

# Islington Special Educational Needs and Disabilities (SEND) Strategy 2018-2020 (DRAFT)

## Vision

Every child and young person with SEND in Islington to have the opportunity to:

- Be happy, healthy, safe and confident about their future
- Become successful, resilient adults who achieve their aspirations in all aspects of their lives
- Live fulfilling lives in their communities.

## Facts and figures

- 4,879 (18.7%) children in Islington schools have a SEND (the inner London average is 15.9%)
- Of these, 962 (3.7%) have an Education, Health and Care Plan (EHCP)
- 19% of children with SEND in Islington are recorded as having Social, Emotional and Mental Health needs. The national average is 16%.
- 48.9% of children with an EHCP attend special school
- Islington's High Needs budget is £26million per year
- 70% of all high needs funding spent on specialist provision – high cost and unsustainable at the current rate
- 34% of Islington young people accessing Transport are over 16, against a London average of 18%. The average cost per young person is £3,083 a year
- 60 young people with SEND transition to adulthood each year.

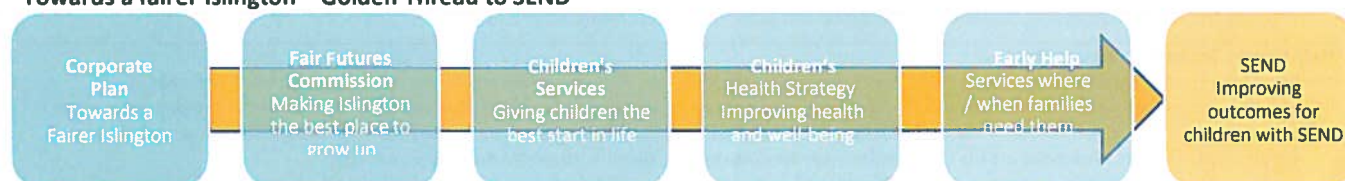
## What is working well?

- Robust Autistic Spectrum Condition (ASC) identification, confirmed by Independent review
- Increased capacity for ASC to 'keep it local' through a continuum of flexible provision, including The Bridge Satellites (innovative expansion of provision in response to need and wishes of parents) i
- Multi-agency planning for complex cases - savings from reduction of Joint Agency Panel placements re-invested locally e.g. Independent Learning Space
- Good identification of SEND in Early Years and improving timeliness of assessments
- Good quality data supports joint strategic planning and commissioning
- Local Offer website platform upgraded to improve access
- Three high quality special schools rated outstanding by Ofsted, working well with health and care
- Short Break offer well received by parents
- Numbers of young people accessing Alternative Provision reduced following review
- Co-production Board with parents established
- Good outcomes for young people with SEND aged 16-19
- Active SENCO Network supporting transition
- Proactive promotion of Personal Budgets, e.g. Travel, short breaks

## Challenges

- Higher than average number of Education, Health and Care Plans (EHCPs) and children in special schools – this means we need to manage resources more efficiently
- Projected increase in demand with potential impact on all Services based on the very high percentage of requests for Education, Health and Care assessments for 3-4 year olds
- We need to improve the timeliness of completion of EHCPs
- Reducing absence, exclusion of children from school, and the number of children on reduced timetables
- Commissioned specialist provision for children and young people with Social, Emotional and Mental Health needs is very high cost and does not result in good outcomes
- Devolved resources to schools has not led to expected reduction in numbers at SEND Support and EHCPs. There is a great deal of good practice but not consistent – parents experience is variable
- Lack of clarity about SEND Support and what families can expect – the right support for the right outcomes
- How to ensure consistent inclusive practice across all our schools and services
- Ensuring a smooth transition from childhood to adulthood for children and young people with SEND remains a priority

## Towards a fairer Islington – Golden Thread to SEND



## Burning issues for parents

- A better attitude to children and young people with SEND from mainstream schools – they are too worried about money and statistics (strengthening inclusion)
- Need to improve inclusive practice – so that all children and young people with SEND are welcomed and included within their local school (local provision)
- More local specialist provision for SEMH with better outcomes (cost effectiveness)
- Concern at all transition points [EYS to school, primary to secondary, secondary to college] (best outcomes)
- Improve communication with parents

## Direction of travel

	From	To
<b>Ownership</b>	Specialist provision / services separately managed - limited structural opportunity to share practice and discuss strategic SEND issues	Local schools working in partnership to plan and commission specialist services
<b>Resources</b>	Expenditure determined by LA and financial information about SEND spend not shared	Strategic planning Greater awareness and understanding of resources
<b>Entitlement</b>	Little understanding of a finite budget	Needs driven, evidence based provision
<b>Building ability</b>	Services and providers that are diagnosis driven	Greater local skills, expertise and confidence
	Belief that someone elsewhere can do it better	
	Inflexible provision with children 'not fitting' falling between the gaps	
<b>Parents confidence</b>	Not confident in local services and not involved in strategic planning	High level of confidence. Involved in co-producing provision
<b>Value for money</b>	Differences in quality / cost of provision for children and young people with similar levels of need	Equity in access with children and young people having their needs met closer to home



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## Outcomes: The outcomes we want to achieve and why

Priority	What will success look like?	How will we measure success?
Strategic plan for managing High Needs so that our local offer is attractive, affordable and sustainable [Cost Effective]	<ul style="list-style-type: none"> <li>Funding and decision making are open and transparent</li> <li>Resources managed effectively and equitably through a transparent approach that is fair</li> <li>High quality services that deliver good value for money</li> <li>Strategy co-produced with parents and young people as experts by experience</li> <li>Communication is good and leads to trust, confidence and respect for each other.</li> </ul>	<ul style="list-style-type: none"> <li>% population 0-25 with EHCPs</li> <li>Confidence of stakeholders (through survey and feedback)</li> <li>Finance data</li> <li>Funding framework</li> <li>Out-turn</li> <li>% providers attended by children with EHCPs rated good/outstanding</li> </ul>
Improving the SEND Support Offer [Strengthening inclusion]	<ul style="list-style-type: none"> <li>Most SEND needs met in mainstream, supported by good inclusive practice</li> <li>All schools provide quality provision to meet the needs of children with SEND locally</li> <li>Schools work collaboratively to share good practice and make best use of resources</li> <li>Children, young people and parents have confidence in the local SEND support offer</li> <li>Support services that help schools build ability to meet SEND.</li> </ul>	<ul style="list-style-type: none"> <li>Number of Early Years children transferring to mainstream school</li> <li>% population 0-25 with EHCPs</li> <li>% population 0-25 with EHCPs EHE</li> <li>% appeals to First Tier SEND Tribunal</li> <li>% pupils attending state funded schools</li> </ul>
Improving provision for learners with Social, Emotional and Mental Health (SEMH) needs – [Developing local provision]	<ul style="list-style-type: none"> <li>Continuum of provision matched to need with as many as possible having needs met at mainstream</li> <li>Reduced number of exclusions and improved attendance</li> <li>Co-ordinated, timely and preventative intervention delivered through partnership working and joint commissioning.</li> </ul>	<ul style="list-style-type: none"> <li>% population 0-25 with EHCPs</li> <li>Overall absence rate</li> <li>Persistent absence rate</li> <li>Fixed period exclusions</li> <li>Permanent exclusions</li> </ul>
Preparing for adulthood [Best Outcomes]	<ul style="list-style-type: none"> <li>Improved progression and attainment at all ages</li> <li>Person-centred and personalised planning that focuses on building independent and resilient children and young people, and families</li> <li>All young people over 14 with an EHCP have their own personalised transition plan</li> <li>Number of young people with SEND in Education, employment or training continue to increase</li> <li>Increase GP practices offering 14 plus learning difficulty health checks.</li> </ul>	<ul style="list-style-type: none"> <li>Increase number of young people age 16 to 25 who take up internships or volunteering</li> <li>% population 0-25 with EHCPs</li> <li>% young people post KS4 in EET</li> </ul>

## To achieve these outcomes, we will take the following action:

<p><b>High needs:</b> develop a strategic plan for managing our High Needs budget to ensure an attractive, affordable &amp; sustainable local offer [Cost Effectiveness]</p> <p>The High needs budget (including behaviour and AP) is considerable (£26M a year). Pressure is increasing as the number of complex high cost places grows; costs must be managed within existing resources, and we must make informed decisions about priorities for expenditure. To do this, we will:</p> <ul style="list-style-type: none"> <li>Manage and monitor equitable use of funding through High Needs (Schools Forum) Sub Group to make sure we get best outcomes and value for money</li> <li>Maximise the value of our resources by developing a sustainable SEND financial strategy that supports Early Help and inclusion</li> <li>Review commissioning approaches e.g. dynamic purchasing with regional partners, funding matrix to calculate Element 3, particularly for SEMH</li> <li>Improve the deployment of budgets / support services so that some children currently supported in special schools can be supported in mainstream</li> <li>Review arrangements for home to school transport - our most vulnerable children travel the longest distances, and spend is a financial pressure</li> <li>Promote the expectation that all children have the option and support to access mainstream provision.</li> </ul>	<p><b>SEND Support [Strengthening inclusion]</b></p> <p>Statutory assessment is intended only for those with extremely high / complex needs. All other children with SEND should have their needs met at SEND support. We need to develop local practice and an inclusive culture to increase confidence - including that of parents - that the needs of more children can be met in local schools - with an improved support offer to schools, who will know what and where to access help if they need it. To do this we will:</p> <ul style="list-style-type: none"> <li>Embed SEND Support as part of the Early Help 'system' (i.e. services working together to enable families to manage)</li> <li>Establish a SEND Support Framework to help settings identify and meet needs. This should include expectations of all schools, &amp; what 'good' looks like</li> <li>Sets an expectation of inclusion so that children with SEND are welcomed in all Islington schools and poor practice is challenged</li> <li>Improve support to schools by remodelling offer to include training, development of SEND hubs, building inclusion into school improvement and maximising existing skills. This will involve evaluating current support services and making recommendations for change in commissioning and delivery.</li> </ul> <p><b>SEMH: improve provision for learners with SEMH needs through locally managed partnership arrangements – [Developing local provision]</b></p> <p>We want to improve education, health and care outcomes for children with SEMH by ensuring a flexible, co-ordinated continuum of provision. We will:</p> <ul style="list-style-type: none"> <li>Review existing provision across all phases and implement changes to ensure local services meet needs</li> <li>Consider how we can better support whole school approaches to emotional well-being and mental health by increasing ability to recognise issues, and seek support early through clearer referral routes, and improved access to services</li> <li>Develop options for schools to commission Alternative Provision and improve links with Early Help partners to reduce exclusion / reduced timetables</li> <li>Promote effective evidence-based strategies and approaches to minimise impact of behaviour on family life, school and access to the community</li> <li>Continue to roll out consistent positive behaviour management approaches and promote positive mental health.</li> </ul>	<p><b>Preparing for adulthood [Best Outcomes]</b></p> <p>We want young people to experience integrated support that builds on existing strengths, designed around their needs, aims and aspirations, through a secure base (i.e. sense of belonging / stability and self-worth) so that they make a smooth, well-planned transition to adulthood. To do this we will:</p> <ul style="list-style-type: none"> <li>Ensure young people / parents know the agency / officer co-ordinating transition planning, and that professionals understand their role in transitions</li> <li>Ensure a person-centred planning approach to transition reviews from age 14 that encompass the four outcomes (education and employment, health, independent living and community engagement), supported by 14 plus learning difficulty health checks</li> <li>Develop a greater range of options to support independent living</li> <li>Work with commissioned independent services to source internships, work based training opportunities and supported work opportunities to develop skills required for employment through links with local businesses and enterprises</li> <li>Ensure clear advice about finance, health (including sexual health), housing and other matters relevant to post 16-19 year olds</li> <li>Ensure appropriate assessments and plans are in place that address the young persons needs, ambitions and circumstances.</li> </ul>
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