

**Scrutiny for Policies, Children and Families Committee**  
**Friday 7 December 2018**  
**10.00 am Library Meeting Room, Taunton Library**



**SUPPLEMENT TO THE AGENDA**

To: The Members of the Scrutiny for Policies, Children and Families Committee

We are now able to enclose the following information which was unavailable when the agenda was published:

Item 8	Special Educational Needs and Disability (SEND) update (Pages 3 - 24) To consider this report.
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Community Governance, County Hall, Taunton

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Somerset County Council  
Scrutiny for Policies, Children and Families Committee  
Friday 7<sup>th</sup> December 2018

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## **Special Educational Needs and Disability (SEND) update**

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Cabinet Member: Frances Nicholson, Cabinet Member for Children & Families

Division and Local Member: All Wards

### **1. Summary**

- 1.1.** This report summarises activity and progress by the Local Area improvement network (LAIN) and Officer led activity since Scrutiny update on 15<sup>th</sup> June 2018 and focusses on partnership activity. It further provides an update on the Physical Impairment and Medical Service(PIMS) since Scrutiny on 3rd September 2018 (Appendix 1) and the Joint Commissioning Strategy (Appendix 2).

### **2. Issues for consideration / Recommendations**

- 2.1.** To note and comment upon progress across the Local Area on the implementation of the SEND reforms and compliance with the Childrens and Families Act.
- 2.2.** To note the impact of financial challenges across partnerships.

### **3. Background**

- 3.1.** Progress against the SEND Strategy Outcomes is monitored through the Local Area Improvement Network (LAIN), which is accountable to the SEND improvement Board, Childrens Trust Board (as part of the CYPP) and to the Health and Well-Being Board.

#### **Somerset SEND Strategy 2016-2019 sets out 5 key strategic outcomes;**

- Our families, **children and young people report a positive experience of our SEND systems**, and feel empowered and confident to engage and make decisions
- **Timely and accurate identification and assessment** of SEND across education, health and care
- **Inclusive and equitable access to good quality local education**
- **Smooth and effective transitions** happen at key points
- **Creative partnership** working delivers effective, fair and transparent systems and services

***Our vision: We want every child and young person to have the greatest***

***possible opportunity to be the best they can be, to be happy, and have choice and control over their life.***

#### **4. Consultations undertaken**

- 4.1. Consultation events have been linked to individual pieces of activity, have included staff and Unions where restructures are underway or planned, parents and young people for design of new services and upon the Designated Schools Grant (DSG) with schools.

#### **5. Implications**

- 5.1. The focus for activity across the 6 LAIN programmes has broadly shaped into 3 themes, all which support the 5 strategic objectives, outlined in 3.1 and all are independent. They are:

- ***Getting a good Operational Grip***; both Internal SCC team, CCG and Health providers and across schools and Colleges
- ***Resetting strategic partnerships***; through joint needs assessment, joint commissioning and planned activity
- ***Making it feel different***; putting the Trust and confidence back into the system for parents, children and young people and our partners

The Local Area Improvement Network(LAIN) has 6 programmes. Each programme has a committed SEND champion who leads the programme and works collaboratively across multi- agency partners to increase the pace of transformation across the Local Area. The LAIN also undertakes SEND inspection preparation and communications to partners.

The programme groups are;

- **Participation and engagement** which includes the Local Offer
- **Early years 0-5**
- **Inclusive schools** which includes children EHE, attendance, exclusions
- **Preparing for adulthood** which includes transitions post 16 and 19 Education
- **Assessment, planning and review** which includes all statutory functions
- **Joint commissioning and partnership**

#### **Progress against Getting a good operational Grip**

SCC Internal: Restructures are underway across SSE and SCC services following a SLT decision in June to focus the teams within SSE and SCC into integrated commissioning and operational teams. This will support the financial circumstances of the LA, increase the pace of business change required to implement the SEND reforms and reflect the changing requirements for school improvement and the DSG.

The development of services under the Assistant Director Inclusion have progressed. A new Service under a single Strategic Manager known as Access

and Additional learning needs brings together the admissions and entitlement team, Education Welfare service and Safeguarding advisers with the Specialist Capital Sufficiency and Capital programme.

A new permanent Strategic Manager has been appointed to lead the SEND team, thus adding to the specialist SEND expertise and leadership capacity, alongside the appointment of a SEND specialist SEND manager. Restructure and recruitment is currently underway to add capacity to the SEND team to reflect the increase in Statutory assessments and the implementation of the transfer from High needs funding to statutory EHCP's for 1250 children and young people. This programme is planned for completion by March 2020 and funding from Schools Forum as part of the FIT savings has been approved by Cabinet.

The Autism & Communication Team leader has been aligned to oversee the development of the SLA's of the newly established ASC bases as part of the capital programme and to support the successful Autism Education Trust (AET) bid which rolls out training to mainstream schools to support Autism awareness and expertise in school.

The SEND adviser has been aligned to the learning support team to support the implementation of the Inclusion Audit and development of the school improvement requirements.

Health Internal: The signoff process for EHCP's is now established and the Designated Clinical Officer (DCO) and Designated Medical Officer (DMO), jointly attend the relevant decision making panels to support ongoing continuous improvement. The establishment of an operational meeting for internal CCG and providers has been established to support the pace of business change.

Education and Schools: The Inclusion Audit, a self-evaluation tool for school has been launched and data analysis will be collected from November onwards, This compliments the West Somerset Opportunity Area Work with the Inclusion Expert and both projects will be reviewed in the Summer Term 2019. The second schools pack has been published.

The agreed capital investment programme to redistribute places, support geographical equity and increase capacity in line with projected population growth is now underway, with new approvals made for the Bower Lane Site, feasibility for an expansion of Fiveways and Fairmead. In addition an application for a Special free school has been made to the DFE for South Somerset to provide for children with social, emotional and health needs and speech, language and communication needs.

### **Progress against: Resetting the Strategic partnerships**

Good progress has been made in the oversight and accountability of relevant Governing boards

- The Health & Well-being Board approved the Joint Commissioning Strategy and year 1 action plan on 27<sup>th</sup> September and has had 2 development sessions. Planning to integrate and raise awareness and outcomes for Children and young people with SEND and their families is

currently being planned into the new health and Well-being Strategy- Fit for my Future.

- Membership of the Childrens Trust Board and reporting through the Childrens Trust Executive and via the CYP plan is routine. This is supporting the further integration of the Children and Families Act and Local area business transformation through the development of the new CYP Plan.
- The LAIN group has multi agency representation across each programme area and reports using QPRM style reporting to the SEND improvement board. The DCS continues to chair and offer scrutiny, support and challenge.
- Financial sustainability across the DSG has been the focus for recent consultations and road shows with schools. Financial imperative work has resulted in a larger contribution and to more Children Looked after in residential children's homes and supported additional staffing in the SEND team and for a project focussed on reducing our reliance on independent schools.
- The development of a High Needs recovery plan to support the necessary balancing of the DSG is in development. Focus areas are spend against Independent and independent Non- maintained special schools, SEND services and Alternative Provision partnership places. Across all aspects consultation and co- production with partners and parents will determine new service design. This slows the pace of financial recovery but ensures compliance with the Childrens and Families Act and supports joint commissioning and partnership working to improve outcomes for Children and young people.
- Schools Forum have not supported the Local Authority's request to transfer 0.5% of the DSG Schools block to the DSG High Needs block. The LA are now pursuing a disapplication request through the Secretary of State.

### **Progress against: Making it feel different.**

- The LA commitment to co-production has been refreshed through the Participation and engagement activities linked to the CYP plan and PIMs service design.
- The annual Joints needs assessment 2018 has been finalised and builds on the first needs assessment published in 2017. This needs assessment has a greater depth to data across partners. More is still to be achieved as work starts almost immediately to data collection for 2019 however this signals a significant shift in the quality of partnership working
- The Local Area improvement network has made significant impact in communications with a weekly newsletter having a reach of approximately 7000, this alongside the weekly update from Somerset parent carer forum and newly launched Local Offer means that information is more readily available. Programmes to further develop this, linked to the newly published minimum standards for Advice services, National Trails for Tribunals and developing clarity around the use of resolving professional disputes form part of activity planned for 2019.
- The "Unstoppables" continue to actively campaign for greater

participation and represent young people at relevant activities. Work between the Unstoppables, Parent carer forum and Advice service (SENDIAS) is planned for 2019. Somerset parent carer forum continues to be a strong forum locally and is recognised regionally and nationally for its impact. Participation and engagement continue to be a strength for Somerset.

## **5.2. Inspection preparation**

Logistical arrangements are in place to support a Local area Inspection of SEND however changes to partners, both at staffing and organisational levels prove challenging to planning.

Self-evaluation remains an area of improvement focus as strategic partnerships begin to gather strength this will become easier.

## 6. Background papers

# Changes to the Physical Impairment and Medical Support Team; Update

*Item 8 Appendix 1*

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## Changes to the Physical Impairment and Medical Support Team

### 7. Summary

- 7.1. This report, provided at the request of the Committee, provides an update on the implementation of changes to the PIMs team, feedback from the engagement events which have been held with families and updates from plans to co-produce new service delivery model. This report seeks to update the committee on actions and progress.
- 7.2. When the Committee last considered PIMS at the September meeting, a further update was requested following the planned co production events Held in September and October

### 8. Issues for consideration/ Recommendations

- 2.0 The Committee is asked to consider this report and comment on the progress made to develop the PIMs team, following the recommendations made at the Committee's 20 April meeting and update on 3<sup>rd</sup> September.
- 2.1 The Committee is asked to note that activity has been focused on ensuring co-production with children, parents and schools and that current service provision has been maintained where possible.
- 3.2 **Background:**  
Following a proposal to look at the services providing support to learners with additional physical, medical, hearing and vision needs, a request was made by Cabinet Scrutiny that further engagement was carried out with parents and families of the children and young people potentially affected.

In response to this a series of meetings were jointly planned with LA officers, Somerset Parent Carer Forum, representatives from charitable organisations, and parents. **Please note that these events were designed to review the service offer from not only the PIMS team, but also the vision and hearing support teams.**

#### **Co-Production and engagement events:**

Five events were offered to ensure coverage across the county, with one session being offered in the evening to facilitate the attendance of working parents. The events were also attended by advisory teachers from the teams



affected, parent carer forum reps, and a small number of SENCOs, Councillors, and other organisations.

In excess of 700 invitations were sent to parents and partners. Where active participation was not possible but wanted, individual comments have been collected and incorporated into the findings.

Attendance of parents at the events can be seen in the table below:

	Parents
12.9.18 (Yeovil)	5
13.9.18 (Minehead)	1
20.9.18 (Bridgwater – Evening)	7
21.9.18 (Taunton)	4
5.10.18 (Mendip)	5
Total	22

### **Findings:**

#### **What is working well? :**

Parents were asked to identify what they currently felt was working well for their children and young people. Many reported positive experiences from the services involved, with comments such as ‘knowledgeable and approachable teachers of the deaf’, ‘phone call from advisory teacher within 2 hours of hearing impaired diagnosis’, ‘ensuring child is fully included in school life’.

Parents were particularly keen on advisory staff having a relationship with the family, close links with the school, and being able to provide support in the school environment and at the point of transition.

#### **What could be better?**

When asked what wasn’t working so well, the comments were focused on the need for education and health care professionals to interact, clarity around who co-ordinates support for a child with multiple needs, lack of support for older pupils, and how to manage conflicting advice from professionals.

We then considered the current model operating in Somerset.

#### **Models from other areas:**

We then explored the models within other areas as requested by scrutiny. The working models for Liverpool, Cornwall, and Derbyshire were shared and discussed. The parents had the opportunity to ask questions of the models and request further clarification.

#### **Proposed models for Somerset:**

Three models were shared and considered by the groups. The models, in brief, were:

- Model 1: A fully integrated model, jointly commissioned by Health, Children’s Social Care, and Education
- Model 2: A partly integrated model, teams worked together towards jointly agreed outcomes, but the funding for the services remained separate

- Model 3: Separate services, a continuation of the current model, with teams working together where possible to deliver outcomes

The parents who attended were invited to comment on the perceived benefits and drawbacks of each model.

**Model 1** Parents identified possible barriers to this model but could also see the benefits to the joint working for the holistic development of the child. More comments on model 1 than on the other 2 models.

**Model 2** provoked the fewest comments, parents felt this might be more feasible and achievable and could also enable better accountability than the fully integrated model. There were concerns about whether this service would cover young people up to 25 years of age. They also highlighted that 'working together' must include home and family as well as school. Interestingly the parents were unable to identify any benefits to model three, the closest to our current service design.

A number of drawbacks were highlighted, including risk of information not being shared efficiently, programmes not being followed through, and meetings are harder to set up.

**Model 3** This model is most like to current "As is". Parents felt that this model had the greatest drawbacks and did not offer an integrated approach.

Throughout the sessions the parents and other attendees were invited to submit questions, views, or ideas on how we could improve the service. Several suggestions were made including the joint production and sharing of resources, facilitating the information sharing between health and education, focus on building capacity and supporting schools to be more inclusive.

A number of other observations were also made: a flexible service is needed, with a duty type line for school holidays, investigating the possibility of Skype meetings, parents need to be empowered to challenge schools in the first instance.

## 4. Background

- 4.1** The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions. The SEND Code of Practice states in section 6.9 that schools **must** make reasonable adjustments, including the provision of auxiliary aids and services for disabled children.

The Physical Impairment and Medical Support Team (PIMS Team) provides educational support for any child who may have a physical impairment and/or medical requirements in response to a school request. This is above the LA minimum statutory expectations but supports schools to enable them to carry out their statutory duties.

Schools will be able to access the retained central support from the LA and may choose to supplement this with the funding provided for the pupil where children and young people are in receipt of an EHCP or where the school

are exercising their duties under the Code of Practice for children and young people on SEN support.

## **5. Consultations undertaken**

- 5.1** See section 3.2 for details of the participation and engagement events. A 4 further meetings were held to review the findings of the full process of engagement with families:
- with SPCF to discuss initial findings
  - with NDCS, Parents, SPCF to plan next steps for continued parental engagement
  - with Health to discuss implementation of the recommendations made by families
  - with service managers to explore the possibility of efficient management structures to facilitate joint working

### **Consultation with staff:**

Formal consultation in line with Somerset HR policies has been undertaken with staff in the PIMS Team. Following on from the co-production and engagement events, the local authority is progressing with the change of role for one of the existing service managers to take on the management of the other teams.

### **Consultation with Health:**

- A meeting was held with health to share the findings of the parental engagement events. A follow up meeting with the manager for the integrated therapy services is arranged for the 4<sup>th</sup> December.
- This meeting will discuss the need to establish a task and finish group, involving health, parents, Advisory teachers, charitable organisations, young people, and SPCF will be established to look closely at the offer from PIMS, and how this links with the offer from Health and Social Care to eliminate duplication, bridge any gaps, and facilitate formalised joint working. The first meeting of this group will be in January 2019 and discuss future service delivery and a further meeting was held 4<sup>th</sup> December 2018.

## **6. Implications**

Co-produced service design will realise efficiencies for the local authority with minimum impact on the level of delivery, improve the clarity of co-ordination of support to the children and young people in line with Parents and young people's wishes.

## **7. Next Steps**

**A task and finish group will be established design of new integrated PIMS and Sensory service**

8.1. **Joint Commissioning Strategy  
and Year 1 action Plan**

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*Item 8 Appendix 2*

Joint commissioning strategy. To be added here or presented as separate document

**Note** For sight of individual background papers please contact the report author

# SEND Joint Commissioning Strategy



*"Our Education. Inspire Today... Change Tomorrow"*



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The SEND Joint Commissioning Strategy for the local area sets out our vision, principles, processes and reflects the wishes of young people in Somerset for the commissioning of services for children, young people with SEND and their families.

“We want every child and young person to have the greatest possible opportunity to be the best they can be, to be happy and to have choice and control over their life”

**Somerset SEND Strategy, 2016-19**

We know that generally children and young people with Special Educational Needs and /or Disabilities do not achieve the same educational, health and social outcomes as other children. We need to transform our services and work together to develop a commissioning approach to meet the guiding principles outlined in Somerset’s Special Educational Needs and Disability (SEND) Strategy for Children and Young people aged 0-25.

“Personally, for me joint commissioning stands out to me as different teams coming together and working as one to reach the best possible outcome.

This could be sharing resources and making sure the right support is in place.

When different services and teams work together, we can achieve the right support for the individual at the right time, in the right place. This will also create a healthy relationship between teams and agencies.”

**Luke Foster, Young Person’s Champion**

- “Choose our next school or college
- Find a job and keep a job
- Live more independently
- Find things to do in our spare time
- Stay safe and healthy”

**Choices for Life Strategy, 2017 - 2018**

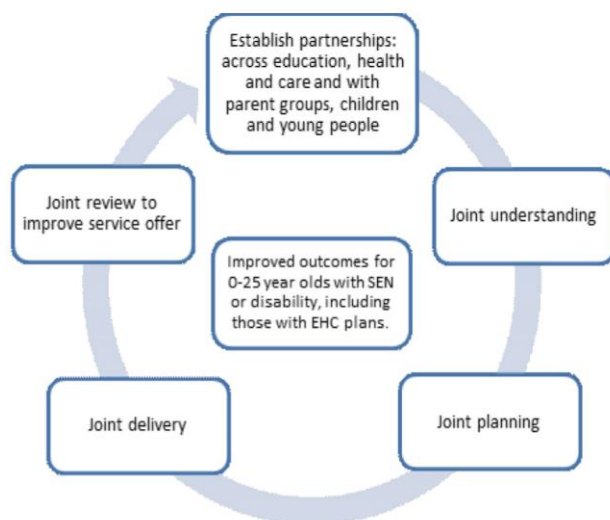
The Children and Families Act 2014 included Special Education Needs and Disabilities (SEND) reforms, which place a duty on agencies to work together across education, health and care to secure better outcomes. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN and disabilities (section 26 of the Act)

Commissioning is the process of understanding the needs of a population or group, and, using available resources, to meet those needs through procurement and contracting processes. Joint commissioning is where this is done in partnership to increase efficiency and enable joined up services. Increasing financial pressures across education, health and care provide the catalyst to transform our services by working closely together to eliminate duplication and spend wisely, whilst striving to improve quality and outcomes for the children, young people and their families in Somerset.

The focus of this strategy is to provide a commissioning approach that uses resources efficiently and promotes fairness, inclusion and opportunity for all so that all children and young people in Somerset can lead the lives they want. This includes choosing their next school or college, finding and keeping a job, living more independently, find things to do in their spare time and staying safe and healthy.

The Somerset local area Joint Commissioning & Partnership Group brings together partners from Health, Education, Social Care and parent carers. We believe that joint commissioning and planning are pivotal to the improvement and transformation of services to empower children and young people with SEND. Together we have developed this strategy which sets out how we want to identify, develop, plan and put in place services in the Local Area to support CYP with SEND and their families.

The joint commissioning cycle





This SEND Joint Commissioning Strategy along with our local Children and Young People's Plan provides an overarching agreed model for how best to deploy the local area resources available and to ensure the right funding is in the right place at the right time. It sets out the vision for the next 3 years and has an action plan that is refreshed annually by all partners. Every year we will produce a local area Needs Assessment ([www.somersetintelligence.org.uk/SEND.html](http://www.somersetintelligence.org.uk/SEND.html)) this will help us to identify the key challenges and shape activity for the following year. We will contribute to the emerging 'Fit for our Future' Joint Commissioning Strategy to ensure alignment further developing our approach as opportunities arise.

Our services will be flexible, person centred and focus on the individual's, wishes, aims and specific requirements as they move through childhood into adult life. Many services are linked to schools, with others based around the home.

We will support children and young people to have high aspirations, effectively participate in their community and grow to live the life they want, as detailed in Choices for Life Strategy.

The SEND Joint Commissioning Strategy will:

Provide a shared understanding of SEND commissioning and the local model for Education, Health and Care partners, which is simple and easily understood.

- Deliver a joined up, consistent and coherent approach to SEND services with clear accountability.
- Meet the vision of the local area SEND Strategy and improve outcomes for children, young people and families, with a focus on adding value and making a positive difference.
- Inform the development of robust priorities and effective joint working to meet local needs more efficiently.

The benefits of this joint commissioning approach will be:

- Improved outcomes for children, young people and their families.
- Closer partnership working.
- A more coherent service offer in the local area which supports individual personalised solutions.
- Shared best practice, expertise and what works to improve outcomes.
- Shared intelligence and a shared understanding of local area need able to adjust when local area need changes.
- A clear understanding on the aspirations of our young people and what they have told us is important to them.

The Joint Commissioning & Partnership Group's work reports to the Local Area Improvement Network, the SEND Intervention Board, and the Health and Wellbeing Board through the Somerset Children's Trust (See Appendix 4)

We seek to embed the SEND Charter and will ensure our joint commissioning supports the following principles;

- **Participation & engagement** – the child or young person and parent carer’s voice is heard and acted upon leading to better engagement and involvement in processes that are child and family centred, and improved confidence in services. Together we aim to achieve the aspirations, goals and priorities as defined by children, young people and their families and recognise the importance of the voluntary sector and communities in delivering this.
- **Co-production & collaboration** – together we involve parent carers, children and young people and our partners in developing and reviewing local services in an open, honest and transparent way. We will be clear about how decisions are made, who is accountable and responsible for them, including how disagreements will be resolved. We will also collaborate with those providing the services.
- **Evidence based and outcomes focussed**– We will share and use a wide range of research, best practice, policy and data to identify the most effective and efficient service models, to ensure that high-quality services are delivered and focus on prevention and early help.
- **Transparent** –Constraints on public finances mean it’s essential to find new ways of working that deliver outcomes while at the same time making efficiency savings. As a first step we intend to be transparent with our budgets so that funding streams for specific areas of activity can be looked at closely in one place
- **Effective communication** -Information sharing is vital to support an effective assessment and planning process. We will establish local protocols for the effective sharing of information which addresses confidentiality; consent and security of information. Communication will be clear and open, ensuring information is shared and clarity is given over roles and responsibilities.

### Continually improving...

Joint priorities are set through three key strategies; the Improving Lives Strategy (Health & Wellbeing Strategy), Children & Young People’s Plan and SEND Strategy; with a directed contribution to the Improving Lives Strategy Outcome 3: fairer life chances and opportunity for all.

Supporting children and young people with SEND and their families is everyone’s business. Through local, regional and national development we seek to remain at the forefront of SEND improvements engaging in relevant regional and National networks.

Joint Commissioning for SEND in Somerset is overseen by the SEND Intervention Board. The SEND intervention Board makes recommendations to the Somerset Children’s Trust and the Health and Well-being Board, who hold overall accountability for meeting the outcomes of children and young people with SEND.

The SEND Joint Commissioning & Partnership Group will develop the commissioning process for the SEND Reforms and identify opportunities for joint commissioning work.

We will jointly ensure all professionals:

- share responsibility for children and young people's outcomes and are familiar with the annual action plan
- work to the vision and principles of this SEND joint commissioning strategy
- have clear expectations and clarity in their roles and responsibilities
- align existing contracts, develop new joint contracts and identify priorities, benefits and risks
- implement a shared commissioning cycle, including quality assurance reviews
- understand dispute resolution protocols for parents, carers and young people and for professionals.

Strategically the partners work to the [Working Together Partnership Protocol](#) (Somerset Health and Wellbeing Board (HWBB), Somerset Children's Trust (SCT), Somerset Safeguarding Children Board (SSCB), Somerset Safeguarding Adults Board (SSAB), Somerset Corporate Parenting Board (SCPB) and the Safer Somerset Partnership (SSP)).

It is important that professional differences and disagreements are not viewed negatively and that protocols are established for multi- agency SEND working. The [Protocol for Resolving Professional Differences in Work Relating to the Safety of Children](#) will be followed.

Nationally the powers of the First-tier Tribunal (SEND), often referred to as the 'SEND Tribunal', have been extended to make non-binding recommendations about the health and social care aspects of Education, Health and Care (EHC) plans as part of a two-year trial from 3 April 2018. This is known collectively as the 'single route of redress'. There is a requirement for Education, Social Care and Health to work together to ensure that needs of a child or young person are met in a holistic, person centred way. Having clear protocols and principles in place will support the swift resolution of any disputes.

## Our Vision

We want every child and young person to have the greatest possible opportunity to be the best they can be, to be happy, and to have choice and control over their life.

*Somerset SEND Strategy*

## Our Principles

Participation & Engagement

Co-production & Collaboration

Evidence based & Outcomes focused

Effective communication

Transparent

## Our Processes

Shared governance

Shared data

Shared priorities

Transparent budgets

Joint contract monitoring

## Our young people want to:

choose their next school or college

find a job and keep a job

live more independently

find things to do in their spare time

stay safe and healthy

The SEND Joint Commissioning & Partnership Group Action Plan is a Partnership Document updated yearly. It is subject to co-production and therefore may change as we progress. The current Action Plan can be viewed on the local offer.

For 2018/19 the key areas of work are;

### **Improving outcomes**

- Ensuring that children and young people have access to good quality education provision local to their homes through the further development of the Capital Sufficiency Programme.
- Design a SEND Workforce Development Plan (as part of the Children's Services Workforce Strategy) to ensure that all professionals have the skills and knowledge to effectively support children and Families.
- Develop personalised planning and reviewing including personal budgets & direct payments

### **Identification and assessment**

- Provide guidance for professionals and parents of children and young people who may have social emotional or mental health needs, how we will identify, assess and support these children and young people.
- Refresh the ASD strategy including identification, assessment and provision pathways for children, young people and young adults with speech, language and communication needs and autism.
- Develop a joint needs assessment that can be refreshed annually to support joint commissioning

### **Co-ordinating Information, Advice and Guidance**

- Provide effective support to parents and carers at the right time by further development of the Local Offer, SENDIAS service resulting in a single point of access and navigation support.
- Work together with parents to develop guidance for parent/ carers on a range of issues identified in the parental response survey, and distribute.
- Develop toolkits for professionals and schools

### **Structure and processes**

- Design processes that act as a gateway for SEND Joint Commissioning.
- Offer joint impact analysis to wider system changes considering impact on children and young people with SEND.
- Refine a fit for purpose Joint Strategic Needs Assessment chapter for SEND and finalise, embed and share the 6 monthly SEND Needs Assessment.
- Review processes for securing independent provision.

Full Needs Assessment can be found at: [www.somersetintelligence.org.uk/SEND.html](http://www.somersetintelligence.org.uk/SEND.html)

### Executive Summary

#### Context

This Needs Assessment was initiated by the Special Educational Needs and Disabilities (SEND) Improvement Board in Somerset. The Improvement Board includes members from Somerset County Council, partner organisations including Clinical Commissioning Groups, health providers, Education and representatives from parent carer groups.

The term 'Special Educational Needs' specifically refers to children and young people who meet the definition given by the SEND Code of Practice: "a child or young person aged 0-25 has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for them". However, disability can be defined in different ways, in particular in planning, health and social care settings. The statutory definition of disability in the UK comes from the Equality Act (2010): "a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities".

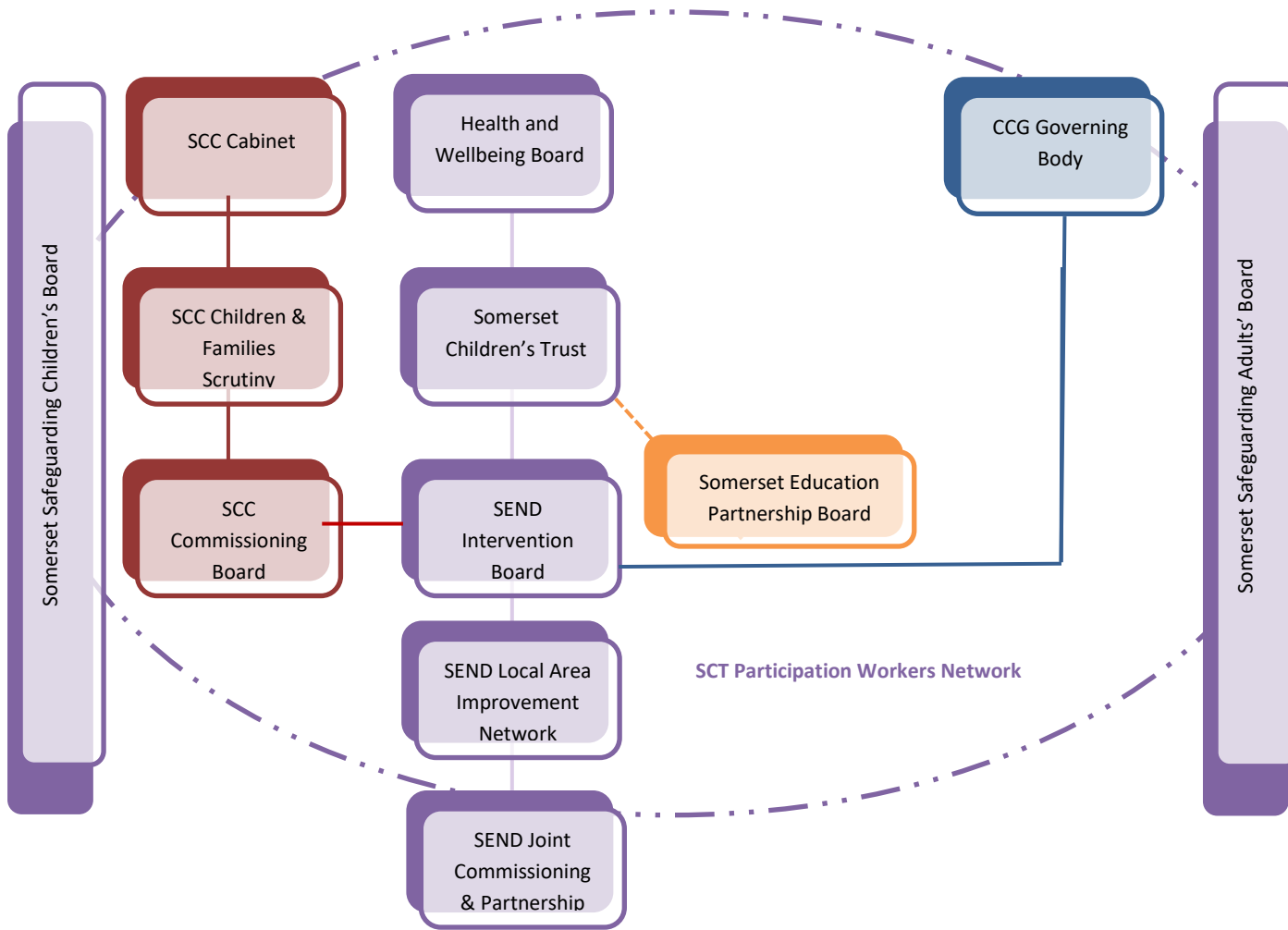
#### National outcomes for children and young people with disabilities

Whilst disabled children and young people are all individuals with different experiences and strengths, on a population level they continue to experience poorer outcomes across the board:

- Disabled young people are more likely than their non-disabled peers to not be in any form of education, employment or training (NEET)
- Four in every ten disabled children live in households where income is below the poverty line, compared to three in ten children without disabilities
- The annual cost of bringing up a disabled child is 3 times greater than that of bringing up a non-disabled child
- Disabled children and young people still report barriers to participation in sport, education, leisure and using public transport, and in personal relationships
- Disabled children are more likely to be bullied; and to experience violence and abuse
- Special educational needs may go unrecognised, leading to adverse outcomes. Children with Speech, Language and Communication needs who are vulnerable to offending are significantly at risk of having their communication disability misdiagnosed as a "behaviour" problem. It is estimated that up to 80% of young offenders nationally have severe communication difficulties.
- Parents and carers of children and young people with disability are also at risk of developing physical and mental health problems; their economic and social wellbeing can also be affected.

For young adults with disabilities, there are often challenges in making the transition to adulthood and adult services. Sometimes this transition in reality can represent a disrupted 'transfer' of care, and where insufficient support is available, young people can feel as though they have been thrown "from the pond into the sea"

# Appendix 4: Governance Route



**Key:**



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