Strategy
For Children and Young People with Special Education Needs & Disabilities 0-25

2016-2021

Listening to you, working for you
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>What young people and their parents have told us</td>
<td>6</td>
</tr>
<tr>
<td>Our Vision</td>
<td>8</td>
</tr>
<tr>
<td>Aims of the Strategy</td>
<td>9</td>
</tr>
<tr>
<td>Where we are now?</td>
<td>12</td>
</tr>
<tr>
<td>Our Action Plan</td>
<td>19</td>
</tr>
<tr>
<td>Useful additional information</td>
<td>22</td>
</tr>
<tr>
<td>Appendices</td>
<td>23</td>
</tr>
</tbody>
</table>
Introduction

Bexley Council places a high priority on improving the outcomes and raising aspirations of our children and young people aged 0-25 years with Special Educational Needs and Disability (SEND). To achieve this and meet the changing legislative requirements we have developed this five year strategy.

Bexley is ambitious for all children and young people. We believe that children with special educational needs and disabilities (SEND) deserve the best provision and every opportunity to achieve well. This is an ambitious strategy that will call for greater integration of services, particularly with health and adult services.

Bexley London Borough has invested significantly in Bexley Special Schools in recent years and most of the provision is good or outstanding.

The specialist resourced provisions in mainstream schools also provide much needed support for many SEN pupils to be educated in a local school. These provisions are also generally rated as good by Ofsted.

We know that our provision has not always kept pace with changing needs; for example, in relation to developing our capacity to meet the needs of the increasing numbers of children and young people who have autistic spectrum disorder and severe learning disabilities.

Despite recent capital investment in special schools and resourced provisions, we know that we may not have enough local specialist provision in the future and, if we do not address this, some children may have to go to schools outside of the borough to have their education, health and care needs fully met. We believe that children achieve better outcomes educated close to their home.

We also think that too many Bexley children go to a special school because the right provision and skills are not available in local mainstream schools to meet their needs.

In too many Bexley schools, pupils with special educational needs do not make good enough progress and there are wide achievement gaps between them and other learners.

Many young people with special educational needs and disabilities do not have the same opportunities as other young people to progress to further learning and training and to access employment and independent living as they move into adulthood.

Families tell us that they have to struggle to access the right services, especially when moving from child to adult services and that the services could be better coordinated.

While much progress has been achieved in recent years, we are aware that a more integrated strategy is needed to ensure we achieve further improvements and are better prepared to address the challenges we face.

This strategy is designed to address these issues and to bring about the necessary improvements in the quality of provision and outcomes for these children and young people, from the early years of childhood to early adulthood.
Legislative Background

We are publishing this strategy at a time of very significant change involving the most significant reform of national policy for health, special educational needs and disability in over 30 years. The strategy is also intended, therefore, to ensure that Bexley remains well positioned to implement these changes for the benefit of children, young people and families.

The Government’s intentions to improve outcomes for disabled children and those with SEN, as set out in the Children and Families Act (2014), make it more important than ever that Bexley Local Authority, schools, colleges, the NHS and other partners, work closely with parents, carers, children and young people to improve services.

There is a requirement within the Children and Families Act (2014), Mandate for the NHS and the Health and Social Care Act for the Local Authority, Clinical Commissioning Groups and NHS England to jointly commission services and promote integrated working based on shared outcomes and shared approaches.

The Health and Wellbeing Board under the Health and Social Care Act is the main statutory body for promoting integrated working and joint commissioning between children’s and adults’ health and social services. The current Health and Wellbeing Strategy, written in 2014, has as its priorities tackling childhood and adult obesity, diabetes, supporting people with addictions and dementia. The strategy will be updated following completion of the Joint Strategic Needs Assessment in 2016.

Bexley’s Health and Wellbeing Board provides leadership and oversight of how children’s and adult’s services can both become more integrated and work with GP Clinical Commissioning Groups to jointly commission health and social care services effectively.

This strategy has been produced in response to the significant government reforms to education, health and social care in working with disabled children and young people and those with SEN, aged between 0-25, and their families and carers.

The Government SEND Reforms require:-

- The local authority to develop and publish a Local Offer to ensure access to improved quality and range of information for children, young people and their parents and carers enabling them to make informed choices.
- The local authority to work closely with the NHS and schools to use resources through joint commissioning to improve the range of support available in a local area.
- The local authority to provide a range of short breaks to carers of disabled children and to publish a statement as to how they will be provided.
- A more flexible model of joint commissioning that promotes access to personal budgets, focuses on specific groups of children or areas within the borough and ensures that children and young people’s needs are met.
- A cultural change in the way in which we listen to and engage with children, young people and their parents and carers.
- A new integrated statutory assessment model leading to a single Education, Health and Care Plan.
- Better commissioning of new provision to ensure needs are met in local schools, colleges and by local community services.
• Services exist to support families to meet their children’s needs and help children to remain in their local community.

• Positive transitions at all key stages within a 0-25 age range, especially a more successful transition to adult life.
What young people and their parents have told us

Children, young people, parents and carers have told us that they want children and young people’s needs and outcomes to be at the heart of the system. They want to be treated with respect and valued as individuals, who make a positive contribution to their school, their community and to wider society.

They want:

• to know that their child is important to all those working with them.
• to have opportunities to participate in the everyday activities that all children and young people have access to in their local community.

Communication and Involvement

Parents and young people have told us that they want:

• to be listened to and supported to use appropriate and effective communication methods.
• wherever possible to have one key contact person to support the family who will coordinate services so that there is continuity and parents and young people do not have to tell their story over and over again.
• to be consulted on and involved with the development and evaluation of the services and provisions that they receive.
• for every effort to be made to ensure that children and young people have the opportunity to be involved with their assessment and in the decisions about the support they receive.
• to be kept up to date with progress in all areas of assessment, support and education.
• for schools to be up to date on the local support and services available to ensure parents receive the correct advice.

Information

Parents and young people have told us that they want:

• information available on all aspects of life with a child with an SEND and that this includes contact details for key staff, websites, services and community activities.
• information that is easy to access and understand and is promoted to parents and young people to ensure they are aware of it and able to engage with it.
• clarity around referral processes and timeframes.

Coordinated Services

Parents and young people have told us that they want:

• services that are responsive and pro-active, rather than reactive and waiting for a crisis to happen and that are close to home and co-located where possible.
• services that work together to promote and enable independence and access to leisure, training and employment.

Delivery of services and support

Parents and young people have told us that they want:

• a well-trained Early Years workforce to support parents and ensure the best possible start for children, including development of accessible specialist nursery provision across the borough.
• to be able to go to a local school which has an appropriately trained workforce.
• to have access to additional specialist support and equipment
• an increased focus on the development of life skills within the school curriculum, from primary to further education.
• specialist advice and support to continue into college placements.
• to wait less time for a diagnosis – particularly Autistic Spectrum Disorder.
• to wait less time for equipment assessment, delivery and review.
• thresholds for all services to be known and pathways for those who do not meet the criteria to be clearly articulated, available and shared – particularly around mental health services.
• enough staff capacity within SEND teams to ensure they are contactable, able to adequately prepare for meetings and offer appropriate levels of support to families.
• all staff/professionals to carry out agreed actions promptly and report back on outcomes.
• all clinics to be more child friendly environments, and for appointments across services to be coordinated.
• clear strategies and support for schools to promptly deal with an increased proportion of bullying incidents within the SEND population and information on where to ask for help and advice.

Involving them in developing an integrated approach to assessment will mean that there is a robust discussion about what works and where we can achieve the best outcomes for Bexley’s children and young people. Better outcomes are achieved when partnership is strong and parents, carers, children and young people work closely with front line professionals to find and implement solutions. This will be a key driver in ensuring this strategy is a success.

Parents have asked us to ensure that the strategy increases support in mainstream schools and specialist provision to ensure children can be educated nearer to home.

Parents and carers have told us that this strategy is focussing on the right outcomes for their children and they want the opportunity to be involved as full and equal partners in the decisions regarding their children’s future. Parents told us that providing them with support and integrating our services across agencies are their most important priorities.

We know that young people need support to make their own choices and decisions once they become adults. Going forward we need to understand the need for our services to recognise the differences in the way we provide support and advice to parents for their children and to young people as they reach adulthood.

The SEN Strategy is focused, therefore, on developing a new approach to the engagement of parents, carers, children and young people with SEN or disabilities.
Our vision

1. We believe that all children and young people who have a special educational need or disability should reach their potential.

2. We will support them as they grow up, to be safe, healthy and able to make the best use of their skills to achieve employment, if appropriate, and to make the most of their adult lives.

3. In Bexley, we work with the phrase ‘what life and education is like for me’. This helps us to focus on the experiences of children, young people, parents and carers when we are involved in their lives.

4. Our ambition is that all children and young people who have special educational needs are educated in appropriate good or outstanding environments.

5. Most important to us is the effectiveness of the work that we do and the difference that we make in doing it. We aim to help children and families at the earliest opportunity.

6. We will work to ensure that children and young people who have a special educational need or disability will have their needs met as locally as possible and that their education, health and care plan will be effective and regularly reviewed.

7. The feedback that we receive from children, young people, parents and carers helps us to improve and to learn. We will ask people about their experiences of our work with them, listen and learn from the feedback they give us.

8. We believe it is important to provide good information and to use clear and simple processes that everyone can understand and to use these consistently.

9. We want to offer education and services that are high quality and efficient for everyone. We aspire to manage our performance carefully, making sure that we understand our business and hold ourselves properly to account for the quality and delivery of care and support.

Our principles

The delivery of this vision and our priorities will be underpinned by the following principles:

- Easily accessible and available information is shared effectively between organisations and services.

- Services are delivered through partnership working and joint commissioning where appropriate (including between education, health and social care providers).

- A strong and coordinated approach to early intervention and support exists.

- Most SEND needs are met in mainstream settings.

- Parents, families and carers are viewed as experts regarding their child’s needs and are involved with the young people themselves in decision making.

- Children and young people are able to participate fully in family, school and community life.

- Equality of access to a range of services with increased choice and control.

- Quality provision is based on robust evidence.

- New, existing and evolving statutory responsibilities are and continue to be met.
Aims of the Strategy

1. The over-arching aim of this strategy is to improve educational, health and emotional wellbeing outcomes for all of Bexley’s children and young people with SEN and who are disabled. Currently they do significantly less well in comparison to other children and young people and we want to ensure this gap closes.

2. The second key aim is to ensure Bexley delivers the Governments’ SEND Reforms, as set out in the Children and Families Act 2014, so that our services are joined up; professionals have good up to date knowledge of each other’s practice and children and young people have better integrated support across education, health and social care.

3. Our third key aim is to address the gaps in provision, and improve the quality of provision, for children and young people with special educational needs and who are disabled. This will mean developing the range of social care, health and education providers and encouraging a mixed economy of provision across the special schools and mainstream schools and colleges in Bexley, as well as the highest quality and cost effective independent and non-maintained special schools where some children and young people are placed.

There is considerable good practice in Bexley across all agencies but there are also significant gaps in what we provide. This strategy aims to address those gaps, specifically:

- Insufficient specialist provision and skills in some local mainstream schools.
- The lack of enough specialist provision and school places for children and young people with autistic spectrum disorder.
- Gaps in educational achievement and progress for children and young people with special educational needs and who are disabled.

4. In aiming to ensure that all children continue to get a good start in life, it is important that their needs can be identified and met in the early years. We aim to ensure there is more joined up work by professionals who work with very young children and their families, particularly early year’s education and childcare providers across all sectors and health practitioners, so that we achieve the highest quality support for children with special educational needs and disabilities aged 0 to 5.

5. We aim to ensure the excellent expertise in some schools is used for the benefit of other schools, so that there is capacity in every school or setting to intervene earlier and provide the most effective support to children and young people. Key to this is ensuring that there are staff in all schools with training and expertise in Autistic Spectrum Disorder (ASD), Social Emotional and Mental Health Needs (SEMH) and speech and language needs.

6. We aim to ensure all specialist SEN provision accessed by Bexley children and young people is good or better and all Bexley special schools can be effective centres of excellence, providing models of best practice and high quality training and support for other schools. We aim to build on the Local College First Programme provision in Further Education Colleges.
7. We aim to have in place provision which offers a flexible match to the needs of our children and young people locally. We recognise that we cannot achieve our ambitions without working in partnership with all providers.

8. We aim to ensure that transitions from one stage of education to the next are well managed so that there is continuity of support for children and young people with special educational needs and who are disabled. A key transition is into post-16 education or training and at age 18 into employment and early adulthood.
What we are aiming to do

To ensure that all Children and Young People with SEND have the appropriate support at the right time and are provided with opportunities to maximise their independence, goals and aspirations.

<table>
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<tr>
<th>Priority</th>
<th>Commission / deliver a range of high quality provision for all children and young people with SEND</th>
<th>Ensure a smooth progression to adulthood for all young people with SEND</th>
<th>Improve the Assessment and identification of SEND across agencies</th>
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<td>Schools and settings provide early, accurate and timely assessment for children with SEND through well trained staff, where appropriate, before children reach school – keeping to a minimum, delays between referral and action.</td>
<td>• Work with health and social care colleagues to fully understand the numbers and needs of the children and young people in Bexley who have SEND.</td>
<td>• Establish a clear Transition Strategy for young people preparing for adulthood.</td>
<td>• Provide all children, young people, parents, families and carers in Bexley with an independent information, advice and support service.</td>
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<td>Work towards a reduction in the gaps in attainment for children and young people with SEND.</td>
<td>• Use information available from health, social care and early years providers to develop a method of forecasting to ensure sufficient special school places are available to meet current and predicted future needs.</td>
<td>• Ensure appropriate and timely assessment and plans are in place and these address the young person’s needs aspirations from Year 9.</td>
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<td>Recruit, develop and retain teams of expert and experienced governors and leaders to support schools to improve.</td>
<td>• Work with parents and young people to ensure The Local Offer is kept up to date with relevant information.</td>
<td>• Engage and involve a range of partners, young people and their families in the coproduction of information sources and appropriate plans.</td>
<td>• Work with education providers and aim for consistency in the identification of children who have SEND.</td>
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<td>Work towards a reduction in the gaps in attainment for children and young people with SEND.</td>
<td>• Work with Adult and Children’s health and social care services to identify the key areas that we should consider for joint commissioning services.</td>
<td>• Continue to develop high quality individualised education and training opportunities in Bexley for high needs students who are aged 16-25.</td>
<td>• Work with education providers to aim for a consistent offer of support to meet the needs of children who have SEND but do not have an EHCP.</td>
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<td>Raise aspirations for children through effective leadership, management and governance.</td>
<td>• Review short breaks provision and ensure regular feedback is received from parents, children and young people.</td>
<td>• Professionals understand their role in transitions and communicate with others promoting and maintaining an open, balanced and consistent approach.</td>
<td>• Ensure there is capacity in the Statutory Assessment team to enable a responsive and expert service to children, young people, schools and colleges.</td>
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<td>Ensure skills can be shared between schools.</td>
<td>• Consider the need to commission more provision to meet growing number of children who have ASD and SLD and increase choice of placements for post-16 students.</td>
<td>• Produce information for young people about transition, being clear what to expect and the options available to them.</td>
<td>• To work with health services with the aim to reduce the time it currently takes to access an ASD Assessment.</td>
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<td>More children who have special educational needs attend mainstream schools.</td>
<td>• Consider the need to commission more provision to meet growing number of children who have ASD and SLD and increase choice of placements for post-16 students.</td>
<td>• Produce information for young people about transition, being clear what to expect and the options available to them.</td>
<td>• To work with health services with the aim to reduce the time it currently takes to access an ASD Assessment.</td>
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Where are we now?

Bexley has a school population of over 43,000 children, of whom around 3% (around 1400) have an Education, Health and Care Plan. A third of children and young people with statements or education, health and care plans attend a mainstream school. This is less than the national average and we would expect more children to be in a local mainstream school.

Around 120 of Bexley’s children and young people with a Statement or Education, Health and Care Plan are placed in independent and non-maintained special schools. The majority of these schools are outside Bexley. Where we make this type of placement it usually reflects a good use of resources for low incidence disabilities, but it can be where Bexley’s provision is at capacity. However, it means over 120 children and young people currently attend schools in the independent and non-maintained sector because their special educational needs cannot be met in a local school. The largest numbers of these pupils have autism spectrum disorder needs or severe learning difficulties. We aim to increase the provision for these children in Bexley special and mainstream schools.

Bexley Council, in association with health and education colleagues, have developed a Local College First Programme to offer individual learning programmes for high needs students who are aged 18 and over. These programmes aim to give young people the opportunities to gain independence and employment skills and training. This has meant that high needs students can now study close to home and there are less young people transferring into independent specialist residential colleges. Local further education colleges are committed to developing their provision for students with learning difficulties and disabilities and we are working with them to increase the options for students aged 18 and over.

Statutory Assessment

The percentage of school age children subject to a statutory assessment and who have a statement or Education, Health and Care Plan has remained relatively stable over the past four years at 2.8%. Whilst the number identified with an Autistic Spectrum Disorder (ASD) has significantly increased, it has been offset by fewer children identified with Moderate Learning Difficulties (MLD).

Since the implementation of the SEND Code of Practice in September 2014, we have started to see a rise in the number of requests for statutory assessment in the 0-5 and 19-25 year groups. We anticipate that there will continue to be an increase in these age groups requesting statutory assessment and being subject to Education, Health and Care Plans in future years.

There are national challenges around the 20 week timescale for completion of Education, Health and Care Plan Assessment. The latest national SEND Implementation Survey (Spring 2016) published by the DfE indicated that nationally local authorities are meeting this target 36% of the time. Bexley is completing 42.9% of EHCP’s within 20 weeks which is better than the national average.

There were 40 appeals against Bexley registered by the SEN and Disability Tribunal in 2014-15. This represents a slight increase from previous years. Twenty-one of the appeals were against a refusal to carry out a statutory assessment and the remaining related to the level of support and named school placement. Twenty six of the appeals were withdrawn by parents before tribunal hearing dates.

Commissioning Provision

Local authorities have significant core responsibilities as strategic commissioners of education and other provision, operating in an increasingly diverse educational environment to secure
sufficient, high quality provision in the borough.

Bexley Council has been working with health and social care agencies to try to more accurately predict the numbers and needs of children who are entering education and transitioning to secondary school or college provisions to ensure that we have capacity in borough.

It has been acknowledged for some time that there is growing pressure for special school places in Bexley, particularly at Marlborough School and Shenstone School. It is clear that this issue of growing demand needs to be addressed and an understanding of the future demand for places at special schools is required. There are a number of pupils who have been placed in out of borough special schools as there were no places in the required year groups at Shenstone or Marlborough Schools.

We expect that the demand for places at Shenstone or Marlborough School will increase as children from neighbouring boroughs seek special school places in Bexley due to changes in neighbouring boroughs special school provision.

There are also increasing numbers of children with Autistic Spectrum Disorders who require resourced provision places.

The School Place Commissioning Plan focuses on a more systematic approach to the forward planning of SEND provision in schools, to increase capacity in Special schools and resourced provision in mainstream schools.

The Disabled Children’s Service commissions providers of short breaks. These include after school clubs, youth groups, holiday play schemes, weekend activities, family days and overnight short breaks for the children and young people with the most complex needs.

While there have been some notable successes in relation to jointly commissioning services between education, health and social care, there is more work to do and joint commissioning across education, health and social care is a priority for improvement. The Complex Needs Panel, which agrees joint funding for complex needs placements, requires improvement and better decision making to ensure we make timely decisions and secure the most appropriate and cost effective placements for children and young people with complex needs.

Pupil Progress and Attainment

We aim that, through the provision of consistently good, effective education for all children, every child and young person achieves to the best of their potential.

The gap in attainment at Key Stage 2 for pupils at Bexley schools with SEN support (those with special educational needs but who do not have an EHCP) and other learners reduced between 2014 and 2015. For pupils with a statement / EHC plan, the gap became notably smaller in 2015, despite a slightly higher percentage of pupils with no SEN achieving at least level 4.

Notably, more pupils with a statement / EHC plan made expected progress in all three main subject areas in Bexley when compared to national figures. The gap between the achievements of children who have an EHCP and those who do not in Bexley is also markedly smaller than nationally and has reduced since 2014. Pupils with SEN support making expected progress are above the national outcomes for reading, equal to national for maths and one percentage point below national for writing. The gap for this group is also smaller for reading, but equal to national for writing and one percentage point higher for maths. Since 2014 this gap has reduced in reading and maths but grown in writing, despite fewer pupils with no SEN making expected progress.
At Key Stage 4, the percentage of pupils in all groups achieving at least five GCSEs at grades A* to C including English and Maths has fallen since 2014. Pupils with SEN support fare particularly poorly, with a lower percentage achieving expected outcomes in 2015 than all statistical neighbours but one, as well as outer London and national, and falling 6.9 percentage points below the average. Pupils with a statement/EHC plan fare better in comparison achieving the third highest percentage in London.

The gap for pupils with a statement/EHC plan achieving at least five GCSEs at grades A* to C including English and Maths was reduced in 2015. An equal proportion achieved 5+ A* to G GCSEs in Bexley as nationally, but the gap became wider compared to the previous year. For pupils with SEN support, although an equal proportion achieved 5+ A* to G GCSE in Bexley and nationally and the gap got smaller in 2015, a notably lower proportion than national achieved 5+ A* - C including English and Maths in 2015, and this was also notably lower than compared to 2014 for the same group. The gap for this group remained the same.

Exclusions

In 2014-15, 51 children were permanently excluded from Bexley Schools; 8 primary pupils and 43 secondary pupils. No pupils where permanently excluded from special schools. The number of pupils permanently excluded has not risen significantly in recent years.

We believe that exclusion is an inappropriate response to addressing the learning needs of children and young people with SEN and those who are disabled. If a school is not able to meet the needs of a child who has a statement or EHCP, we hold an emergency review meeting to decide if additional support is required. We may suggest that a child at risk of exclusion, because their needs are not being met, moves to a different education provision that is more able to meet the child’s needs.

An increasing number of primary school exclusions, some of very young children, have been a cause for concern. The Fair Access Protocol has been reviewed in primary and secondary sectors to enable schools to cooperate in ensuring that children and young people permanently excluded from school are re-integrated into another school as quickly as possible. While the downward trend is encouraging, too many excluded children and young people are subsequently subject to a statutory assessment indicating that their special educational needs may not be being identified in a timely way.

School Quality

There are five local authority maintained special schools in Bexley educating and supporting pupils with Statements or Education, Health and Care Plans. Four of Bexley Special schools are good; one has recently been judged to require improvement.

Two special schools are designated for children with Profound and Multiple Learning Difficulty Needs (PMLD) – Shenstone School and Marlborough School. One special school, Woodside School, meets the needs of Moderate Learning Difficulties (MLD) and Autistic Spectrum Disorder (ASD) on two sites. Two special schools, Westbrooke School and Oakwood School provide support for Social, Emotional and Mental Health Needs (SEMH).

We recognize that there is much expertise and good practice in our schools. We know from parents and governors that committed staff in many schools are doing a good job in supporting children and young people with complex needs.

A key priority for this strategy is for all schools, including special schools and any school with specialist SEN provision, to be judged by Ofsted as good or better.
Clinical Commissioning Group
Commissioning Intentions for 2016+

NHS Bexley Clinical Commissioning Group (CCG) plans, purchases (or ‘commissions’) and monitors the majority of health services accessed by Bexley residents (with the exception of specialised services which are commissioned by NHS England, and primary care services which it now co-commissions with NHS England).

The Commissioning Intentions strategy document sets out NHS Bexley CCG’s strategic direction of travel for 2016/17 onwards, following consideration of the health needs of local people and health challenges. It ensures its plans align to other key strategic documents such as, the NHS Five Year Forward View, the Joint Strategic Needs Assessment and the Our Healthier South East London strategy.

For children and young people in Bexley, the focus will be on:

- primary prevention and wellness programmes.
- integrated children and young people’s services with establishment of new planned care and clinic services.
- supported transition.
- Mental Health Services expansion for children and adolescents.
- a new children and young people obesity and weight management system.

Bexley’s Joint Strategic Needs Assessment was written in 2014 and a new version will be published later in 2016. This included a Children and Young People’s chapter which highlighted the following for SEND:-

- The number of pupils with SEN in England decreased from 1.62 million (19.8%) of pupils in 2011/12 to 1.55 million (18.7%) in 2012/13. The number of pupils with statements of SEN increased slightly from 226,125 pupils in 2011/12 to 229,390 pupils in 2012/13 and equated to 2.8% of the school population nationally. In 2013, there were 2.5% of Bexley school population with an SEN with a statement, which was comparable to London and national averages.
- Boys were two and a half times more likely to have statements of SEN at primary schools and were nearly 3 times more likely to have statements at secondary schools compared to girls.
- Black pupils were more likely, and Chinese pupils were least likely, to have SEN than pupils of other ethnic groups. The number of black pupils in Bexley is increasing and therefore the overall percentage of pupils who have SEN is expected to increase.

In 2014, nationally there was:

- an increased diagnosis / incidence of autism, including ‘high functioning’ autism.
- a reduction in the number of parents seeking special school provision for children with moderate learning difficulties.
- a changing profile of those with more severe and complex needs, particularly in terms of more challenging behaviours.
- an increase in the number of children surviving early childhood with multiple and complex needs.

In 2014 in Bexley there were 1,302 pupils with a statement and it was forecast that this would rise to 1,518 by 2019 and 1,681 by 2030, an additional 216 and 379 children respectively. Although national trends are generally reflected in Bexley, the trend for each primary type of SEN was estimated and the JSNA found that there was an increase in the number of pupils with a primary need to Autistic Spectrum Disorder (7% growth which was above national average) and also a 16% growth in the number of pupils who were diagnosed with a severe learning disability.
Early Years Provision

The Early Years Teams work with Private, Voluntary and Independent (PVI) nursery settings and child-minders in Bexley. Of these, 96.5% are rated Good or Outstanding (June 2016). All PVI settings and child minders can potentially support children with SEND from 0-5 years in early education.

All PVI settings have a designated Special Educational Needs Coordinator (SENCO) who, along with other staff in the setting, is responsible for the early identification and support of children with SEND. These SENCOs are closely supported in this role by the Local Authority Early Years Advisory Team who support with observations of children, meetings with parents, writing Individual Education Plans, referral to and liaison with appropriate agencies, attendance at meetings, support with Statutory Assessment applications and support with applications for funding streams to support SEND children in settings.

All child minders are supported by a designated Early Years Project Officer as well as a designated Early Years Adviser in the identification and support of children with SEND. Currently, some of Bexley’s young children with the most complex needs are supported by child minders as they have greater capacity to offer bespoke support.

The Early Years Advisory Team maintain a database of children with SEND which is also accessed by other professionals (e.g. Educational Psychologists, Social Care, Early Intervention Teams) in order to facilitate sharing of information to ensure timely and appropriate interventions for children. During the year 2015-2016, over 400 children have been identified in settings and child minder provision with a need at SEN Support, or with a diagnosis of SEND and with an Education, Health and Care Plan in place. Early Years Advisers also maintain close links with other agencies such as the Autism Assessment Service; Educational Psychologists; Portage; Child and Adolescent Mental Health Service; Speech and Language Therapists; Inclusion Keyworkers and Paediatricians, attending regular meetings in order to share information about children with SEND. This ensures a regular two-way flow of information, further enhancing early identification, intervention and joint working across sectors.

The Early Years Team work particularly closely with Inclusion Keyworkers who, alongside their work in schools, are able to allocate some time to supporting children in Early Years settings who are due to start school the following September and who are deemed to be at risk of exclusion. These children are identified by the setting SENCOs as having Social, Emotional and Mental Health needs, who then refer them to the Early Years Advisers for consideration by the Inclusion Keyworkers. During 2015-2016, 9 children have been supported in their setting either individually or as part of a small group by the Keyworkers. Some of them will continue to be supported for a number of weeks as they transition to school in September, in order to ensure that appropriate support and strategies are seamlessly continued and implemented in the new setting. This close working was initiated in February 2013 and since that time there have been no school exclusions of children during their Reception year at school.

All PVI settings and child minders pass on comprehensive Records of Transfer to schools for all children, including those with SEND, and are invited to attend a Transition Day during the Summer Term each year. There they can meet with school SENCOs to specifically discuss children with SEND who are moving on in order to ensure that the school is aware of the needs, the types of support and agencies that are in place and the strategies that work well. For children who have not attended an early year’s provision of any type, there is less likelihood of early identification of need, unless the need is profound and complex and has been picked up by health
professionals, and therefore less likelihood of schools being prepared in advance.

**Early Intervention Teams and Specialist Teaching Services**

The Early Intervention and Specialist Teaching Services work to promote the development and achievement of children with Special Educational Needs and Additional Educational Needs to ensure the best chance of them succeeding. Where appropriate they work jointly with colleagues in education, health and social care.

The team consist of Early Years Advisors, Education Welfare Officers, Educational Psychologists, Autism Advisors, Specialist Hearing Impairment and Visual Impairment Teachers and Advice and Moderation Partners. All of the services may contribute to an Education Health and Care Plan Assessment.

**The Education Psychology Service**

The Educational Psychologists offer advice and support to schools on meeting the special educational needs of pupils. Direct support can also be offered to individual children and to groups of children depending on the level of need.

The service is directly funded by the Bexley Collaborative of schools and bought by Academies.

**The Joint Communication Team**

The team is jointly funded by the local authority and by health. They work mainly with primary age pupils who have difficulties in the area of speech, language and communication. Work is focussed on helping schools to promote the progress of children with speech, language and communication needs.

**Autism Advisory Service and Bexley Early Autism Service**

The Bexley Early Autism Service offers support and specialist advice to families and pre-school settings to give them the necessary skills to promote the educational progress of young children with an autism diagnosis.

The Autism Advisory Service works with schools to help them develop effective strategies for meeting the needs and promoting the progress of pupils with a diagnosis of autism.

**Integrated Community Equipment Service**

There is joint provision of equipment between health, education and social care, recycling specialist equipment whenever possible, to ensure efficient use of resources. It is managed by Inspire Community Trust. The right equipment provided at the right time supports greater independence and may prevent additional impairment.

**SEN Transport Initiative**

Local authorities are under a statutory duty to ensure that, for eligible children and young people with special educational needs, suitable travel assistance is provided to facilitate a child’s attendance at school. The table over the page shows the numbers and costs in May 2016.

The cost of this travel assistance is increasing and we are currently working with parent representatives to look at new ways of providing travel assistance including pick-up points, direct payments and travel training which will be introduced between in 2016/17.
<table>
<thead>
<tr>
<th>Travel assistance/transport type</th>
<th>Average Numbers of pupils</th>
<th>Average Cost £ per pupil</th>
<th>Total Spend £</th>
<th>Budget £</th>
<th>Overspend £</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Pupils</td>
<td>547</td>
<td>4,030</td>
<td>2,246,907</td>
<td>1,789,000</td>
<td>457,907</td>
</tr>
<tr>
<td>College Students</td>
<td>33</td>
<td>5,579</td>
<td>184,117</td>
<td>63,000</td>
<td>121,117</td>
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<tr>
<td>Totals</td>
<td>580</td>
<td></td>
<td>2,431,024</td>
<td>1,852,000</td>
<td>597,024</td>
</tr>
</tbody>
</table>

Numbers of Children and Young People receiving Travel Assistance and Costs (May 2016)
## Our Action Plan

<table>
<thead>
<tr>
<th>Key Activity</th>
<th>Milestones</th>
</tr>
</thead>
</table>
| **Implementation of SEND Reforms and transition to Education, Health and Care Plans** | • Ensure we have clear processes in place for statutory assessment.  
• Work with schools, colleges, parents and young people to embed the new ways of working. |
| **Wishes and Views of children, young people, parents and carers** | • Identify the stages of the EHCP process where we must ensure we have captured the wishes and views of children, young people and their parents.  
• Identify how we are to establish a young person’s group and other ways of obtaining the wider views of children and young people who have special educational needs.  
• Identify how we are to obtain individual young people’s views on the EHCP process and the resources and skills required to do this.  
• Routinely obtain the young person’s view at all the identified points during the EHCP process.  
• Review the effectiveness of the new arrangements for obtaining the views of children and young people.  
• Improve transition between each Key Stage so that pupils are supported when moving to a new school and that placements are well matched to pupil needs.  
• Continue to work with parents, children and young people to review and improve The Local Offer and development of services. |
| **Raise awareness among Local Authority and Partners** | • Have a greater understanding of every agency's role in the EHCP process and the wider SEND Reforms, including ensuring each agency is actively contributing to The Local Offer; EHCP's and support services for children with SEN.  
• Arrange training for key children and adult social care staff on Education, Health and Care Plans and SEND Reforms.  
• To raise awareness of the SEND reforms amongst externally commissioned partners.  
• To continue to work with local colleges to ensure SEND Reforms are understood and fully implemented. |
| SEN Joint Commissioning | • Share information on future student numbers and young people who will move from children to adult health and social care services in a timely manner.  
• Map current services and capacity.  
• Identify gaps in services.  
• Use database, evidence base and forecasting to develop a joint commissioning SEND 0-25 Plan (SEND Reforms Strategic Action Plan).  
• Ensure resources are fairly and transparently deployed and parents and schools understand how support and resources are allocated. |
|---|---|
| The Local Offer | • Ensure any gaps identified in The Local Offer are filled.  
• Continue to work with parents and young people to ensure we receive feedback on how accessible and informative The Local Offer is.  
• Investigate if it is possible to link The Local Offer with the Adult Care Portal. |
| Transition to Education, Health and Care Plans | • Implement EHCPs across Bexley, including the introduction of banded funding to all schools and provisions. |
| Post 16 Education and Transition to Adult Services | • Ensure a clear process to identify young people by Year 9 who will transition to Adult Social Care.  
• Work with education, health and social care agencies to ensure that each young person has a clear pathway after leaving school which allow them to prepare for adulthood. |
| SEN Transport | • Identify and review new ways of providing travel assistance.  
• Consult with young people, parents, schools and colleges about travel assistance. |
| Inspection of local area’s effectiveness in identifying and meeting needs of disabled children and young people and those with SEN | • Review Inspection Framework.  
• Work with partners to ensure they understand the Local Area SEN Inspection.  
• Prepare Self-Assessment in conjunction with partners and parents. |
| Jointly commissioned advocacy and mediation | • Identify what advocacy is currently commissioned across health, social care and education.  
• Agree between education, health and social care about whether or not we will jointly commission an advocacy service and, if agreed, to have a draft specification for this service and an identified joint budget.  
• Jointly commission an advocacy service across education, health and social care. |
| **Independent Advice and Support Service** | • Tender for IASS to be completed for contracted service to start in September 2016.  
• Monitor and review the performance of the IASS provider, ensuring feedback is obtained from children, young people and parents. |

*Listening to you, working for you*
Useful additional information

The Local Offer

This website has been co-produced with the help of parents, professionals and young people and is under continuous development. Our aim is to provide a ‘one stop shop’ for information and services that support children and young people with special educational needs and disability aged 0-25 years old.

www.bexleylocaloffer.uk

School Place Planning


The Council has a responsibility to monitor the supply and demand for school places and ensure there is sufficient capacity to meet demand by planning for growth. Increases in demand patterns mean that all local authorities face unprecedented challenges to do this and this document sets out the approach that is being taken by the Council to plan for school places over the next two-three years, together with forecasting up to 2025/26.

The Plan has been developed during a period that has seen an increase in demand for Reception and in year places. We anticipate a need to increase secondary school places for 2018/19. Pressures for special needs places remain in line with the growth of the general school population. It is available at: http://www.bexley.gov.uk/article/16226/School-Place-Planning.

The Plan explains:

- the Bexley context.
- the Council’s demographic.
- the challenges of meeting increased demand.

- how new demand, which is currently in excess of Regional Government statistics, will be forecast.
- the capacity of Bexley’s schools and the potential for further expansion.
- the planned approach based on this information.
- Next Steps.
Appendix 1

Definition of special educational needs

Children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them.

Children have a learning difficulty if they:

a) have a significantly greater difficulty in learning from the majority of children of the same age; or
b) have a disability which prevents or hinders them from making use of educational facilities of any kind generally provided for children of the same age in schools within the area of the Local Education Authority;
c) are under compulsory school age and fall within the definition at a) or b) above or would so do if special educational provision was not made for them.

Definition of disability

The Equality Act 2010 states a person (P) has a disability if –

1. they have a physical or mental impairment and
2. the impairment has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities.

The Government guidance states that the term substantial means more than minor or trivial. The term physical and mental impairment implies that a disability can arise from a wide range of impairments such as:

- long term medical conditions such as asthma and diabetes.
- fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone disease.
- mental health conditions such as bipolar disorder or depression.
- learning difficulties such as dyslexia.
- learning disabilities such as Down’s syndrome and autism spectrum disorders.
- cancer.
- multiple sclerosis.
- HIV / AIDS.

3. People with severe disfigurement will be protected as disabled without needing to show that it has a substantial adverse effect in day to day activities.
Appendix 2

The National Context

The statutory framework for the identification and assessment of children with special educational needs is set out in the Education Act 1996, the Special Educational Needs and Disability Act 2001 and the SEN Code of Practice. SEN Regulations prescribe the time allowed for each stage in the statutory assessment process.

The Code gives guidance on the processes and procedures to be followed, describing a graduated approach offering most help for children with the greatest difficulties and less help as things improve.

Despite this statutory framework to support the most vulnerable learners and significant progress to support the inclusion of individual children and young people with SEN and those who are disabled, significant numbers of them do not do well at school.

The achievement gaps for children and young people with special educational needs and disabilities are wide.

- At Key Stage 2 for pupils with statements, the attainment gap for reaching level 4 over the last five years has remained similar and for pupils with SEN (without statements) the attainment gap for English and mathematics over last five years has narrowed by only five percentage points.
- At GCSE 5 A*- C (including English and mathematics) for pupils with statements, the attainment gap has increased by six percentage points over five years and for pupils with SEN (without statements) the attainment gap has narrowed by only one percentage point.
- Disabled children are 13 times more likely to be excluded from school and three times more likely to be abused than other children.
- Children with early persistent language disorders are five times more likely to have literacy and numeracy difficulties; only 50% remain in full-time education post-16 (ICAN ‘The Cost to the Nation of Children’s Poor Communication’).
- Children and young people with special educational needs and disabilities are over represented in disadvantaged groups:
  - those receiving free school meals
  - looked after by the local authority
  - minority ethnic groups
  - exclusions
  - low attendance
- Nationally there are 1.7 million school-aged children identified as having special educational needs. In secondary schools SEN without a statement has increased from 13% in 2003 to 19.7% in 2011 and there is a wide range from 70% SEN in some schools to below 5% in others.

There is evidence that the families of children with disabilities also face poverty. It costs up to three times as much to raise a disabled child and only 16% of mothers with disabled children work compared to 61% of other mothers. One study found 13% of couples caring for a disabled child identified major relationship problems and 9% actually separated.

In 2010 the Government published the results of an inquiry into parental confidence in the SEN framework which had been undertaken by Brian Lamb. He reported that he met some of the happiest parents in the country and their children were well supported and making good progress. However he also met parents for whom the education and care system represents a battle to get the needs of their child identified and for those needs to be met. Crucially both experiences stemmed from the same system because implementation too often failed to deliver.

Lamb called for major reform of the SEN system in four key areas:
• Children’s outcomes to be at the heart of the system
• A stronger voice for parents
• A system with a greater focus on children’s needs
• A more accountable system that delivers better services

He concluded that we need the best teachers and resources better-targeted to those most in need, but most of all we need to change the culture of low expectations for children with SEN and disabilities.

The Children and Families Act

The Children and Families Act was passed in March 2014 and aims to improve the services for children and young people and their families. The changes were introduced in 2014. It makes some big changes to laws about how education, health and social care services must support children and young people with SEN and disabilities, including:

• Enable children, young people and their families to have an active role in implementing any plan designed to meet their identified needs;
• Improve the quality and range of information available to children, young people and their families to enable them to make informed choices;
• Create a Local Offer which not only describes the range of services available, but also what families can expect from each of the services listed;
• Build on the success of the Early Support programme and create a new 0-25 integrated specialist assessment and planning process for children with special educational needs or who are disabled and their families, resulting in a single Education, Health and Care Plan;
• Improve the way in which Local Authorities, NHS and schools use their resources through joint commissioning to achieve improvements in the range of support available within a local area;
• Enable young people to have the option of a personal budget.

These proposals are set out in the Children and Families Bill, published in February 2013 and expected to become law from September 2014. We will have a single and shorter assessment process leading to a combined Education, Health and Care Plan to replace both SEN Statements and Learning Difficulty Assessments for 0-25 year olds. We also expect some children and young people subject to an integrated plan to have personal budgets and to choose direct payments. This strategy will have as a key priority the development of the Local Offer in Bexley.

Health Commission Changes

New health duties, roles and responsibilities: From 1 April 2013 many statutory responsibilities for commissioning health services for children and adults has moved from Primary Care Trusts to new Clinical Commissioning Groups. Clinical Commissioning Groups (CCGs) are statutory organisations within the NHS that are led by General Practitioners. CCGs are overseen by a new NHS Commissioning Board responsible for quality and performance standards across the country, as well as directly commissioning very high cost, specialist services such as specialist mental health placements.

As part of this, from 1 April 2013, Local Authorities became responsible for commissioning universal school nursing services, which fall within their new broader responsibilities for Public Health. Each Local Authority area established a Health and Wellbeing Board to provide leadership and oversight of how children’s and adult services become more integrated and work with Clinical Commissioning Groups.
From 1 September 2014 there was a new statutory duty placed on Local Authorities to work with CCGs to jointly commission services for disabled children and children with special educational needs. This offers new opportunities for joint commissioning to deliver greater personalisation of budgets for health care alongside social care and education, improving service delivery and achieving efficiencies.

The Department of Health has recently published the mandate for the new NHS Commissioning Board, where there is a specific objective to ensure children with special educational needs and disabled children have access to the services identified in their agreed plan and that parents have the option of a personal budget based on a single assessment across health, social care and education.
Appendix 3

Resources to help us deliver

High Needs Funding

The Education Funding Agency (EFA) allocates a budget to each local authority each year which is used to meet the additional support needs of children and young people in nurseries, schools and colleges.

High needs funding is intended to provide the most appropriate support package for a child or young person with special educational needs (SEN) in a range of settings.

The high needs funding system supports provision for pupils and students with SEN and disabilities (SEND), from their early years to 25. The majority of these pupils will have an Education Health and Care (EHC) plan.

In 2015/16 The London Borough of Bexley was allocated £27m to support approximately 1400 children and young people. The actual spend was £30m.

Fairer Funding Formula and likely future changes

The Department of Education recognises that the current system for distributing High Needs Funding to Local Authorities is outdated, inefficient and unfair. Under the current system, a local authority in one part of the country could receive over 50% more than a similarly sized local authority in another area with exactly the same children, simply because of an accident of history.

Under proposals published for consultation in early 2016, the government has started the process of introducing a national funding formula from 2017 to 2018. This represents an important move towards a system where high needs funding is allocated on a consistent national formula. As part of this, local authorities will receive funding to help with their responsibilities towards young people with high-level special educational needs on a fair and formulaic basis, so that no pupil is disadvantaged simply by where they live.

Independent school placements

In 2015/16, 221 children and young people were educated in independent schools as their needs could not be met in schools in Bexley. These placements ranged from day schools to 52 week residential school placements. The total spend on placements in independent schools was £6m, with the average placement costing £27,000 per year.

Information on Transport Budget

Local authorities are under a statutory duty to ensure that, for eligible children and young people with special educational needs, suitable travel assistance is provided to facilitate a child’s attendance at school. In 2015/16 the SEN Transport Budget was £2.7m and the actual spend was £3.2m.

The cost of this travel assistance is increasing and we are currently working with parent representatives to look at new ways of providing travel assistance including pick-up points, direct payments and travel training which will be introduced between in 2016/17.
Information on Short Breaks

Short breaks (previously referred to as ‘shared care’ or ‘respite’), aim to benefit both children and young people with disabilities and complex health needs, and their families. Children and young people are offered enjoyable experiences away from their primary carers to enhance their personal and social development, while parents and families are provided with a valuable break from caring responsibilities.

Short breaks can occur at different times – during the day or evening; overnight or on weekends, and can span a few hours or a number of days. They are often used during school holidays. They can also be offered in various locations ranging from the family home, a carer’s home, a residential setting, or as part of a plan to offer specialist additional support by enabling access to a universal or specialist community facility or service.

The short breaks budget for 2015/16 was £494,000.