



Hartlepool and
Stockton-on-Tees
Clinical Commissioning Group



HARTLEPOOL
BOROUGH COUNCIL

SEND STRATEGY 2020 - 2024

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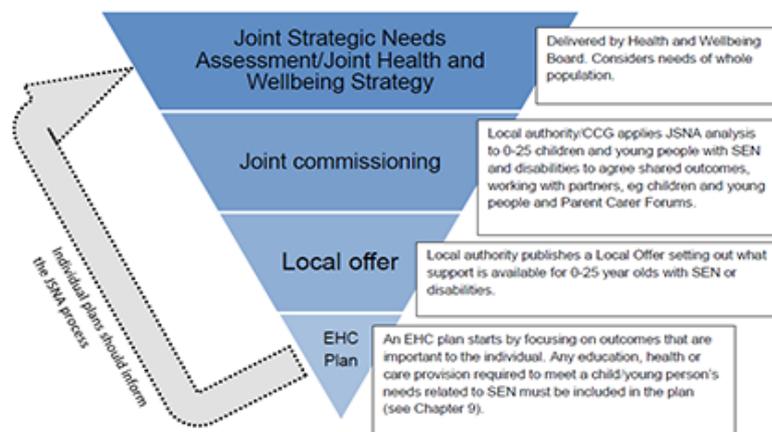
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1. Introduction

This strategy sets out the vision and shared ambition for Children with Special Educational Needs and/or Disabilities. Hartlepool Borough Council and Hartlepool Clinical Commissioning Group are the lead partners in delivering the SEND reforms and work in partnership with partners to ensure that children with additional needs are supported to reach their full potential. This includes parents, children, young people, schools, FE provision, voluntary and community organisations, Hartlepool and North Tees NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation Trust.

The following strategy has been developed using the findings of Hartlepool's SEND Joint Strategic Needs Assessment which can be found at This strategy sets out the local areas priorities which includes those for jointly commissioned services. This fulfils the requirement for a joint commissioning strategy (meeting statutory responsibilities as set out in the Code of Practice 2014.)



(Special educational needs and disability code of practice: 0-25 years (2014))

2. National context

The Children and Families Act 2014 included Special Educational Needs and Disabilities (SEND) reforms, which place a duty on agencies to work together across education, health and care for joint 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 or disabilities (Section 26 of the Act).

Special Educational Needs is a term often used to describe children or young people with additional learning needs who require support from special educational provision. However, this term includes a wide spectrum of children and young people, ranging from those requiring minimal or temporary interventions to those with complex needs requiring long term multi-agency support. Within education, SEND are defined under the SEND code of practice and the Education Act 2001 as follows:

Definition of SEND (SEND Code of Practice 2014)

- (i) Children have SEND if they have a **learning difficulty or disability** which calls for **special educational provision** to be made for them.
- (ii) A child of compulsory school age or a young person has a learning difficulty or disability if he or she:
 - has a significantly greater difficulty in learning than the majority of others of the same age, or
 - has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post 16 institutions
- (iii) For children aged two or more, special educational provision is educational or training provision that is additional to or different from that generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post 16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.

- (iv) A child under compulsory school age has special educational needs of he or she is likely to fall within the definition in paragraph (ii) above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20 Children and Families Act 2014)

Disability has been defined by a number of statutory organisations and no common definition has been agreed to be used across health and social care. The SEND Code of practice utilises the Equality Act 2010 definition which defines disability as follows:

Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is ‘...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’. This definition provides a relatively low threshold and includes more children than many realise: ‘long-term’ is defined as ‘a year or more’ and ‘substantial’ is defined as ‘more than minor or trivial’. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

Main requirements of the SEND Code of Practice 2014:

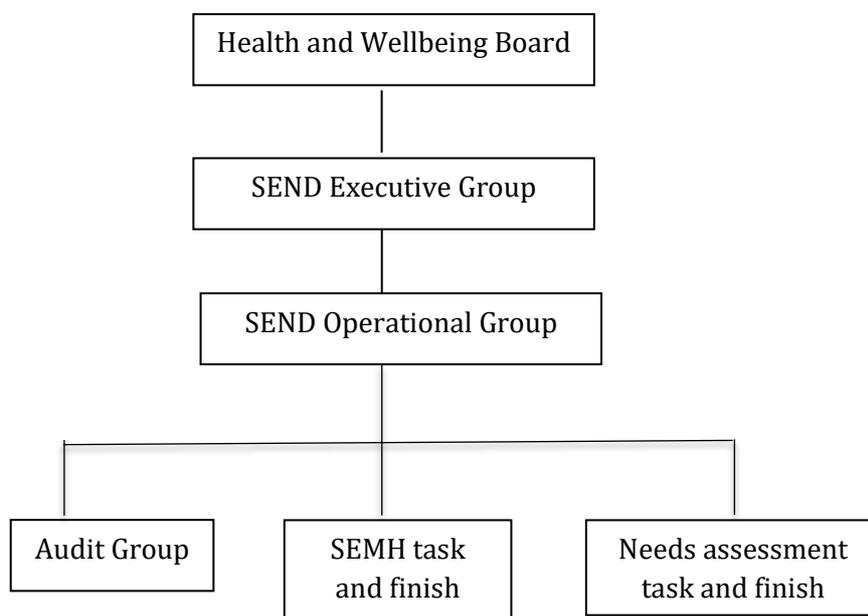
- To involve parents, families and carers, young people and children in shaping the provision of services for those with SEND, and to develop closer co-operation with partners, including schools, academies and colleges, health providers, social care services as well as other local authorities and the Voluntary and Community Sector.
- To produce, in accordance with the bullet above, a ‘Local Offer’ which details all the services to support children and young people with SEND and their families in a clear and transparent way so they can understand what is available.
- To undertake joint assessment, planning and commissioning of services for those children between education, health and social care to ensure more streamlined and integrated support through a streamlined assessment
- process and single plan (EHC Plan) covering a child and young person from birth to age 25.

- To undertake joint assessment, planning and commissioning of services for those children between education, health and social care to ensure more streamlined and integrated support through a streamlined assessment process and single plan (EHC Plan) covering a child and young person from birth to age 25.
- To introduce a duty for joint commissioning to ensure joint responsibility for providing services.
- To provide an entitlement for parents, families and carers and young people to have a personal budget to extend their choice and control over the education, health and social care services they receive.
- To ensure positive transitions at all key stages within a 0-25 age range, especially in preparing for adulthood. Providing greater powers for the Local Authority to continue services post 18 and introducing new protections for young people aged 16-25.
- School Action and School Action Plus abolished and replaced with a single school category SEN Support, posing the question of what the school offer should look like to achieve better outcomes.
- To extend the SEND legal obligations of maintained schools to Further Education Colleges and academies (including free schools).

3. Hartlepool context

Hartlepool’s Health and Wellbeing Board is the lead partnership in the implementation of the SEND reforms. Members of the board are responsible for ensuring that the SEND reforms are implemented effectively within their organisations as per the Code of Practice and it is the role of the board to ensure that services are seamless for children and young people with SEND and their families.

Governance arrangements:



Hartlepool’s Health and Wellbeing Board’s vision and ambition is:

“Our vision is that Hartlepool will develop a culture and environment that promotes and supports health and wellbeing for all.”

“Our ambition is to improve health and wellbeing outcomes and reduce inequalities for our population.”

(Hartlepool Health and Wellbeing Strategy 2019 -2025)

Values and Principles agreed by all partners (Health and Wellbeing Board):



1 Hart, 1 Parent 1 Future (Parent Led Forum)

Hartlepool has a vibrant parent led forum 1 Hart, 1 Parent, 1 Future. It meets regularly and works collaboratively with the council, CCG and partners to best meet the needs of children with additional needs and/or disabilities and their families.

The forum is instrumental in the development of the local offer which has been co-produced between the forum and council.

1 Hart, 1 Parent 1 Future has a facebook page that parents interact with to ensure that they know how they can access support at the earliest opportunity. The forum is highly valued by parents and carers.

Parents have worked together to say what they would like from services as follows:

- Treat our children as individuals
- Earn our respect
- Demonstrate that you care
- Show a genuine interest in **all** family members
- Negotiate with us practical suggestions that could work for us

- Support us emotionally
- Listen to us, be there so that we can sound off and explore issues and problems.
- Be approachable
- Do what you promise to do and respond to us when we contact you
- Take what we say seriously
- We need to feel that we have some control of what and how we access support to make changes
- As parents we need to be there to support each other
- We need to have some control around what happens in meetings about our children.
- We need to have acknowledgement of referral requests and timescales in which we can expect a response.
- As parents we need to have our expertise in relation to our children acknowledged.
- We need practitioners to see things from our perspective.
- We need practitioners to consider how their expectations impact on us as a family

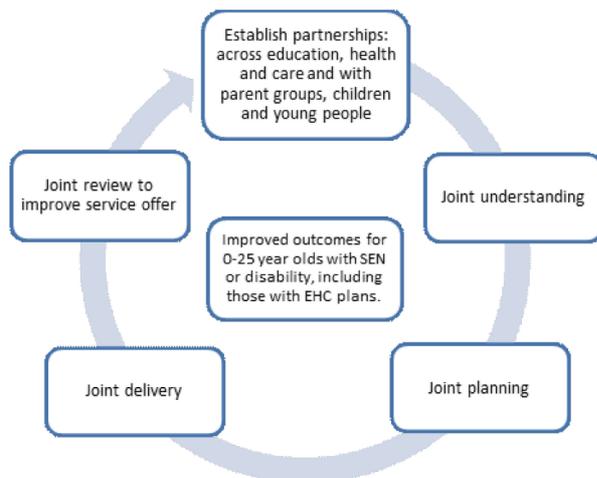
4. Joint commissioning

The Children and Families Act 2014 included Special Educational Needs and Disabilities (SEND) reforms, which place a duty on agencies to work together across education, health and care for joint 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 or disabilities (Section 26 of the Act). Both the Council and the CCG face financial challenges which mean it is increasingly important to work closely together to eliminate duplication and improve value, whilst striving to improve quality and improve outcomes for children and their families in Hartlepool.

What is joint commissioning?

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. Commissioning can be done on a strategic level, looking at the needs of a whole population, or on an individual level where a package of education or care is put into place.

Children and young people with special educational needs and disability (SEND) need services across health, social care and educational services to work together in order to achieve their full potential. Crucially, they need person-centred support to help them achieve their ambitions. The diagram below describes the stages of the commissioning process and provides more detail of the stages.

The joint commissioning cycle

Special education needs and disability code of practice: 0-25 years

Joint commissioning is a means to ensuring that the most appropriate, effective, evidenced based and value for money services can be designed and delivered.

Opportunities for jointly commissioning services will be explored within all the priorities set out in this strategy. However there are specific priorities that have been identified that need to be jointly commissioned in order for the needs of children with specific needs are met.

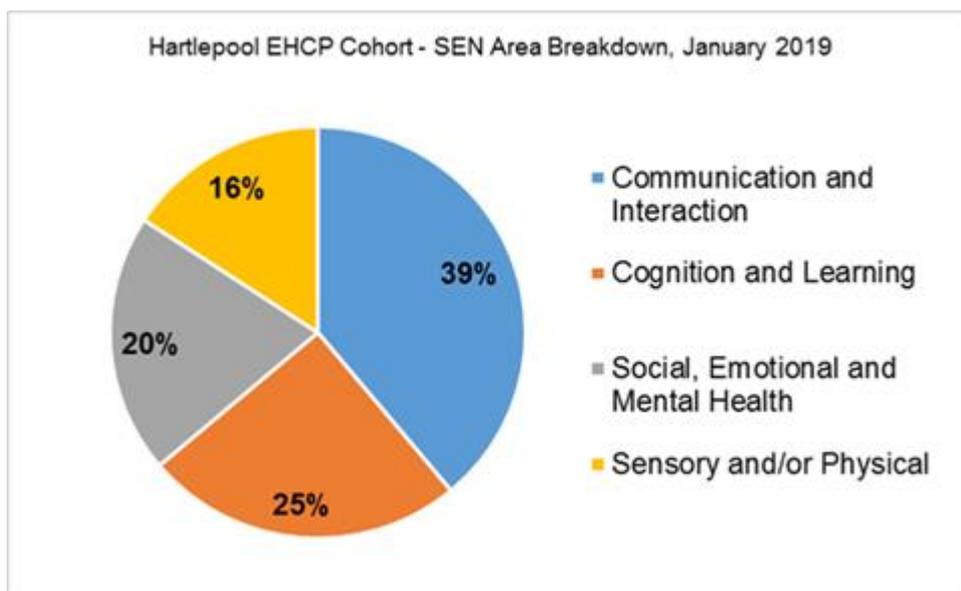
5. Needs assessment

The SEND JSNA is attached as appendix A. The objectives of the needs assessment are to determine:

- The number of children and young people requiring SEND services currently and project future need
- The current education, health and social care needs of children and young with SEND
- The current service provision available for children and young people with SEND
- Any identified gaps in service provision and develop recommendations on how these may be addressed.

The SEND JSNA is a document what will be regularly reviewed on a biannual basis. The main findings from the assessment includes:

- Hartlepool SEN population (EHC and SEN support) 16.8% compared to 14.9% nationally
- The proportion of EHC plans in Hartlepool within the domains are:



- In 2019, Hartlepool had a significantly higher prevalence of moderate learning difficulties (37.0 per 1,000) compared to England where the prevalence was 29.3 per 1,000. The prevalence of Moderate Learning Difficulties, Severe Learning Difficulties and Specific Learning Difficulties have increased both in Hartlepool and nationally since 2015.
- In Hartlepool there is a rate of 39.4 per 1,000 school population classified as having speech, language and communication needs. This is in line with national averages. However prevalence of SLCN was found to be higher in most deprived areas of Hartlepool compared to less deprived areas.
- There are more boys than girls with EHC plans; however for SEN support there are significantly more girls than boys in Hartlepool receiving support, this does not reflect the national average. This could indicate that the SEN support needs of girls are being met within a mainstream provision whereas boys needs are not.

- Over the last 3 years there has been an increase in requests for statutory assessment for children with Autism and Social, Emotional and Mental Health needs. Requests for Autism assessment (need to check is this request for EHC plans or CAMHS info?) in Hartlepool are higher than the national average.
- Children and young people with SEMH needs form the largest percentage of out of area educational placements to meet needs identified in their EHCP. This could either indicate a gap in knowledge and expertise to meet these needs earlier in Hartlepool and/ or a gap in the current in Hartlepool offer of specialist provision.
- In Hartlepool in 2018/19 there were no permanent exclusions for children and young people with an EHCP, this is an outlier with regard to the national picture.
- The highest number of children and young people receiving fixed term exclusions were in year 7. Nearly half of the fixed term exclusions were children in Year 7.
- Year 10 children who were SEN (SEN support or EHC) had the highest number of exclusions (both fixed term and permanent exclusions) at 36% of the number of overall FTE and PEX
- In Hartlepool in 2018/19 the highest percentage of fixed term exclusions were for young people with an identified SEMH need. This indicates that the system is struggling to deal with SEMH issues. This indicates a need to further explore the reasons for the SEMH issues and the local areas response to this.
- In December 2018 Hartlepool had 95.3% of young people participating in learning, this is well above the national and North East average. In particular Hartlepool's Not Knowns have remained consistently low over the last 2 years. This indicates there is a broad and balanced offer at post 16 and a high proportion of young people continue with their studies.
- Information gathered from schools shows that the highest proportion of children identified (with what ?? with emerging needs???) where those in year 2 at 19% and year 4 at 17% in the academic year 2018/19. The highest area of need was identified as Communication and Interaction at 48% of the total.

- Hartlepool schools buy health based services to support children in their schools. A recent review of the services being bought showed that the largest amount of funding across schools in Hartlepool was for speech and language support. This indicates that schools do not feel that the current offer is meeting children's needs.
- Consultation with schools and the wider work force has shown there are gaps in skills and knowledge to support children and young people with SEMH at an early age. Schools also indicated that they had concerns about attachment issues being evident within their school cohort but did not always know how to deal with this. This indicates that there is a further need to explore the expertise available within Hartlepool in relation to attachment and the support offered.

6. PRIORITIES

“All children and young people with special educational needs and disabilities will enjoy a happy, safe and healthy childhood that prepares them for adult life and enables them to be the best they can be.”

The Joint Strategic Needs Assessment identified a number of recommendations which will be delivered as set out below:

A) Robust governance arrangements and partnerships are in place to ensure that services are working together to meet the needs of children and young people with SEND and their families

- A1) Improve integration of pathways, processes and governance between education, health and social care
- A2) Implement processes to improve the sharing of data across health and the local authority to allow more rigorous analysis to be undertaken

B) Identification of SEND

- B1) Work with health colleagues to identify children with significant needs at birth e.g. PMLD
- B2) Improve consistency of SEN support across the town to increase parents' confidence in this element of the system
- B3) Work with parents to improve the local offer
- B4) Develop workforce development plan to ensure that needs can be met at earliest opportunity

C) Meeting the needs of children and young people with SEND through jointly commissioning services

- C1) Children and young people's wishes and feelings are heard and responded to within their individual plans and to inform commissioning of services across the system

- C2) Review whether local area is meeting communication and interaction needs:
- Current education provision
 - Implement neuro developmental pathway
- C3) Review current education provision for MLD to consider if needs can be met within mainstream schools or Additionally Resourced Provision to ensure that special school provision are meeting specialist needs.
- C4) Implement recommendations from the emotional health and wellbeing transformation programme to meet the emotional and mental health needs of all children with SEND
- C5) Undertake whole system review of speech and language and communication needs, provision to meet these and impact of the provision on children and young people's outcomes
- C6) Undertake a gap analysis for provision to support children and young people presenting with attachment difficulties

D) Improve outcomes for children and young people with SEND

- D1) Improve the quality of EHC plans
- D2) Embed quality assurance activities to monitor the effectiveness of services for children with SEND.
- D3) School Improvement in Hartlepool will work alongside SEND, Educational Psychology and any other relevant services to ensure that mainstream schools receive appropriate and timely advice in delivering a curriculum, developing strategies and utilising pedagogy that support Quality First Teaching, which should always reflect the needs of the pupil population.
- D4) Undertake a review of transition processes to ensure that needs are being met appropriately.

7. Our success measures

- Timeliness of EHC assessments is in line or above national average
- Improved timeliness for EHC reviews
- Increase in the percentage of the SEN cohort that have their needs met at SEN support
- The number of requests for EHC assessments decreases
- Reduction in the number of children needing to access out of area placements
- Increase in Key Stage attainment of children SEN support and EHC plans
- Reduction in number of fixed term exclusions for children SEN support/ EHC
- More children identified at birth (how do we measure)
- Parents satisfaction improved
- More children and young people involved in their plans
- Increase in the number of children with EHC plan that are in Education, Employment and Training

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