local provision, promotion of best practice across the local area
4.3	Develop more effective approaches to predicting future needs: e.g. through consultation across stakeholders including service users, parents and carers; targeted research into specific issues and likely trends in coming years; strengthened approaches to predictive analytics, modelling scenarios around future needs & demand
4.4	Use data relating to SEND attainment and exclusions to inform the development of targeted support to all education settings to help improve outcomes for children and young people
4.5	Annually review performance against attainment, employment and training objectives for post 16 young people with SEND, identifying areas of success and areas for development, for the purpose of determining targeted support/interventions to improve outcomes
4.6	Review, refresh and implement outcomes from the Review of Commissioning Arrangements for Specialist Independent and Non-Maintained Provision (completed Autumn Term 2019); specifically recommendations in relation to Financial Management, decision making and commissioning, data systems and reporting, opportunities for specific savings on identified placements (see also

4.7	Collate information on numbers of young people with SEND going to university and develop case studies to highlight good practice
4.8	Engage with Adult Services to review actions within the SEND strategy, and identify opportunities for re-tendering/recommissioning services for children and young people with SEND, and greater alignment between Children's & Adult Social Care commissioning
4.9	Drive effective strategic planning and joint-commissioning across the Berkshire West area (e.g. in relation to therapies) and strengthen engagement with Berkshire West joint commissioning meetings, and communication within organisations about opportunities at the Berkshire West level
4.10	Strengthen strategic engagement with Berkshire West SEND strategic groups: actively explore further opportunities for alignment of SEND Strategies across Reading, Wokingham and West Berkshire, joint planning, commissioning and procurement
4.11	Continue to develop and strengthen the Wokingham SEND data dashboard. Develop the dashboard to assist further in forward planning, joint planning, evaluation of performance and effectiveness, and to aid with strategic commissioning.

6. OUTCOME MEASURES: HOW WE WILL KNOW WE HAVE MADE A DIFFERENCE

In order to ensure the SEND Strategy and Action Plan focused on delivering the greatest possible positive impact on outcomes for children and young people with SEND and their families, strategic partners and key stakeholders have developed a set of **Outcome Measures**.

The Outcome Measures have been developed by key stakeholders with support from the Council for Disabled Children (CDC). They are based around “I Statements”, with clearly measurable indicators attached to each statement. The “I Statements” are:

1. I am physically and mentally as healthy as I can be
2. I am happy
3. I feel supported
4. I feel safe
5. I am included and active in my local community
6. I am hopeful for the future
7. I am as independent as I can be
8. My family and/or the people who care for me are supported.

Performance against these Outcome Measures will be monitored and reviewed by the key groups responsible for delivering the Actions set out in the Action Plan (see Appendix 1). Arrangements for monitoring performance against these Outcomes is set out in the Governance Section (Appendix 3).

The Outcome Measures are as follows. Within the set of measures, some **key measures** have been identified for priority attention in terms of monitoring and oversight. The key measures have been highlighted in **BLUE**.

Outcome	Measures
1) I am as physically and mentally healthy as I can be	<ul style="list-style-type: none"> • % CYP missing school or college due to ill health • % CYP children and young people with SEND who state that they know how to stay healthy • % CYP with SEND measured as obese, in proportion to overall population of children and young people (NCMP measurements, but not broken down by SEND). • Average length of waiting time for services e.g. CAMHS Therapies, paediatrics. • Benchmarked against national info. • # CYP with LD on GP LD register (aged 14+) • % of above having an annual health check (aged 14+) • Mental Health Services dataset • # CYP attending A&E as a result of self-harm • % asthmatic CYP reporting confidence in using their asthma inhaler • # schools taking up Mental Health training • # CYP accessing emotional health and well-being services

2) I am happy	<ul style="list-style-type: none"> • % YP with SEND who are employed and report that they enjoy their job • % CYP with SEND who report that they have at least one good friend (can potentially get snapshot from Supported Employment Service – limited numbers as only includes people known to SES). • % CYP with SEND actively involved in a hobby (as above). • % CYP with SEND reporting anxiety/reduction in anxiety • Outputs from Mental Health in Schools work • Outputs from POET survey • Electively Home Educated data capture. • KPIs in voluntary sector contracts (Camp Mohawk, for example)
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Outcome	Measures
3) I feel supported	<ul style="list-style-type: none"> • % CYP with SEND who report that they have at least one person (adult or peer) who supports them and who they trust • % CYP with SEND who gave a high rating (1-4) for the support they received in achieving their goals over the last 12 months • % parent carers who stated that they know who to contact to get the support they need for their child/YP • % YP with SEND who are in training or employment state that they have the right level of support to achieve their goals
4) I feel safe	<ul style="list-style-type: none"> • Appropriate safeguarding / Child Protection / Child in Need indicators, measures and targets • % CYP with SEND who stated that they have someone to talk to at school about a worry or concern that they have • % CYP with SEND who feel safe in their local community • % CYP with SEND who told a member of staff about being bullied stated that the bullying has now stopped
5) I am included and active in my local community	<ul style="list-style-type: none"> • % of absences / exclusions pertaining to CYP with SEND in mainstream education provision • % CYP with SEND who reporting that they have at least one good friend • % of those who can't access mainstream activities that have suitable activities they can access • % CYP with SEND actively involved in a hobby • % CYP with SEND who are able to access mainstream activities • % CYP with SEND in local mainstream school

6) I am hopeful for the future	<ul style="list-style-type: none"> • % of CYP with SEND who self-report the following quality measures: • I feel I have a plan for the next 12 months, which has been developed in a timely manner (also “I know where I am going to be next year” “I know & understand what my plan is (who my class teacher will be, who else I will be in class with etc.) and when it has changed • I have had an annual review in the last XX months, and I was meaningfully involved/was able to express my thoughts/views • I am looking forward to where I am going to be next year • I feel I have meaningful opportunities to achieve in employment • I feel I have the support I need to achieve my plan • % of CYP that have had a careers advice interview • % of CYP that have had a review • % of CYP at transition point who have a plan and % of CYP at transition points who have the support they need in place (named professional) • % of CYP with F/E, H/E or EET offer
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Outcome	Measures
7) I am as independent as I can be	<ul style="list-style-type: none"> • % children who are ‘school ready’ (2.5 yr check/phonics screening/e- red book) • % CYP having some say in where they are living • % children who are able to engage with the community activity of their choice • % YP with SEND who access the national curriculum (at an appropriate level/differentiated) • Indicators from physiotherapy • % CYP with SEND who are NEET • % CYP attending FE and beyond (who wish to) • % CYP in supported living/living in the setting of their choice • % CYP who self-report they are involved in their transitions (all points) • Appropriate data from aggregated Annual Reviews
8) My family and/or the people who care for me are supported	<ul style="list-style-type: none"> • % CYP/Family who report they feel supported during EHC NA process • % CYP with SEND who are LAC because of family break down • % CYP, parents and carers accessing short breaks/activities/ respite • % families who report they have knowledge and use the LO • % families who report they know who to go to for support/advice • % families accessing children’s centres • % families accessing/ supported by EAL/interpreter services/VI/HI/MSI • SENDIASS and SEND Voices surveys with parents and carers/POET

APPENDIX 1: SEND STRATEGY STRATEGIC NEEDS ANALYSIS (Part 1 expanded detail)

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2	Section Two: The needs of children and young people with SEND in Wokingham	30
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4	Section Four: Summary of conclusions and implications for the SEND Strategy	40

Please note that this section, as with others in the current draft strategy, is in development. Work is still underway to ensure that appropriate data from across local services is included in the Needs Analysis.

EXECUTIVE SUMMARY OF KEY MESSAGES FROM THE DATA

1. **Needs and support requirements relating to SEND have increased significantly** in Wokingham between 2017 and 2020; analysis of trend data suggests that future increases are likely over the next three years.
2. Trend data from 2017-2020 show **increasing numbers and proportion of Wokingham children and young people with EHCPs**. The increases are in excess of local population growth (approximately 4% over the past 3 years, compared with an increase of 8% in the number of children and young people with EHCPs between 2019 and 2020).
3. Within this group, the **increasing numbers of younger children (in Reception, KS1 and KS2) with EHCPs requires attention**, and explanations for this require further research and discussion. Although absolute numbers are small, between 2019 and 2020 there was a **75% increase in the numbers of children at Reception age with EHCPs**. Data collected at the local level also demonstrates **increased demand for support for children aged between 3 months and 5 years**. Increases in the numbers of children at early Curriculum years have potentially significant implications for increased demand for services and support in coming years.
4. In terms of primary SEN needs featured in EHCPs, the greatest areas of need show consistently across various data sets as being for ASD, SEMH, SLC and MLD. In recent years, there have been **significant proportionate increases in ASD and SEMH in KS2 and KS3 particularly**. This also has potentially significant implications for demand for services and support as these children age through the education system.
5. Through consultation on the SEND Strategy in general, **the sufficiency of local support for SEMH-related needs** is an area which professionals, parents and carers have consistently flagged as a priority area of focus for the SEND Strategy.
6. Reviews of EHCPs show **there are increases in several types and levels of SEN needs at KS2 level**. Explanations for this, implications of services and how the system needs to be shaped over the lifetime of this Strategy require further research and discussion. As of 2020, **more children at KS2 receive SEN support than any other Curriculum Year (41% of the total number of children and young people receiving SEN support are in KS2)**. In terms of SEN Support, there are also increasing levels of needs relating to ASD in KS2 and an upward trend between 2017 and 2020.
7. **There is also a general upward trend in demand for SEN Support**. Currently 9% of children and young people in Wokingham receive SEN Support, and numbers of children with SEN support in state-funded Wokingham schools have increased significantly since 2017. **Increases in SEN support needs related to SEMH across most Key Stages** over the last three years is particularly striking.
8. As with many other local areas across the country, it is a consistent struggle to ensure that needs are met through local provision in Wokingham. A significant proportion (**approximately 33%) of children and young people with EHCPs are educated Out of Borough**. Over 62% of children and young people educated out of borough are 16+.
9. Collectively, the scale and nature of trend increases has significant implications for the strategic approach to **strengthening local arrangements for children and young people with SEND and their families**: particularly in relation to **the sufficiency of in-borough provision** particularly for areas of growing need; support for children and young people in **mainstream settings**, and **strengthening transition arrangements** between school years and into adulthood.

1. GENERAL TRENDS

The number of children and young people in Wokingham with EHCPs has increased significantly in recent years and current (2020) data indicates further increases in coming years are likely.

The January 2019 SEND2 Census showed there were 934 EHCPs being maintained by Wokingham Borough Council, an increase from the 2018 census of 67 plans (7.72%). There was an 8.1% increase between the 2017 and 2018 census in the total number of EHCPs. (Source: SEND2 Survey 2019). In the Jan-Aug 2019 period there was an increase of 68 plans, equal to a full year increase of plans seen in 2018 and 2017. (Source: WBC Performance data August 2019).

Data from 2017-19 showed that approximately 2.5% of school-age children had EHCPs, which as of August 2019 compared favourably with data from Regional and Statistical Neighbours. However, based on increases in numbers of children and young people with EHCPs in 2020 so far (+8%), which is significantly above the rate of overall population growth, stakeholders and analysts expect this proportion to increase over the lifetime of this Strategy.

In August 2019 the percentage of the school population with a Statement or EHC plan was 2.5%, a rate which had been stable since 2018. This figure put Wokingham 0.6% below the national and regional average (3.1%) for the same period.

Regional and Statistical Neighbours have seen increases over the past few years in line with the national average, with figures above the Wokingham proportion by 0.8% and 0.45% respectively. (Source: SEND2 Survey 2019)

Although trend data from 2017-19 showed that the proportion of the school population with EHCPs was holding at approx. 2.5% (Table 1 below) current 2020 data (Table 2a below) shows that funded EHCPs have increased by 8% over the first six months of FY20-21, whilst the local population has grown by an estimated 4% (Wokingham JSNA). On the basis of this trajectory, stakeholders and analysts predict that over the lifetime of this Strategy the absolute number of children and young people with EHCPs is likely to increase, as is the proportion of the school population with an EHCP.

Table 1 – Percentage of school population with an EHCP 2017-2019

	2017	2018	2019	% point change from 2018
Wokingham	2.4%	2.5%	2.5%	0%
South East	3%	3.1%	3.3%	0.2%
Statistical neighbours	2.75%	2.81%	2.95%	0.14%
England	2.8%	2.9%	3.1%	0.2%

Table 2a: Total EHCPs funded by Wokingham

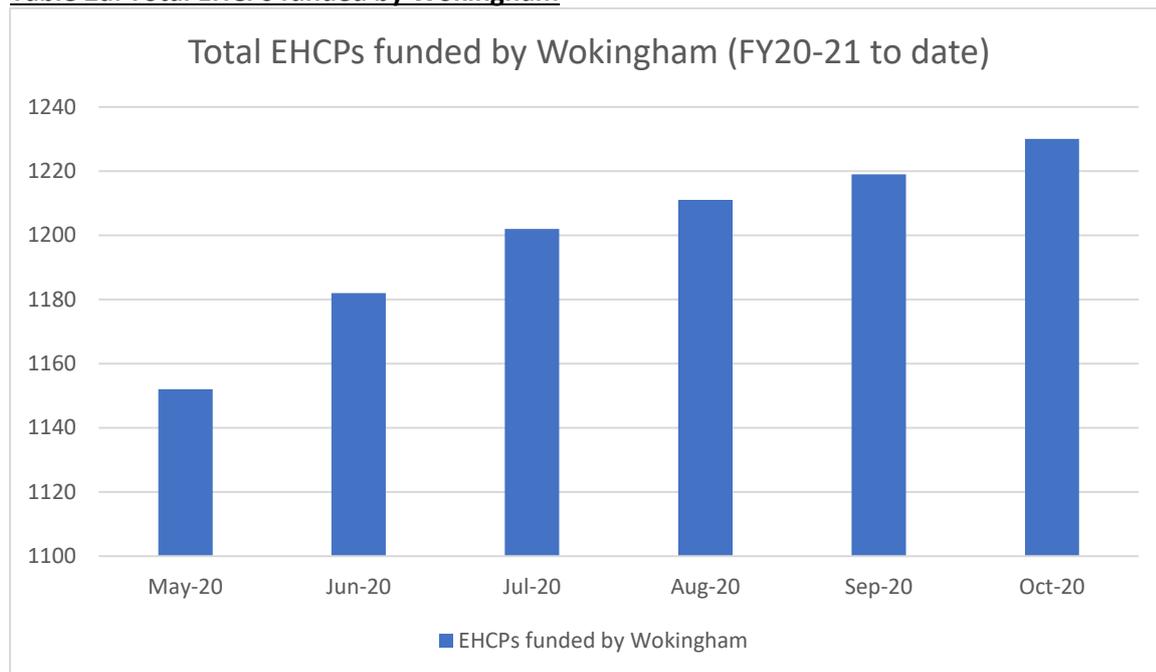


Table 2b below shows the relative proportions of children and young people with EHCPs in different age groups, for 2018, 2019, and current proportions for 2020.

Table 2b: EHCPs funded by Wokingham by age-group, 2018-2020

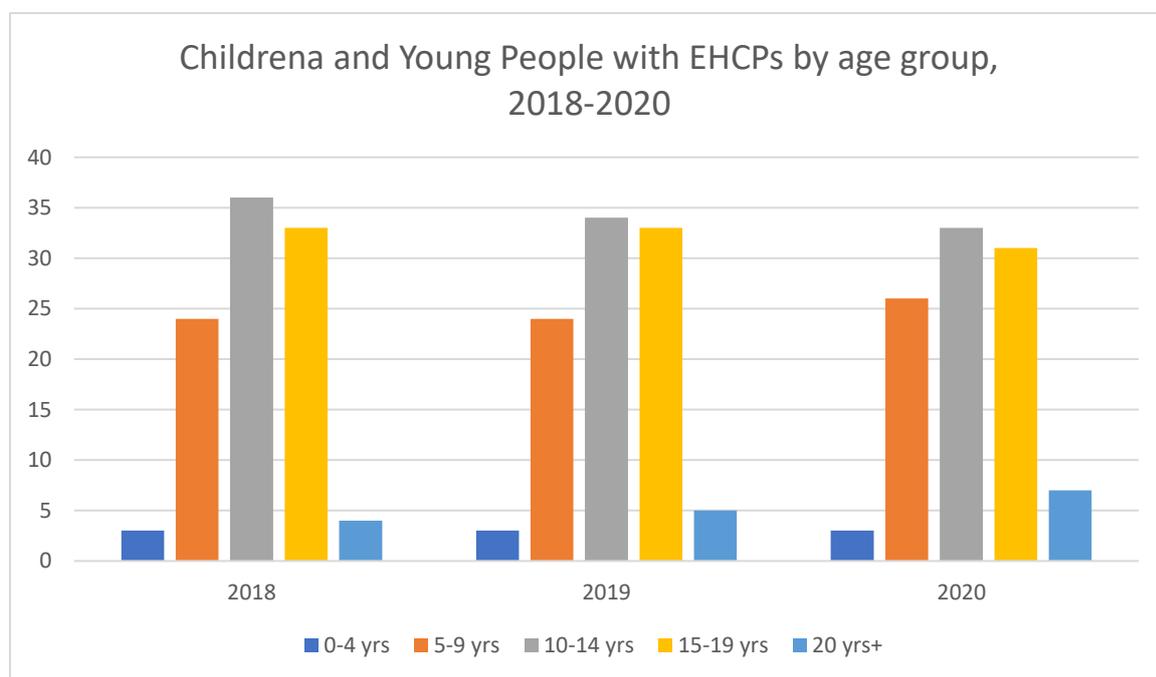


Table 2b shows that the greatest proportion of children and young people with EHCPs are aged between 10-14, with roughly the same proportion aged 15-19. The overall distribution of EHCPs across age groups has remained relatively constant across the three years reviewed, although the proportion of young people aged 20+ with EHCPs has increased over the 3 year period (from 4% in 2018, to 7% in 2020).

Table 2c below shows the gender breakdown of children and young people with EHCPs, 2018-2020.

Table 2c: Children and Young people with EHCP by gender, 2018-2020

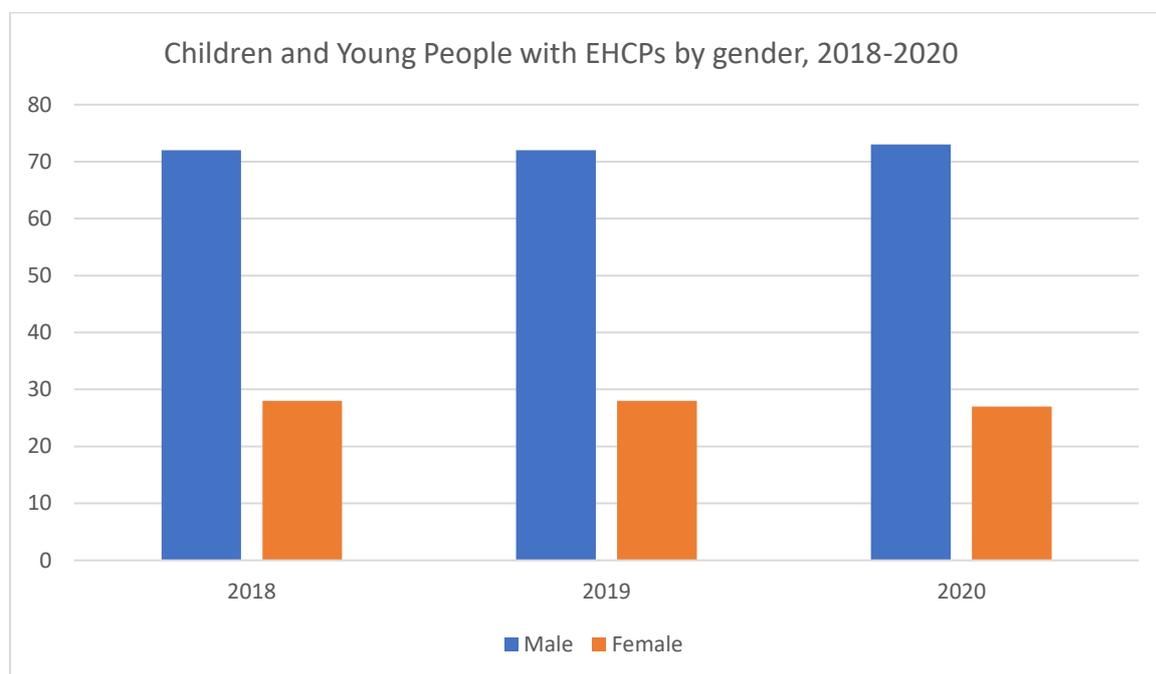
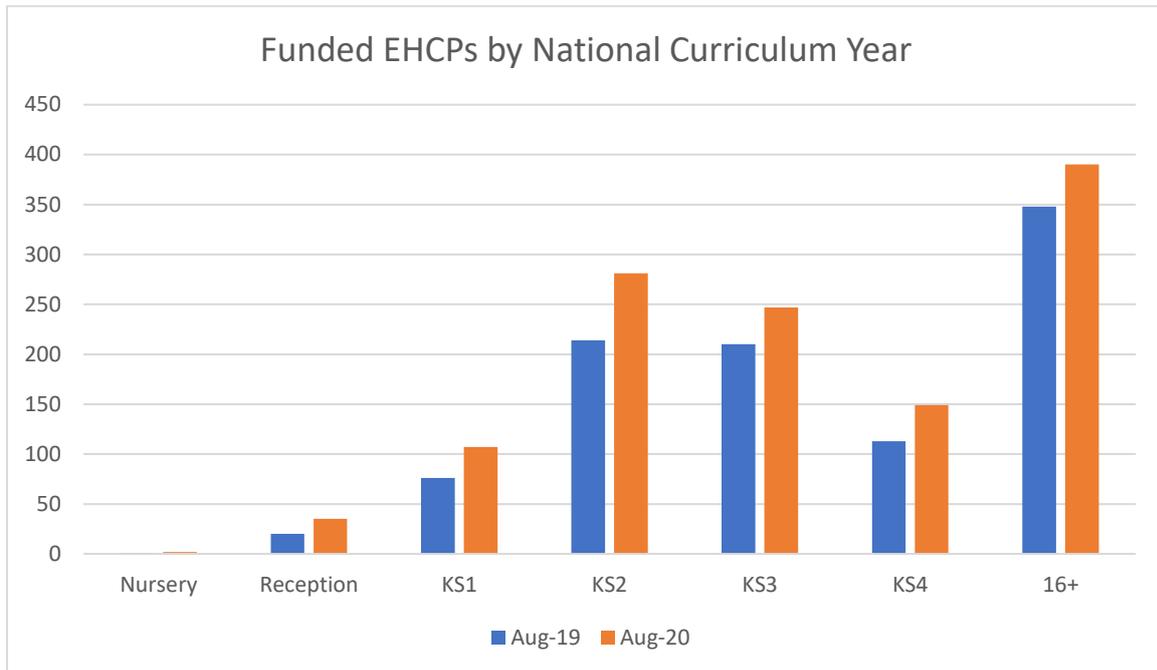


Table 2c shows that the proportions of males and females with EHCPs has remained constant over the last three years, (72-73% male, 27-28% female). This would suggest that males are consistently over-represented in the cohort of children and young people with EHCPs when compared with the gender breakdown of the overall school population.

The number of children with EHCPs has increased across all Key Stages between FY19-20 and FY20-21, as show in Table 3 below (please note that in order to compare full year data, August 2019 and August 2020 are compared in this table):

Table 3: Funded EHCPs by National Curriculum Year

Closer examination of these data shows the biggest proportionate increases in numbers of children with ECHPs between 2019 and 2020 were in the following National Curriculum cohorts:

- 75% increase in Reception (although absolute numbers are small)
- 41% increase in KS1
- 32% increase in KS2

Increases in numbers of younger children with EHCPs at earlier Curriculum years potentially suggests likely increases in demand for services and support in future years, as younger children age through the system.

In addition to the data which shows increases in demands for SEN Support and EHCPs for younger children over the past three years, data collected at the local level also demonstrates increased demand for support for younger children such as those under the age of 5. For example, the Dingley's Promise Impact Report 2019 shows that 323 children aged between 3 months and 5 years were supported in 2019-20, which is more than double the number supported in 2018-19.

Explanations for these increases requires further investigation: for example, they could be explained by increases in needs amongst younger children, or reflect the outcomes of better early intervention and early identification of needs, or a combination of these and other factors.

Insights from consultation into increasing demands for EHCPs at certain Key Stages

As part of the consultation on the SEND Strategy, professionals, parents and carers discussed the increases in demand for support at certain Key Stages and the possible reasons for these. Stakeholders reported that at KS2 education becomes more formalised, the level of complexity of discussion in the classroom increases significantly and this can 'exclude' certain children, for example those children whose language is delayed. Children with ASD are also likely to require significant support in terms of devising an appropriate KS2 curriculum. Parents, carers and professionals are all determined to ensure that children and young people are not "left behind" at KS3, when the education curriculum becomes

more challenging, which also partly explains some of the demand pressure for EHCPs at KS2.

SENCOs are able to support teachers for certain levels of need, but pupils with exceptional need require additional support. SENCOs report that there are cases in which children could cope in secondary education if they were given the right level of support and don't necessarily need an EHCP. However, faced with the challenges of ensuring that all children and young people are supported to achieve their academic potential regardless of their needs, there is increasing pressure in the education system particularly at KS2 to apply for EHCP and secure the support for the child this enables. This sets up a very challenging situation for professionals across education, health and care, who all want to do what is best for the child or young person.

Consultation over the course of this strategy revealed the critical role of a well-informed case officer to help manage these challenges – and help to achieve the best overall way to support children and young people to get the support they need to learn and thrive.

In recent years, professionals have noted an increase in private professional assessments (e.g. private EPs and SALTs advising parents that their children require EHCPs; private dyslexia assessments producing reports recommending EP assessments), which have also helped increase the demand for assessments and EHCPs at KS2.

SECTION 2: THE NEEDS OF CHILDREN AND YOUNG PEOPLE WITH SEND IN WOKINGHAM

Needs of children and young people with EHCPs

Table 4 shows the number of EHCPs by primary need type for the total EHCP cohort aged 0-25, from 2018-2020.

Table 4: EHCPs by primary need type (2018-20)

Primary Need	2018		2019		2020	
	#	%	#	%	#	%
ASD	342	39	374	40	440	41
Hearing impairment	23	3	26	3	26	2
Moderate LD	96	11	91	10	97	9
Multi-sensory impairment	2	0.2	2	0.2	2	0.2
Other difficulty/disorder	4	0.5	4	0.4	6	0.6
Physical disability	50	6	50	5	53	5
Profound and Multiple LD	33	4	35	4	38	4
SEMH	156	18	170	18	215	20
Severe LD	77	9	89	10	96	9
Speech, Language and Communication needs	60	7	69	7	80	7
Specific LD	20	2	21	2	20	2
Visual impairment	2	0.2	3	0.3	3	0.3
Not recorded	2	0.2	0	0	2	0.2

The table shows that the **top three primary needs** have remained consistent over the past 3 years:

- Autistic Spectrum Disorder (39-41%)
- Social, Emotional and Mental Health (18-20%)
- Moderate Learning Difficulties (9-11%)

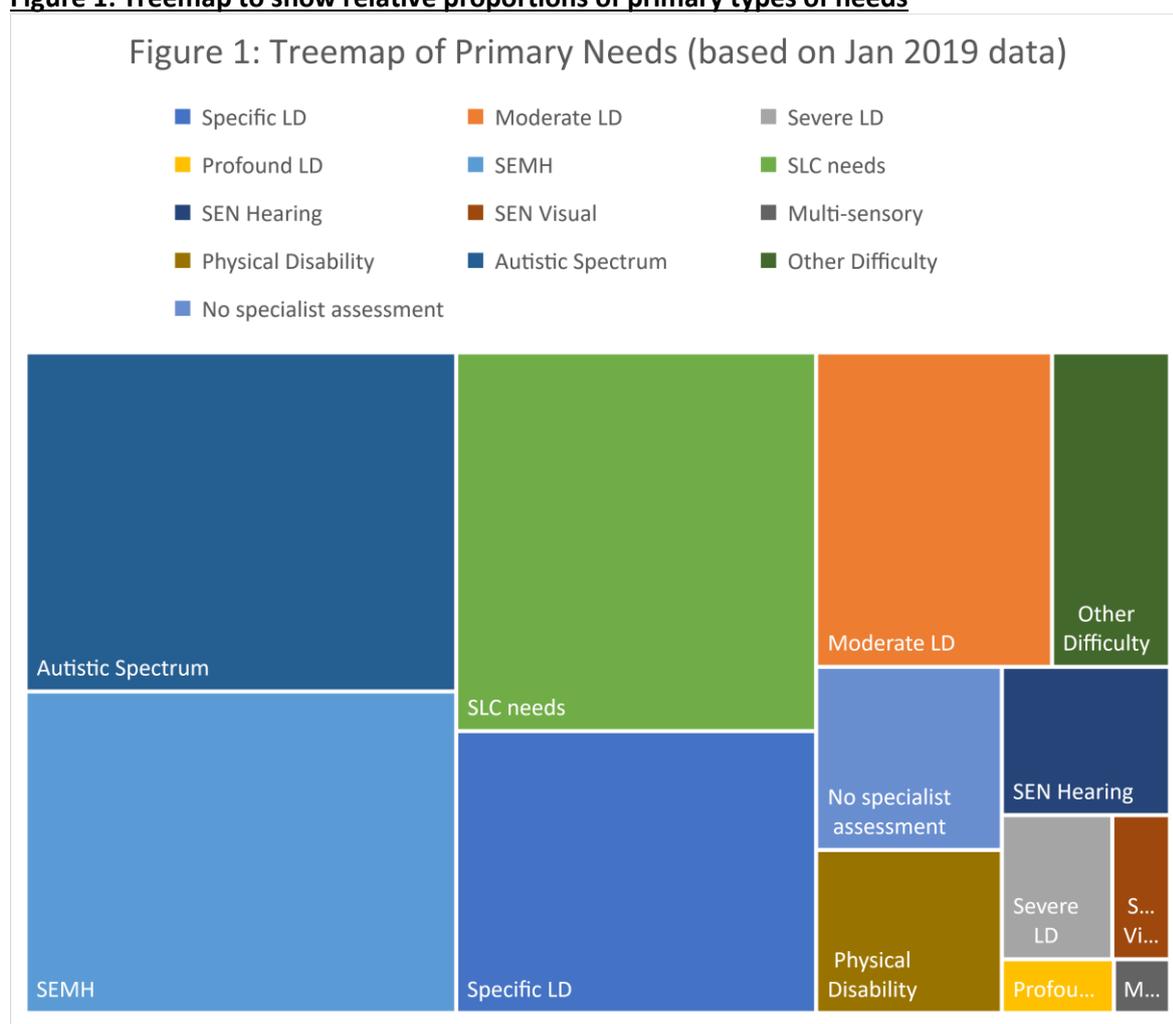
Primary needs in Wokingham compared with National averages

Table 5 and Figure 1 below show a breakdown of pupils with SEND in Wokingham by Primary type of need, as listed currently on the Council for Disabled Children (CDC) data dashboard, with comparisons to National average figures. (Please note that data as of Jan 2019 has been used, in order to establish a full year comparison with available national averaged data.)

Table 5: SEN pupils and primary needs compared with national averages (Jan 2019)

Primary need	Number	% of total	National av.	Above or Below
Specific LD	401	13.4	12.5	↑
Moderate LD	291	9.8	20.4	↓
Severe LD	63	2.1	2.7	↓
Profound LD	25	0.8	0.9	↓
SEMH	545	18.3	17.1	↑
SLC needs	538	18.0	21.7	↓
SEN Hearing	97	3.3	1.8	↑
SEN Visual	34	1.1	1.1	=
Multi-sensory	11	0.4	0.3	↑
Physical Disability	120	4.0	2.9	↑
Autistic Spectrum	577	19.3	11.0	↑
Other Difficulty	147	4.9	4.4	↑
No specialist assessment	135	4.5	3.3	↑
Total	2,984	100	100	62% are above national average

Figure 1: Treemap to show relative proportions of primary types of needs

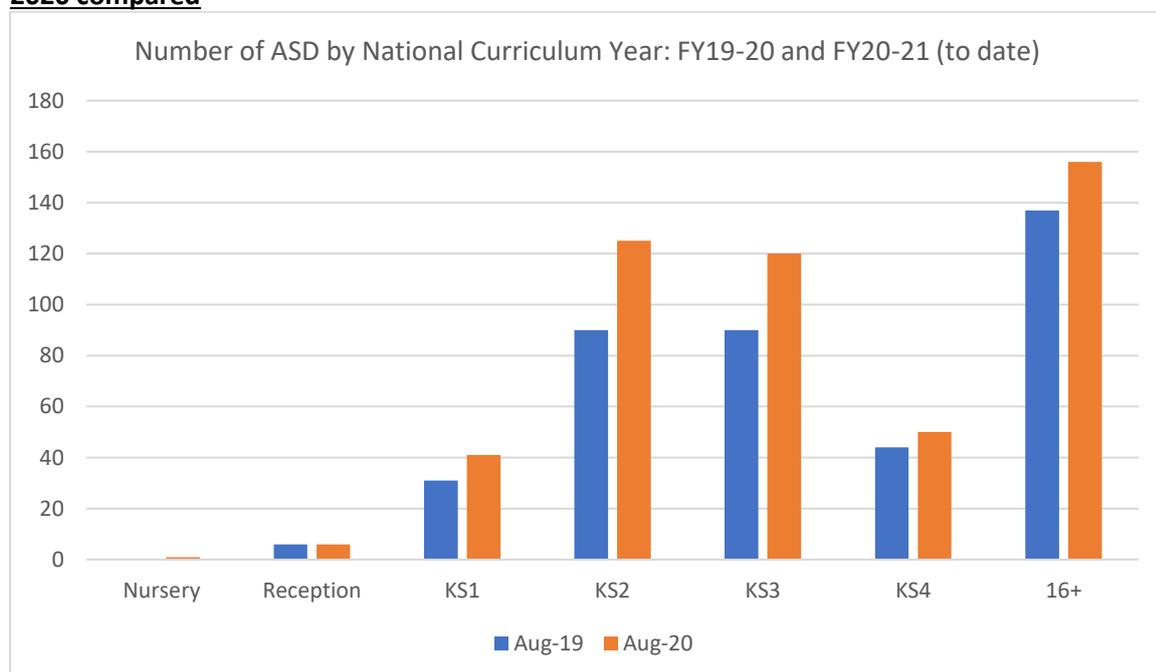


The arrows in Table 5 indicate whether proportions of each primary need category are above or below the national average. The table shows that in Wokingham as of January 2019, most primary need categories are greater than the national average. Figure 1 shows that the largest primary needs are Autism Spectrum Disorder (ASD), Social and Emotional Mental Health (SEMH), Speech, Language and Communication (SLC) needs, and Moderate Learning Disabilities (MLD).

Increasing trends in Wokingham between 2019 and 2020: ASD and SEMH

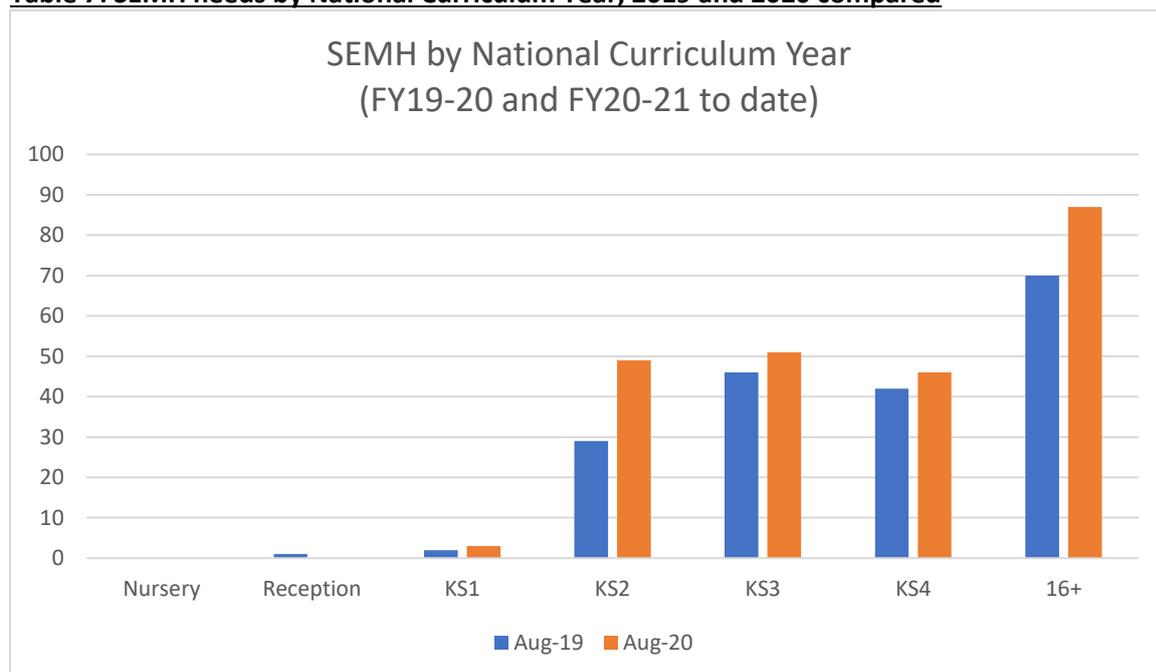
In terms of recent (2020) data trends, there are significant increases in the numbers of children and young people with Autism Spectrum Disorder (ASD) and Social and Emotional Mental Health (SEMH) needs. These increases are shown in Table 6 and 7 below:

Table 6: Number of children and young people with ASD by National Curriculum Year, 2019 and 2020 compared



Although there were increases in the numbers of children and young people with ASD in almost all National Curriculum years, the biggest proportionate increases were in KS2 (+39%) and KS3 (+34%). Increases at these Key Stages are likely to have implications for demand for specific support services in future years, as these children age through the education system.

Table 7: SEMH needs by National Curriculum Year, 2019 and 2020 compared



The greatest proportion of increases in the numbers of children with SEMH was also at KS2 (+69%).

Increasing demands for SEN support

Table 8 shows that there has been a significant (>8.5%) increase in the numbers of children and young people receiving SEN Support in state funded Wokingham Schools between 2017 and 2020, and an increase of more than 5% between 2019 and 2020.

Table 8: Upward trend in numbers of children and young people with SEN Support

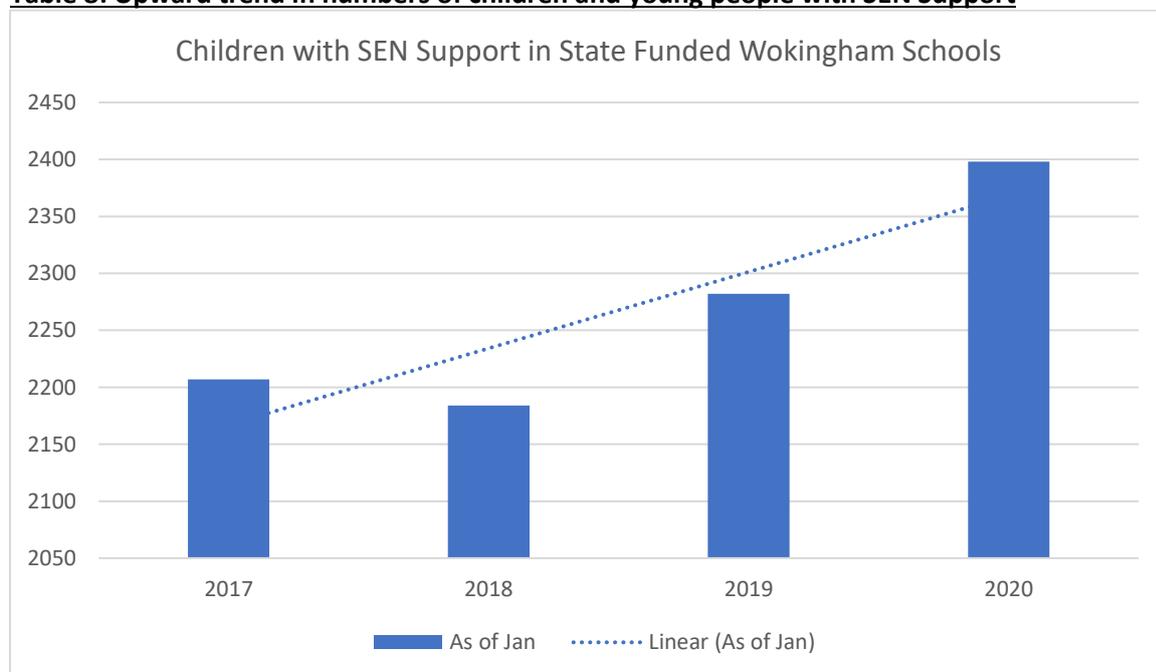
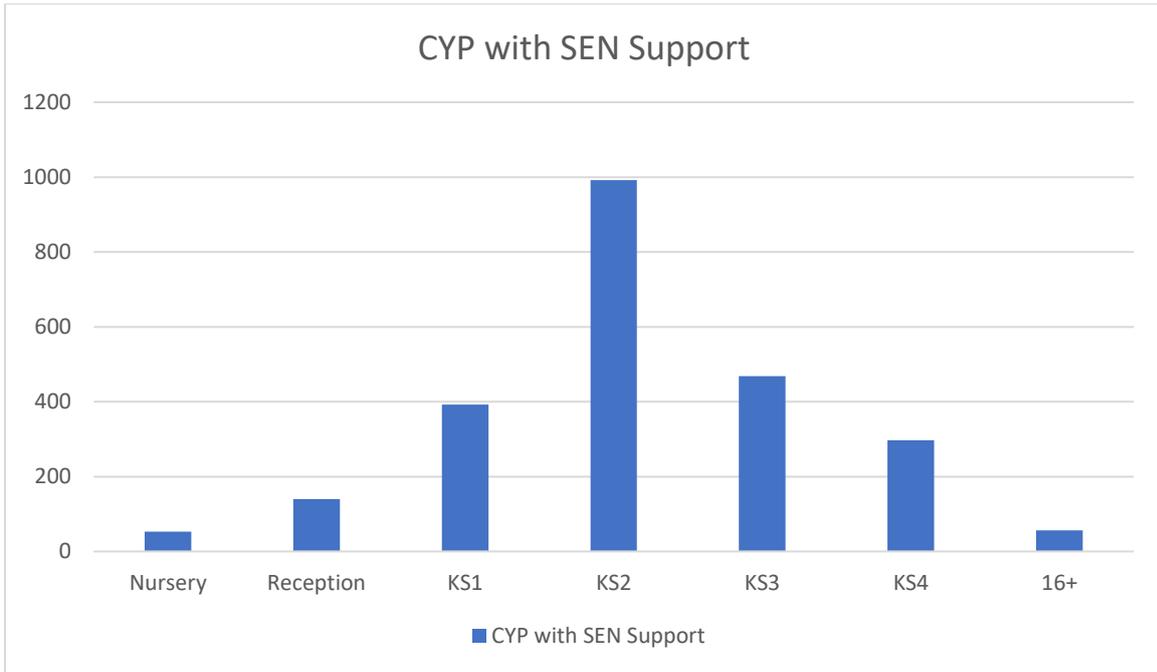


Table 9 shows that for 2020, the biggest proportion of children and young people receiving SEN Support were those at KS2 (41% of the total).

Table 9: Children and Young People with SEN Support by National Curriculum Year



In terms of SEN Support, Table 10 below shows that there have been increases in needs at KS2 level relating to ASD between 2017 and 2020. Table 11 below shows there have also been increases in support needs relating to SEMH in most Key Stages, the exceptions being Nursery, KS1 and post-16 – although it should also be noted that data from EHCPs shows increases in SEMH needs across all Key Stages (2019 compared with 2020) except Nursery and Reception.

Table 10: ASD SEN Support by National Curriculum Year, 2018-20

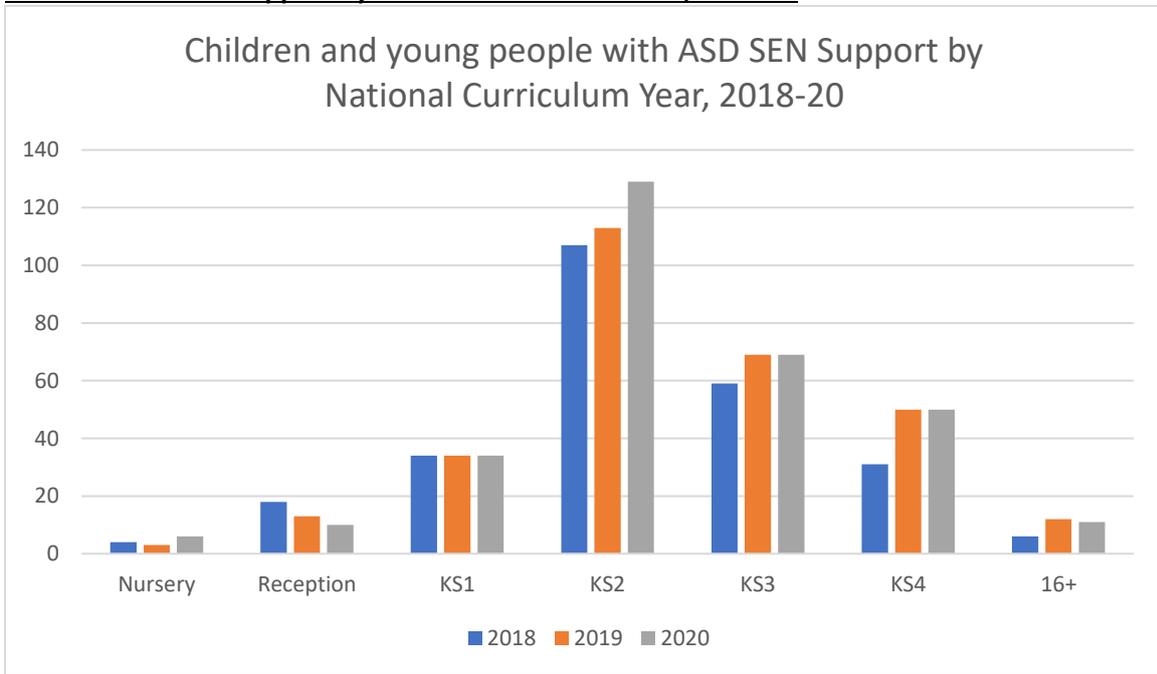
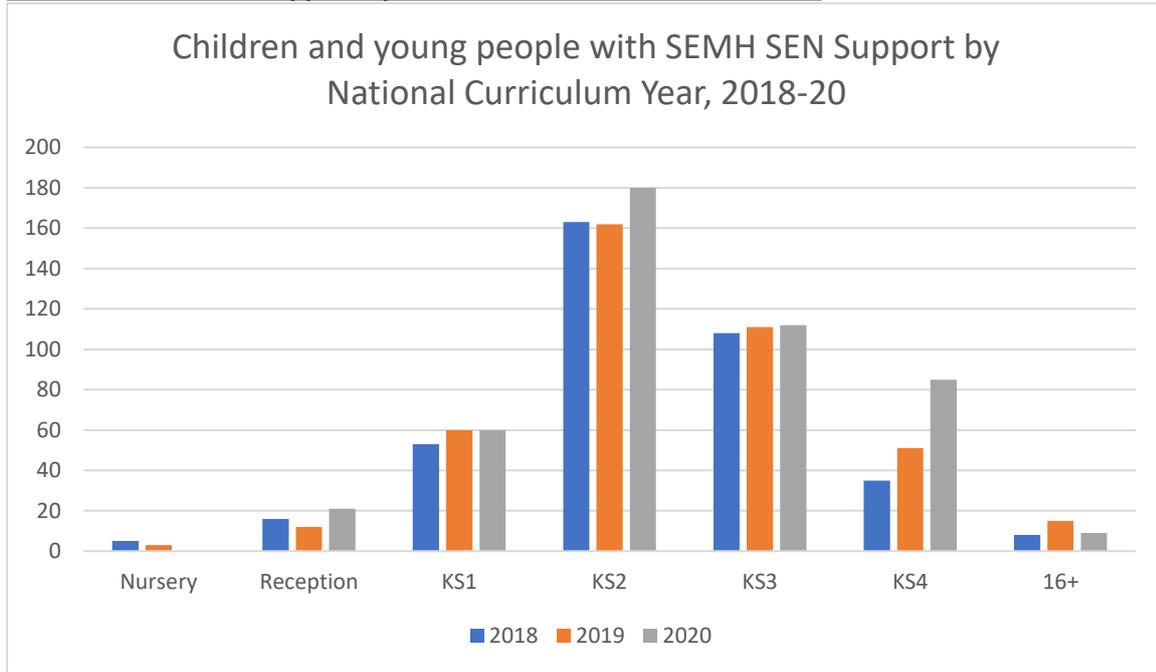


Table 11: SEMH SEN Support by National Curriculum Year, 2018-20

Social and Emotional Mental Health: further supporting data and research from Future In Mind

In addition to local data which suggests that support for Social and Emotional Mental Health (SEMH) is a growing area for attention and action in Wokingham, data gathered by the NHS at a national level as part of the “Future In Mind” initiative also demonstrates that the mental health of children and young people should be a priority concern for local areas.

The prevalence of mental health problems in children and adolescents was last surveyed at a national level in 2004. This study estimated that:

- 9.6% children and young people aged between 5-16 years have a mental disorder
- 7.7% children aged 5-10 years have a mental disorder
- 11.5% young people aged between 11-16 years have a mental disorder

Extrapolated to the local level, these data mean that in an average class of 30 schoolchildren, 3 are likely to suffer from a diagnosable mental health disorder.

The most common diagnostic categories identified in national research were conduct disorders, anxiety, depression and hyperkinetic disorders:

- Conduct disorders: 5.8% children and young people have a conduct disorder.
- Anxiety: 3.3% children and young people have an anxiety disorder
- Depression: 0.9% children and young people are seriously depressed
- Hyperkinetic disorder (severe ADHD): 1.5% children and young people have severe ADHD

Research also demonstrates there is a complex interplay between physical and mental health, which could have particularly acute implications for vulnerable children and young people, including those with SEND. The Future in Mind research shows that “children with mental health problems are at greater risk of physical health problems; they are also more likely to smoke than children who are mentally healthy. Children and young people with eating disorders and early onset psychosis are

particularly at risk, but it is important to note that many psychotropic drugs also have an impact on physical health.”

Children with physical health problems also need their mental wellbeing and health supported. Future in Mind research sets out:

- 12% of young people nationally live with a long-term condition (LTC) (Sawyer et al 2007).
- The presence of a chronic condition increases the risk of mental health problems from two-six times (Central Nervous System disorders such as epilepsy increase risk up to six- fold) (Parry-Langdon, 2008; Taylor, Heyman & Goodman 2003).
- 12.5% of children and young people have medically unexplained symptoms, one third of whom have anxiety or depression (Campo 2012). There is a significant overlap between children with LTC and medically unexplained symptoms, many children with long term conditions have symptoms that cannot be fully explained by physical disease.
- Having a mental health problem increases the risk of physical ill health. Depression increases the risk of mortality by 50% and doubles the risk of coronary heart disease in adults.
- People with mental health problems such as schizophrenia or bipolar disorder die on average 16–25 years sooner than the general population.

Actions within the SEND Strategy will need to set out clear actions for strengthening support in relation to Social and Emotional Mental Health, which take account of the greater vulnerability of children and young people with SEND who experience challenges and difficulties in relation to mental health, and the complex interplay between physical and mental disabilities.

SECTION THREE: SUFFICIENCY OF LOCAL PROVISION IN WOKINGHAM

Where are Wokingham children and young people with EHCPs educated?

Table 12 shows the proportion of EHCPs at each type of education setting. In Wokingham 32.76% of the EHCP population are attending mainstream settings which is 0.88% below the national average but 2.84% above the South East average.

34.05% of the children and young people with EHCPs attend specialist settings including resource bases*. This is 4.55% **below** the national average and 5.65% **below** the South East average. However, this figure has increased from 2017 where we had nearly 10% below the national average in specialist provision. (Source: SEN2 Survey 2019). (*This figure includes maintained special schools, academies and free schools both in and out of the local area.)

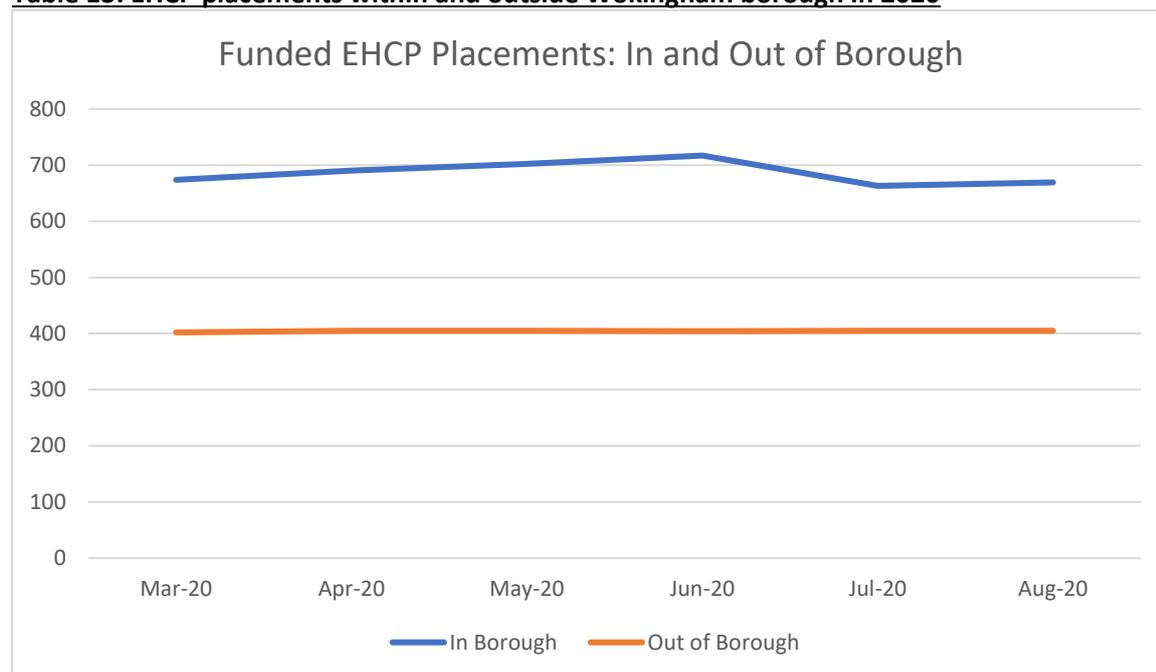
Table 12: % of children and young people with EHCPs by type of school provision, 2017-19

Type of Education Provider	2019			2018			2017		
	ENG%	SE%	WB%	ENG%	SE%	WB%	ENG%	SE%	WB%
Mainstream incl. EY	33.64	29.92	32.76	34.50	30.90	32.60	39.01	33.04	42.39
IND Mainstream	1.02	1.18	1.28	1.00	1.10	1.80	1.14	1.24	0.50
Special incl. Resource bases	38.60	39.70	34.05	39.90	40.00	35.40	39.80	42.63	29.93
Independent Non - Maintained incl. Post 16	6.35	7.48	8.89	6.20	6.60	9.10	6.25	7.24	11.60
AP/PRU	0.80	0.45	0.32	0.80	0.40	0.40	0.80	0.39	0.62
FE College	15.59	16.52	17.13	13.20	14.80	17.30	10.11	11.03	13.47
OTHER	3.32	3.94	1.82	2.20	2.40	0.80	2.89	4.42	1.50

Approximately 33% of children and young people with EHCPs are educated Out of Borough. Over 62% of children and young people educated Out of Borough are 16+, the majority of which (80%) are placed in FE colleges.

More recent data on Out of Borough placements

In terms of current ECHP Placements In and Out of Borough, data from the first six months of FY20-21 (see Table 13 below) shows that although there have been some small fluctuations in numbers placed In-Borough, the numbers placed in education Out of Borough remained relatively constant (405). However it is also worth remembering that the number placed Out of Borough represent approximately 33% of the total cohort.

Table 13: EHCP placements within and outside Wokingham borough in 2020

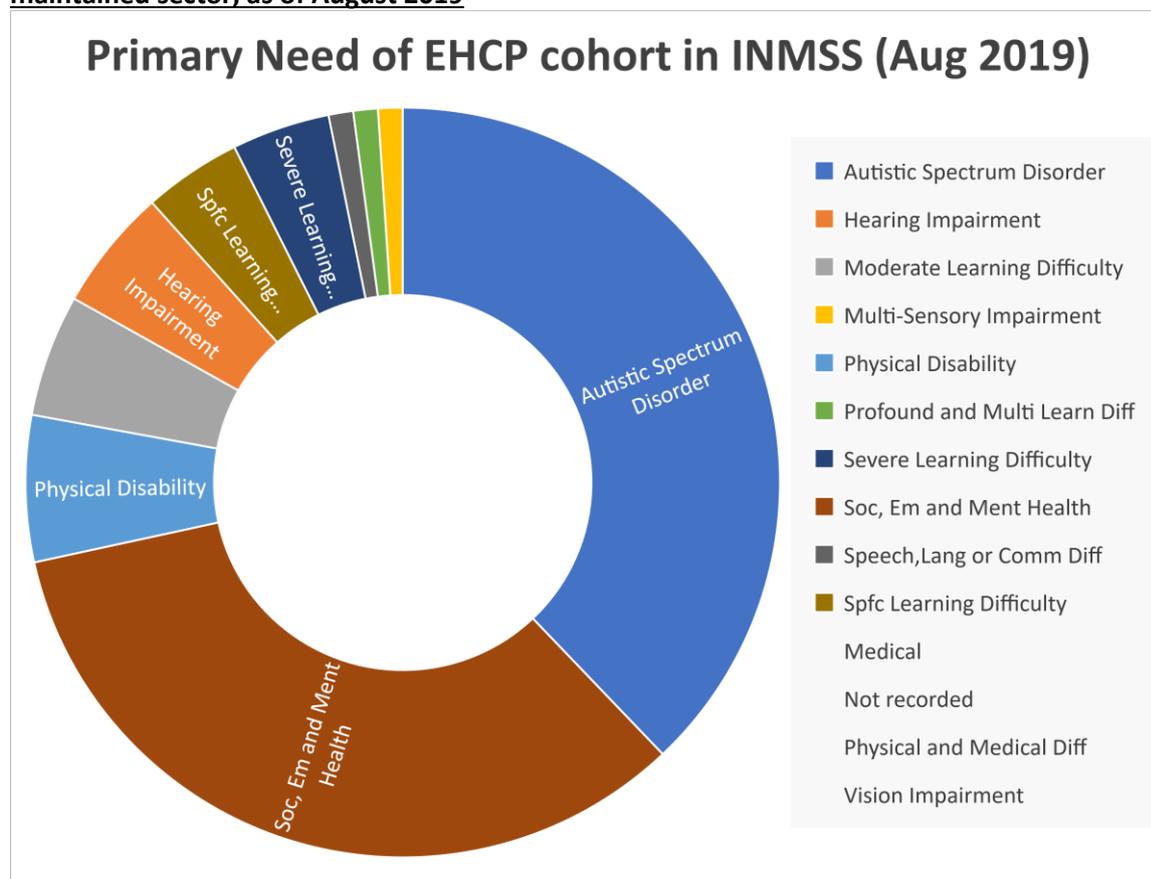
Children and Young People placed in the Independent and Non-Maintained Sector

As of August 2019, the primary needs for those who are currently attending independent and non-maintained specialist provision (INMSS) including post 16 specialist provision is set out in Table 14 and Figure 2 below:

Table 14: Primary Need of SEND cohort compared to the primary need of the cohort attending independent and non-maintained specialist provision (INMSS) in August 2019

Row Labels	Number in INMSS	Need % of those in INMSS	% of total need type in INMSS	Total EHCP cohort	Need % of total cohort
Autistic Spectrum Disorder	36	37.89%	9.05%	398	39.72%
Hearing Impairment	5	5.26%	20.83%	24	2.40%
Moderate Learning Difficulty	5	5.26%	5.62%	89	8.88%
Multi-Sensory Impairment	1	1.05%	50.00%	2	0.20%
Physical Disability	6	6.32%	11.76%	51	5.09%
Profound and Multi Learning Difficulty	1	1.05%	2.63%	38	3.79%
Severe Learning Difficulty	4	4.21%	4.21%	95	9.48%
Soc, Em and Ment Health	32	33.68%	16.84%	190	18.96%
Speech, Lang or Comm Diff	1	1.05%	1.41%	71	7.09%
Spfc Learning Difficulty	4	4.21%	18.18%	22	2.20%
Medical	0			5	0.50%
Not recorded	0			13	1.30%
Physical and Medical Diff	0			1	0.10%
Vision Impairment	0			3	0.30%
Grand Total	95			1002	

Figure 2: primary needs of children and young people with EHCPs in the independent and non-maintained sector, as of August 2019



A summary of the top primary needs of children and young people with EHCPs placed in the independent and non-maintained sector is as follows:

- 40% Autistic Spectrum Disorder
- 34% Social, emotional and mental health
- 14% Learning Difficulty
- A significant proportion of WBC children and young people with SEMH needs are placed within the independent and non-maintained special school sector: approximately 17% of the total EHCP cohort.

The age of the children and young people attending INMSS ranges from age 7 to age 22. The majority of the placements are in secondary phase, however there are a large number of placements post 16/19, as set out in Table 15 below:

Table 15: High cost placements in the independent and non-maintained sector by education stage (2019)

	Number of placements	% of the Cohort
Primary	15	15.7%
Secondary	41	43.2%
Post 16	25	26.3%
Post 19	14	14.7%

SECTION FOUR: SUMMARY OF CONCLUSIONS AND IMPLICATIONS FOR THE SEND STRATEGY

Conclusions from analysis of quantitative data	Some of the implications for the SEND Strategy
<p>Needs and support requirements relating to SEND have increased significantly in Wokingham between 2017 and 2020; analysis of trend data suggests that future increases are likely over the next three years.</p>	<p>The sufficiency of local provision will need to feature as a priority area in the SEND Strategy. This will be a challenge in the context of upward trends in needs and demand for services and support, and availability of resources to meet needs.</p>
<p>Trend data from 2017-2020 show increasing numbers and proportion of Wokingham children and young people with EHCPs. The increases are in excess of local population growth (approximately 4% over the past 3 years, compared with an increase of 8% in the number of children and young people with EHCPs between 2019 and 2020).</p>	
<p>Within this group, the increasing numbers of younger children (in Reception, KS1 and KS2) with EHCPs requires attention, and explanations for this require further research and discussion. Although absolute numbers are small, between 2019 and 2020 there was a 75% increase in the numbers of children at Reception age with EHCPs. Data collected at the local level also demonstrates increased demand for support for children aged between 3 months and 5 years. Increases in the numbers of children at early Curriculum years have potentially significant implications for increased demand for services and support in coming years.</p>	<p>Special attention should be given in the Strategy to how best meet the needs of younger children, and provision at Early Years. This is partly a question of sufficiency of provision, and partly a matter of ensuring successful transitions e.g. to primary education.</p>
<p>In terms of primary SEN needs featured in EHCPs, various datasets show the greatest areas of need as consistently being for ASD, SEMH, SLC and MLD. In recent years, there have been significant proportionate increases in ASD and SEMH in KS2 and KS3 particularly. This also has potentially significant implications for demand for services and support as these children age through the education system.</p>	<p>The Strategy and Action Plan will need to set out clear actions to address growing demand for support in relation to ASD, SEMH, SLC and MLD. A clear, shared definition and understanding of “MLD” also merits attention in the Strategy.</p>
<p>Through consultation on the SEND Strategy in general, the sufficiency of local support for SEMH-related needs is an area which professionals, parents and carers have consistently flagged as a priority area of focus for the SEND Strategy.</p>	<p>A multi-profession, co-produced, partnership approach is required to sufficiently address needs relating to SEMH in the next three years.</p>

Conclusions from analysis of quantitative data	Some of the implications for the SEND Strategy
<p>Reviews of EHCPs show there are increases in several types and levels of SEN needs at KS2 level. Explanations for this, implications of services and how the system needs to be shaped over the lifetime of this Strategy require further research and discussion. As of 2020, more children at KS2 receive SEN support than any other Curriculum Year (41% of the total number of children and young people receiving SEN support are in KS2). In terms of SEN Support, there are also increasing levels of needs relating to ASD in KS2 and an upward trend between 2017 and 2020.</p>	<p>The Strategy should clearly address how support in advance of and around KS2 will strengthen and improve in the coming years. This has implications for commissioning sufficient support, as well as ensuring appropriate transition arrangements are in place and planned for ahead of time; that information sharing between professionals is effective; and families are engaged in a genuinely coproduced approach to addressing needs.</p>
<p>There is also a general upward trend in demand for SEN Support. Currently 9% of children and young people in Wokingham receive SEN Support, and numbers of children with SEN support in state-funded Wokingham schools have increased significantly since 2017. Increases in SEN support needs related to SEMH across most Key Stages over the last three years is particularly striking.</p>	<p>The Strategy will need to include clear actions to strengthen inclusion in mainstream education, and the support that is ordinarily available in Wokingham schools to support children and young people with SEND or possible SEND needs to be clarified.</p>
<p>As with many other local areas across the country, it is a consistent struggle to ensure that needs are met through local provision in Wokingham. A significant proportion (approximately 33%) of children and young people with EHCPs are educated Out of Borough. Over 62% of children and young people educated out of borough are 16+.</p>	<p>The Strategy must include a clear, (multi-strand) plan for enhancing the sufficiency of local provision and reducing dependence on out of borough placements. There will be several components to this, including commissioning, clarification of the ordinarily available offer, a clear strategy for resource bases, and more efficient and effective working between professionals and families.</p>
<p>Collectively, the scale and nature of trend increases has significant implications for the strategic approach to strengthening local arrangements for children and young people with SEND and their families: particularly in relation to the sufficiency of in-borough provision particularly for areas of growing need; support for children and young people in mainstream settings, and strengthening transition arrangements between school years and into adulthood.</p>	

APPENDIX 3: GOVERNANCE AND MONITORING ARRANGEMENTS

[Section currently in development]