



**Solihull Joint Local Authority and Health  
Strategy for Special Educational Needs  
and Disabilities 0 – 25**

**2017 - 2020**

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**Strategy for Special Educational Needs and Disabilities 0 – 25**  
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## **Vision**

We are passionate about outcomes for young people in Solihull. Our vision for children and young people with special educational needs and disabilities (SEND) is that education, health and social care services will work together and provide young people with the right level of help and support, so that they achieve happy, healthy and fulfilling lives. We aim to equip them as far as possible to live independently as adults, find a job and have an active social life – with support when they need it. Young people will be **empowered** and **enabled** to make decisions about their lives and, we will encourage independence and avoid creating unnecessary dependency. They will be involved in all decisions about their lives. We will be clear about what outcomes young people and their families want to achieve and what support they need to do so. A key measure of our success is that everything we do will lead to demonstrably improved outcomes for children and young people with SEND. This is in the spirit of Solihull council's 'Great lives and Great services' giving everyone an equal chance to be healthier, happier, safer and prosperous.

## **Introduction**

This document sets out the commitment of education, social care (Children's and Adults') and health (Clinical Commissioning Group - CCG and other NHS providers) partners to work collaboratively - for the benefit of our children and young people with SEND and in order to meet our statutory duties under current legislation.

**Lives not services**

Solihull is committed to 'lives' not 'services' and we strive to put the child or young person at the centre of everything we do.

The most important **pathway** is the one each child travels on their journey to adulthood; they should experience a joined-up (seamless) response from services and providers on this journey so that they arrive at a fulfilling, healthy adulthood which reflects our vision for them and their aspirations.

## The Local Context

Solihull has developed a, '[Local Offer](#)' to children and young people with SEND and their families. This highlights what the Authority intends to do to support and provide services for those young people and their parents / carers.

There is a range of specialist provision within our mainstream and special schools which is at least good and often outstanding. Our mainstream schools are inclusive, actively enabling children and young people with special needs to remain within mainstream provision. Outcomes for children and young people with SEN are significantly better than the national average. Services for SEN Support (early intervention as part of the graduated approach) are as good as services for those with an Education, Health and Care Plan and a pro-active multi-agency approach is evident across the continuum of provision and services.

We have a dedicated social care Children's Disability Team who assess, provide and review services for children and young people with disabilities. They work with those who are in need, looked after or the subject of a child protection plan and between birth and age twenty five years of age. There are a good range of short break options available. Social care personal budgets (through Direct Payments) are well established and these provide personalised packages of support. This includes jointly commissioned short breaks provision to enable disabled young people to enjoy the same community opportunities as their friends and their parent / carers to have a break from their caring responsibilities. We conduct carers assessments to establish the needs of carers and support them.

We have a range of education, health and care services that are highly regarded by service users. We have a strong focus on reducing health inequalities. Joint commissioning (health and local authority) is based on informed, expert, clinical knowledge. Health services are organised around service users with 'patients in control of their own care'. Our mental health services for young people have been re-commissioned for tiers 1 and 2, and also tiers 3 and 4; tier 4 representing the highest level of need. More referrals have been accepted and more services delivered as a result. Service users have been involved in all commissioning and review of commissioned services.

## Our Culture:

'Mediocre' services or provision are not good enough and we strive to achieve excellence. Our approach is to 'work with' not 'do to' children and young people and their parents/carers. We are committed to ensuring that young people and their parents/carers are full partners in decision making at individual and whole service level and the Parent/Carer Forum plays a particularly important role in whole service developments. We embrace the requirement for co-production as the key to 'getting it right' for children and young people in Solihull; working with them in a person centred way and introducing person centred assessment and review processes.

Implementing a person centred approach includes seeking feedback from parents/carers and young people so that we can improve what we do; we value and use what they tell us ([You said, we will](#)). We take complaints very seriously and these are monitored and scrutinised at corporate and Director level; we seek to 'learn from' complaints and compliments and use that learning to develop the workforce, procedures and services. We will provide a 'first contact' response to an enquiry or request – we should not pass it back or put it down. 'Signposting' is generally unhelpful or inappropriate.

Health and local authority staff will work to provide a joined up service experience for children, young people and parents/carers both on the ground and in relation to policy, procedure and service development. How we work and share information should appear seamless to young people and their parents/carers

## Our Statutory Duties:

The statutory duties of local authorities, schools (and other providers), CCG/health partners are set out in the following legislation and statutory guidance.

The [Equality Act 2010](#); Part 3 of the [Children and Families Act 2014](#), and regulations associated with this; Special Educational Needs and Disability [Code of Practice: 0-25 years](#) (update January 2015) and The [SEND regulations 2014](#) (for statutory assessment), The [SEN \(Personal Budgets\) Regulations 2014](#). [The Care Act 2014](#); [The Mental Capacity Act 2005](#); [Transforming Care 2015](#)

The main legislation referenced in developing this strategy is the Children and Families Act 2014 as this covers multi-agency responsibilities for SEND 0-25. Section 19 of the Act sets

out the **general principles** that statutory agencies/bodies must have regard to. This also includes any education provider (school, Academy etc.).

**Summary of our Duties (which apply to all agencies/partners):**

1. To **identify** all children and young people with SEND
2. To **assess** SEND (including the statutory process from the decision whether to conduct *an Education, Health and Care (EHC) assessment through to producing and reviewing an EHC Plan*)
3. To **work jointly** – in a multi-agency, team around the child approach
4. To **commission services and provision jointly** (education, health and care) where appropriate
5. To publish and maintain a **Local Offer** (electronically)
6. **‘Presumption for mainstream education’**. Where appropriate, to seek to provide a mainstream education
7. Decide whether to conduct an **Education, Health and Care assessment**
8. To arrange **mediation** and inform parents/carers and young people about access to this service

**In Solihull our strategy covers the 4 main areas of responsibility in these duties:**



Our strategy addresses these duties and our local priorities, which are determined by how well we are currently serving the needs of our children and young people with SEND.

Our strategy is informed by our data and by feedback from service users and other stakeholders

## **What parents/carers tell us (April 2016):**

### **What's working well?**

**Individual workers trying hard ... EHC Plan co-ordinator has been helpful whilst applying for EHCP, nothing is too much trouble ... EHCP is fantastic ... Mental Health programmes available ... Occupational Therapist is amazing ... Amazing charity support in the borough ... Can do attitude & trying to make things better ... Lots of wonderful services within the borough ... When you get the right service it's good ... CAMHS have helped us a lot ... Staff are professional ... SENCO is great, nothing is too much trouble ... Help & advice from other parents is best**

### **What gets in the way?**

**Feels like spaghetti junction ... We do not know what the system is or the process for getting into the Service ... Where do you start? ... Who do you call when you need advice in areas? ... Title of teams & job roles confusing ... Access to outside activities ... Everything takes too long ... Stop passing the parcel before getting to see someone ... Access to information ... Using Jargon ... Transparency ... Communication between parents and professionals ...**

### **What would make things better?**

**Better communication across all departments & services ... Structured information ... Better visual technology ... Setting parents expectations ... You Tube explanations for both parents & professionals ... Hard copy letters as many parents do not have time for access to online emails ... Transparency of meetings & observations your child is involved in is vital ... Honest – need to be more transparent ... Being realistic ... Child at the centre - who's best to help... right person, right time from first point of contact ... Need one point of contact, whether in school, CAMHS etc. so they know your child ... Have key worker who works with & 'stays' with the family**

Most parents feel we get it right most of the time. Some parents feel we don't get it right for them. We want everyone to feel we have worked well together to come to the best possible arrangements - where we can be confident that we have identified the best possible way to meet a child or young person's needs.

## What our data tells us:

- At primary and secondary age phase, the **percentage of pupils with SEND at SEN Support** rather than with a statement of SEN or an EHCP is lower than the national average with a falling trend. Achievements for pupils with SEND are good compared with the national average. We believe that our schools are inclusive; this hypothesis is supported by the broadly average and stable percentage of statements and EHCPs. School level data on the incidence of SEN shows demographic variation that requires further review and on-going challenge and support – this will be reflected in our strategic plan as part of the work on a 'graduated approach' and the development of a multi-agency, integrated approach to services 0 – 25 SEND.
- The **percentage of those with a statement of SEN or an EHCP** has remained broadly stable for the last five years and at 3.1% in 2016 was slightly above the national average of 2.8%. Reducing this percentage is one of our strategic priorities.
- Fewer children and young people with SEN (at SEN Support and with an EHCP or Statement) are Looked After compared to national average and statistical neighbours.
- In 2016, 28% of Statements or EHCPs were maintained for young people beyond **statutory school age**.
- **Meeting statutory timescales** is a priority within the statutory assessment process. Analysis shows missed timescales relate to challenges in identifying placements in order to finalise Education, Health and Care Plans; this is affected by insufficient available places in local provision. Our special schools are popular and some places are utilised by pupils from out of borough. We are working on sufficiency planning.
- **Meeting statutory timescales** for social care needs assessments for children and young people with SEND reflects outstanding performance.
- **Health performance for completion of assessments within 18 weeks** of referral is currently above the national average.
- **Converting Statements to EHCPs** has presented some challenge because of staffing and resource issues. However, we are confident that we can accelerate transfers and complete all by the deadline of 2018.

- **Referrals to the SEND Tribunal** have reduced over time. Whilst this is an improving trend, we aim to continue reducing the number of referrals to SEND Tribunal. We successfully resolve a high proportion of these issues locally or through mediation. This reflects the successful work of the Statutory Assessment and Review Team (START) and the contribution of other colleagues. This trend is further supported by the introduction of Way Forward meetings – a senior member of staff meets with parents to look for a solution without the need to progress to more formal measures.
- We are making good progress on increasing the **sufficiency of specialist school places** and this remains a priority for action. We have increased the number of special school places and we are developing new resourced provision in mainstream schools for autism (ASD). Whilst this has addressed our identified local need, we also need to work more closely with neighbouring authorities, who are keen to place pupils within Solihull provision. Insufficient special school places within Solihull leads to more pupils being placed out of borough, further away from their homes, families and community and often at a significantly higher cost. Further work therefore remains. The Authority has recently commissioned a strategic review of its specialist provision and this will inform future planning.
- **Outcomes for children and young people with SEND** in Solihull are very good (top quartile nationally) for those at SEN Support and those with a statement or EHCP. All indicators are significantly above national average, at Key Stage 2, Key Stage 5 and entry level attainments for 19 year olds.
- In 2016 the percentage of **16 – 19 year olds with SEND who were in education, employment or training (EET)** was in line with the national average; our NEET (not in education, employment or training) figure was 10.6%. Whilst this represents good outcomes for a majority of young people with SEND, it is a strategic priority for Solihull to reduce the number of young people who are NEET as we aim to improve on this percentage and improve the range and quality of the post school ‘offer’.
- The percentage of **adults with LDD who are in paid employment** is below national average and we have strategies to improve this, including the development of supported internships. The percentage of those living with family or in their own home shows a rapidly improving trend.
- Commissioning data shows very few **Learning Disability inpatient admissions** and fewer children and young people than expected are receiving **continuing care**. We aim to

address this over the next twelve months, to ensure that those young people eligible for Continuing Health Care services receive them.

## Joint Strategic Leadership and Management

**We will deliver this strategy through a multi-agency commitment to joint ownership and leadership. Membership of our governance and work strands includes all stakeholders. This strategy has been developed with stakeholders and approved by senior leadership, Cabinet and CCG governance.**

### 1. We will ensure strong governance and challenge through the SEND Board

The Send Board has membership from all stakeholder groups: experts by experience (parent/carers; young people with SEND); Clinical Commissioning Group (CCG)/health providers; Children's and Adults' social care; education; schools

The Board will sign off policies and plans; consider performance data; evaluate performance and progress; present challenge and agree priorities

### 2. We will ensure robust pace and delivery of our plans

- We will collaborate with the **parent/carer forum** to ensure parental engagement at every level. We are working with Engage (early help) to improve co-production with children and young people. We have commissioned a young apprentice to work on this. Co-production and the Personalisation of assessment, review and service provision will be at the centre of the strategy and the action plans.
- The **Schools' Forum** has a well-established **SEND Working Group** that considers strategy, local needs and makes informed recommendations to the full Forum so that decisions about the High Needs funding block are strategic, equitable and best used to improve outcomes for children and young people with SEND
- **Solihull Headteachers** have a strong executive group and a SEND working group (**SSABSEND**) that co-ordinates schools' engagement in strategy development and implementation. Partnership with the local authority and our partners is well established and fruitful. This will continue.
- Services have a commitment to developing and maintaining a **joint strategy and action plan** for delivering an integrated response to our statutory duties so that we efficiently and effectively ensure the process of –'identify – assess – meet needs – improve outcomes' and that we do so to make the best possible use of the resources we have (people and funding). **Strategic managers meet to agree leadership action** – this is how we will move this strategy and strategic plan forward
- We take **joint ownership and responsibility** for our strategies and plans and when we work with partners and each other we aim to work 'with' not present 'to'. Developments should not be a surprise to anyone because we will have worked together and

communicated frequently. The local authority holds responsibility for co-coordinating this strategy and the Head of Service for SEND 0 – 25 will be the lead officer

- In addition to our Local Offer website (co-produced with service users through reviewing our first version) we will develop a **communication strategy** that ensures regular updates are shared widely (using the local offer and our staff/partners) and that we consult widely about plans, actions and their impact. We actively seek feedback. We will communicate clearly what the local offer is and what criteria and processes apply so that young people and parents/carers have realistic expectations about what is available, what is possible and what is appropriate
- We will develop a **multi-agency workforce development framework** – we will train in mixed groups (these groups will include parents training alongside us) so that we are better able to provide an integrated, person centred, team around the child response to needs. Training will be co-produced and co-delivered by multi-agency staff and parents/carers
- All services and teams will work towards the on-going development of our strategy and plans through **team plans, individual performance and development targets**
- We will be robust about **gathering, analysing and acting upon data** about needs, performance and outcomes. Task groups implementing the strategy will review progress and delivery of agreed actions and will report these through the governance structure and through the communication strategy.
- We will ensure that **budgets** are aligned to priorities to ensure best value and delivery of action plans so that we maximise impact

#### To meet our statutory duties will be to

- **meet the needs of our children and young people with SEND**

We will know we have done this by the evidence of the

- **Improved outcomes and achievements of our children and young people**



**Our Strategic Priorities for SEND 2017-20:-**

**Co-production is the over-arching priority that will be central to all aspects of this strategy**





**Priority 1 : Co-production with children, young people and their parents/carers**

**Outcome:** Children, young people and their parents/carers feel they are supported and have options that meet their personal needs; children & young people feel they have a voice and feel successful; children & young people make a positive contribution to society; parents have a life outside of caring for their child; 5 ways to wellbeing principles are reflected in everything we do this priority links to inclusive schools and communities [children/young people are not pigeon-holed – one size does not fit all

**Evidence (baseline):**

Response times for assessments (Education, Health & Care)  
 Waiting list data  
 Tribunal data  
 Mediation data  
 POET findings; Family Experience Events findings  
 Tribunal numbers; Mediation numbers

**Actions:**

1.	Review service design and delivery – to be flexible – right support, right time (at the point of need, not crisis). Includes how all services input into education, short breaks, and post-school. Ensure child and family input at all times
2.	Easy access to information - make visual information available
3.	Lead professional/key worker role – to meet the need for 1:1 support, to explain what to expect
4.	Develop use and understanding of personal budgets to enhance quality of life and further develop co-production in practice. Review direct payments for short breaks – use and impact
5.	Develop process, training and guidance to ensure that there is a shared understanding across staff/services of what a child/young person needs – core information is shared so that families tell their story once; ‘one referral’ means that once receiving a service families will not start a referral process for another service if it is part of the SEND multi-agency range of services
6.	Develop process, training and guidance to ensure that there is a shared understanding across staff/services of co-production
7.	Define what ‘good’ co-production looks like – good practice standards and award
8.	Support the development of the Parent/Carer Forum; establish process for engagement with all parent groups through the Forum; establish shared work plan with the Forum
9.	Support to ensure that parents have a life outside their child through activities and short breaks that meets child needs/interests and give them time away from parents

**Priority 2 : Integrated Services**

**Outcome:** The child/young person has a voice and remains at the centre of planning; there is child/young person and family input at all times; they experience a seamless service; consistency, continuity and progress; choice and control; they are empowered (not service dependent); 5 ways to wellbeing principles are reflected in everything we do; if we say 'no' parents know why. Staff feel integrated, supported and are working collaboratively. Communication is embedded in partnerships

**Evidence (baseline):**

Number of Care & Support plans; Number of individual health care plans (IHCP)

Number on caseloads (Care, Health, Education)

Number referred to CAMHS (SOLAR)

Waiting times from referral to service (front door panel); response times for assessment reports

Parent feedback reflects communication with services that is straightforward and 'joined up'

**Actions:** [build capacity and ensure sustainability]

10.	Support is based on 24/7 model of empowerment – build capacity, generalise knowledge and skills; SEND is everyone’s responsibility. Develop a key-worker model of practice to empower and develop families’ capacity to manage the range of services they need and work with
11.	Develop a joint workforce development framework and programme – training for all staff, parents, children & young people; ‘Learning From...’ good practice in other areas (e.g. Wolverhampton); regular joint events ensure collaboration and communication; joint staff meetings
12.	Develop use of shared data including key performance indicators (KPIs); shared strategic, high level plans; shared ICT systems
13.	Information sharing with schools/other providers – health to provide SEND information for school starters (IT solution – ZA)
14.	All services utilise a single ‘core information’ set for every child/family (tell my story once)
15.	Develop the ‘panel’ as a multi-agency ‘front door’ for children with any/multiple needs to be referred to any/all agencies; ensure staff utilise the option to accept a broad range of referrals into therapy services; apply the graduated approach response to needs -SEN support to EHCP
16.	Key worker/lead professional to support a family from this single point of entry. We take the time to talk to parents (we are trained to do this); review caseload size and capacity to meet need
17.	Improve online information (about the local offer from services); provide a summary for each service of information on a page – ‘who and what’ – with hyperlinks
18.	Process ensures early planning to deliver seamless process and provision that is based on ‘progression’ (no repetition, always a next step); team around the child approach is based on a child’s plan (Support Plan or EHCP); minimise the number of plans for a child; virtual team or ‘Hubs’ approach to collaborative working
19.	Review professional language and terminology – use plain English; we all use the same language; develop a glossary
20.	Create a handbook for staff across all agencies – who we all are, what we do, how we work

### Priority 3 : Inclusive Schools and Communities

**Outcomes:** Young people reach their full potential and achieve their aspirations; they receive creative, personal packages of provision and support; children/young people and families are fully involved (listened to, choice and control), fully informed and fully understand options/process young people remain in and are fully part of their local community; children & young people make a positive contribution to society (they give as well as receive); transition at any point is well supported; 5 ways to wellbeing principles are reflected in everything we do (see Appendix 1)

#### Evidence (baseline):

10% NEET

DfE incidence of needs - – for comparing Solihull with statistical neighbours and national profile

Number of confirmed 'inclusive' schools

Successful implementation of Language Link; AET etc. with evidence of impact on outcomes

POET survey findings; Family Experience Event findings

#### Actions:

- |     |  |
|-----|--|
| 21. | Review needs and school places available to ensure sufficiency of specialist education provision within the authority and a continuum of provision (mainstream, resourced and special school; range of short breaks and support to access universal leisure activities) to meet the full range of needs  |
| 22. | Services are provided primarily where the child is in a familiar setting – usually school, so the child is 'comfortable' and seen at their best, demonstrating their usual pattern of behaviour  |
| 23. | Develop Solihull as a total language/communication community   |
| 24. | Collate and evaluate data about the inclusiveness of schools/other providers/services  |
| 25. | Define what 'good' looks like – e.g. inclusive school/youth club standards & award   |
| 26. | Map inclusive community provision; provide 'SEND aware' information for community organisations/facilities (needs-specific – what to expect/do); introduce social asset development  |
| 27. | Clarify the choices/options for each 'stage/next step'. Area wide, multi-agency transition events for primary-secondary transition and post 16/post school transition provide information, advice and support  |
| 28. | All schools make parents feel welcome – establish a process for support and follow-up  |
| 29. | Support schools and other settings/providers to fulfil the duty to meet needs by providing training, guidance and support; make Solihull a Communication/autism/ADHD/SEMH friendly borough – continue to roll out AET, Language Link, Mental Health First Aid etc. – all schools/providers/services to have an AET trained autism lead practitioner, two mental health first aiders and a trained lead practitioner for speech, language and communication. Continue to develop knowledge and skills in all areas of special educational needs |
| 30. | Develop a strategic, authority-wide 'schools led' model of identifying/assessing/meeting needs at SEN Support; incorporate progress & achievement monitoring and evaluation to   |

	secure improved outcomes for children/young people
31.	Develop a 'team around', person-centred approach and ensure that this is embedded in practice in schools/other providers/services – in relation to assessing and meeting special educational needs, and reviewing the progress and outcomes of pupils
32.	Review and develop the transition process at every point to ensure children/young people and families are fully involved, fully informed and fully understand options/process. [Children/young people successfully move onto to the next stage – from pre-school to adulthood)
33.	Develop guidance and criteria for appropriate placement in secondary school, post school etc
34.	Commitment from all services and providers to respect and support trans-gender and other LGBT decisions at any age; support for children and young people to express their sexuality. Commitment to treating all people with respect regardless of their gender, race, sexuality etc.
35.	Extend the SENCo network model to provide similar support, training and local area information for pre-school and post-school providers
36.	Develop a broader range of provision and opportunities within the community for social, leisure, housing and employment opportunities; support development of the third sector (including SOLO, advocacy, short breaks providers); develop community interest companies
37.	Develop links/joint working with Engage neighbourhood services
38.	Ensure that young people eligible for support from adult services (including those not previously in receipt of specialist children's services) receive that support promptly at the point of transition – transition planning from age 14
39.	Develop voluntary support for young people in their social life (I want people engaged with my child who are not paid to be)
40.	Review the range of information available to service users (children, young people and parents/carers) – what formats are provided and where it can be found; conduct a survey of service users' information needs – improve our information across all services and providers in response to this; make hard copy information easily available on request
41.	Review accessibility across placements and community facilities

**Priority 4 : Great post-school options**

**Outcome:** Young people are able to access an appropriate post 16 provision. They reach their full potential and achieve their aspirations; creative, personal packages of provision and support; [one size does not fit all]; 5 ways to wellbeing principles are reflected in everything we do; transition at any point is well supported; young people are fully part of their local community

**Evidence (baseline):**

Numbers of Care & Support Plans  
Budget/spend data  
EET/NEET data; other destination data  
Family Experience Event findings

**Actions:** To deliver creative, personal packages of provision and support – a new step between school and adulthood, based on Preparing for Adulthood (Appendix 2)

42.	Develop young people’s engagement through collaboration with Engage (early help) – all services/providers to work with young people’s forum for co-production discussions
43.	SENDIASS, the Family Information Service and the Local Offer website to continue to develop information for young people
44.	Review provision for 16+; increase range of choices; [create the ‘right’ provision 16-25]
45.	Improve transition planning from age 14, including the personal ‘transition’ package and collaboration with the voluntary sector (Plan4U)
46.	Develop the role of personal assistants for the cohort aged 16+
47.	Improve the local F.E. and H.E. offer for young people who choose to stay local; improve information about the provision and support available. Improve providers understanding of SEND
48.	Develop the opportunities for supported internships and apprenticeships – more options for more young people
49.	Improve the range of activities suitable for post 16 within SOLO and Signpost Inclusion
50.	Review NEET cohort and use understanding of issues to improve the offer and take-up of options ; specialist YEI post to target all 16+ NEET young people with SEND
51.	SEND ‘jobcentre plus’ – provide choice of working environments for young people – with enough support.
52.	Ensure provision of ongoing support to sustain employment (improve retention)
53.	Review and develop the transition panel process to improve understanding, efficiency, long term planning, ‘preparation for adulthood’
54.	Re-instate a local annual transition event for Y9+, Y11, Y13, Y14
55.	Review and improve care planning for the cohort with autism
56.	Make benefits advice available to all young people

**Priority 5 : Sustainability – of changes to service practice and processes**

**Outcome:** Joint leadership and management of SEND 0-25 – all stakeholders; robust governance of the strategy

**Evidence (baseline):**

**Actions:**

57.	Produce joint SEND 0-25 Strategy and Plan 2017-20; monitor and evaluate together
58.	Establish a joint workforce development programme. All staff – including schools/settings; - parents; and partners are part of our development programme; sessions/events have a 'mixed' delegate attendance. <i>Training together helps us work together better</i>
59.	(Ensure good governance) Joint accountability to SEND Board, Forum SEND working group, scrutiny committee and cabinet member – shared reporting and follow-up actions; joint engagement with and accountability to the Parent/Carer Forum and SSABSEND (Solihull schools accountability board, SEND group)
60.	Joint task & finish groups to implement the strategy – reporting through governance as above
61.	All engagement and governance to include review of the SEND 0-25 scorecard and budgets
62.	Governance stakeholders to sign up to the priorities and outcomes of the SEND 0-25 strategy

### 5 Ways to Wellbeing



As part of the mental capacity and wellbeing programme, the Government Office for Science published five steps that we can all take to improve our mental wellbeing. These are important features of a happy and fulfilling life. Solihull embraces the principles of 5 ways to wellbeing; and we aim to embed these throughout this strategy.

In summary, the 5 ways to wellbeing incorporate:

#### **Connect to others**

When it comes to our wellbeing, other people matter. Evidence shows that good relationships – with family, friends and our wider communities – are important for our mental wellbeing.

Mental wellbeing means feeling good – about ourselves and the world around us – and functioning well. Building stronger, wider social connections can help us feel happier and more secure, and give us a greater sense of purpose.

#### **Take notice/Be mindful**

Be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges

#### **Keep Learning**

Evidence shows that continuing to learn throughout life can improve and maintain our mental wellbeing. Mental wellbeing means feeling good – about yourself and the world around you – and being able to get on with life in the way you want. Learning can boost self-confidence and self-esteem, help build a sense of purpose, and help us connect with others.

#### **Be Active**

Being active is great for your physical health and fitness, and evidence shows that it can also improve your mental wellbeing.

#### **Give to others**

Helping and supporting other people, and working with others towards a shared goal, is good for our mental wellbeing. Small acts of kindness towards other people, or larger ones – such as volunteering in your local community – can give you a sense of purpose. It can make you feel happier and more satisfied with life.

### Preparing for Adulthood

The SEND Code of Practice (CoP) states that preparing for adulthood means preparing for:

- **Higher education and/or employment** – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies
- **Independent living** – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living
- **Participating in society**, including having friends and supportive relationships, and participating in, and contributing to, the local community
- **Being healthy** - as healthy as possible in adult life

The CoP also highlights the need for support to start early and that it should centre around the child or young person's own aspirations, interests and needs.

## Appendix 3

### The Legal Requirements underpinning this strategy

The success of Solihull's strategy for SEN 0 – 25 is dependent on joint ownership and leadership by key stakeholders. As the responsible body the local authority is understood to have a major role in delivering services that secure the best life outcomes for children and young people with SEND. It is important to stress that the Clinical Commissioning Group (CCG) and local Health Providers have an equally important role and responsibility as equal partners. Providers (including schools, academies and other education settings) have a similar responsibility and a distinctive role in that they and parents/carers are the only stakeholders that are meeting the needs and engaging with children and young people on a daily basis. The importance of these stakeholders is second-only to the children and young people themselves.

The White Paper 2015, Excellence Everywhere presents a clear intention that the role of local authorities will continue to change. As a 'champion for children' the local authority will carry out the statutory duties required by brokering, commissioning, monitoring and evaluating. There is no intended role as a provider and consequently, they will be smaller with a function that is strategic rather than operational. The business of provider will continue to shift to schools, academies and further/higher education. Funding reforms are aligned to this policy direction and High Needs funding will start to change during the life of this strategy. Despite final details yet to be determined, this strategy recognises and incorporates the planned direction of national policy and reforms. Costs and funding will therefore be reviewed annually and the strategy adapted as necessary. The local authority and CCG must stay within budget limits whilst ensuring equity for all those who are eligible.

In relation to special educational needs and disabilities (SEND), all statutory services are currently bound by three pieces of legislation and the associated statutory guidance:

#### **The Children and Families Act 2014, The Carers Act 2014 and the Equality Act 2010.**

The Carers Act mirrors the Children and Families Act in relation to SEND as this legislation applies to young people with SEND from the age of 18, and wholly so from the age of 25. In **The Children and Families Act 2014 (Part 3 relates to SEN) and the SEND Code of Practice set out the following:**

- The strategic planning duties apply to **all disabled children and young people and those with SEN;**
- The individual duties generally apply **to children and young people with special educational needs and disabilities.** Individual duties related to children and young people with a disability are also contained in the Equality Act 2010.

**The Equality Act 2010** brought together a range of existing equality duties and requirements within one piece of legislation. The Act introduced a single Public Sector Equality Duty (PSED) or 'general duty'; this applies to public bodies, including maintained schools and academies; free schools etc. It covers all protected characteristics - race,

disability, sex, age, religion or belief, sexual orientation, pregnancy and maternity and gender reassignment. This combined equality duty came into effect in April 2011.

The duty has three main parts. In carrying out their functions, public bodies (including educational settings) are required to have due regard to the need to:

- Eliminate discrimination and other conduct that is prohibited by the Act,
- Advance equality of opportunity between people who share a protected characteristic and people, who do not share it,
- Foster good relations across all characteristics - between people who share a protected characteristic and people who do not share it.

All settings: early years providers, schools/academies, FE colleges, sixth form colleges, 16-19 academies and independent special schools approved under Section 41 of the Children and Families Act 2014 have duties under the Equality Act 2010. All publicly funded early years providers must promote equality of opportunity for disabled children. Schools, academies and colleges have wider duties to prevent discrimination, to promote equality of opportunity and to foster good relations. Related to these duties, our policy and guidance for Intimate Care can be found on our local offer website [insert hyperlink]

Local authorities are required to put in place an [Accessibility Strategy](#) as specified in schedule 10 of the Act: Accessibility for disabled pupils.

All schools/academies are required to put in place an **Accessibility Plan**, covering the same responsibilities (see schedule 10). They are also responsible for the provision of auxiliary aids and services for individual pupils. All schools/academies must make reasonable adjustments to meet the individual needs of children and young people with SEND; this will address the needs of the majority. More specific local guidance about schools' responsibilities is available on the [local offer website](#)

### **Schedule 10 says:**

An accessibility strategy is a strategy for, over a prescribed period—

- (a) Increasing the extent to which disabled pupils can participate in the schools' curriculum
- (b) Improving the physical environment of the schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools;
- (c) Improving the delivery to disabled pupils of information, which is readily accessible to pupils who are not disabled.

The delivery of information in (c) must be:

- Within a reasonable time;
- In ways which are determined after taking account of the pupils' disabilities and any preferences expressed by them or their parents.

## Definition of Disability

A person is disabled if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

A physical or mental impairment includes learning difficulties, mental health conditions, medical conditions and hidden impairments such as dyslexia, autism and speech, language and communication impairments (Equality Act 2010).

*It is important to note that because a pupil has a disability does not necessarily mean that he/she has special educational needs.*

## Definition of special educational needs (SEN)

A child or young person has SEN if they have a learning difficulty or disability, which calls for special educational provision to be made for him or her.

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

For children aged two or over, special educational provision is educational or training provision that is additional to or different from that made 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.

The DfE refer to four broad areas of need and we adopt this national terminology in order to reliably benchmark our management information systems (data) with national data. These categories are:

**Communication and interaction** (incorporating autism and speech, language & communication needs)

**Cognition and learning** (incorporating specific learning difficulties; moderate learning difficulties; severe learning difficulties and profound & multiple learning difficulties)

**Social, emotional and mental health** (this has changed from behaviour, emotional & social difficulties in order to separate conduct issues from SEN, with an expectation that underlying causes for 'behaviour' should be fully investigated and not assumed to be child level need)

**Sensory and/or physical** (incorporating hearing impairment, visual impairment, multi-sensory impairment and physical disabilities)

## The difference between 'children' and 'young people'

The Code of Practice paragraph 1.8 sets out the implications of the difference between 'child' and 'young person' in law. The Children and Families Act 2014 gives significant new rights directly to young people once they reach the end of compulsory school age (the end of the academic year in which they turn 16). When a young person reaches the end of compulsory school age, local authorities and other agencies should normally engage directly with the young person rather than their parent, ensuring that as part of the planning process they identify the relevant people who should be involved and how to involve them. A person is no longer of compulsory school age after the last day of the summer term during the year in which they become 16. This distinction is important because once a child becomes a young person they are entitled to take decisions in relation to the Act on their own behalf, rather than having their parents take the decisions for them. This is subject to a young person 'having capacity' to take a decision under the [Mental Capacity Act 2005](#).