



West Berkshire  
Council

# “From birth to young adulthood”

Our strategy for improving  
outcomes achieved by children  
and young people with special  
education needs and / or  
disabilities 2018 - 2023



West Berkshire  
COUNCIL



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# 1. Executive Summary

West Berkshire's strategy for improving the outcomes achieved by children and young people aged 0-25 with special educational needs and/or disabilities (SEND) 2018-2023 outlines the vision and key priorities for supporting West Berkshire's children and young people with SEND.

Our vision for all children and young people with special educational needs and disabilities is that they have the right support and opportunities at the right time so that they become resilient, happy adults.

To achieve our ambitions for children and young people with SEND, we will continue to focus on taking actions to reduce inequalities and closing the gap between those who already do well and those who may need extra support to thrive.

Where possible we believe that every West Berkshire child and young person should be able to access the support they need in the community near where they live.

Through strong leadership and cohesive approaches we want to ensure that all children and young people with SEND are seen, heard, helped and safeguarded across the whole SEND system and that as professionals we are alert to their risks and respond effectively before escalation of needs

## Our five broad priority areas/outcomes are to:

- Support early years settings and mainstream schools to improve inclusion and educational outcomes for children with SEND
- Develop a continuum of local provision to meet the needs of children with SEND (including autistic spectrum disorder (ASD) and social, emotional and mental, health difficulties (SEMH))
- Enable children and young people with SEND to enjoy good physical and mental health and wellbeing
- Improve post 16, education, learning, employment and training
- Develop positive transitions for young people with SEND to enable them to prepare for adulthood

This strategy is our shared plan setting out our vision and plans for improving the outcomes for every West Berkshire child and young person with SEND. Our plan is to achieve our objectives and to meet the requirements of the Children and Families Act in a way that is ambitious, inclusive and realistic in a challenging financial context.

Our effective implementation of the Government's SEND reforms will continue to require a cultural shift across education, health and care agencies in both children's and adult services and partner agencies. This will require a shared focus on the outcomes for children and young people with SEND.

Our strategy has been shaped through the views of parents and carers and children and young people represented in every stage of the development cycle, from inception through to final consultation. Parents and carers children and young people will also be central to implementing our strategy and its evaluation phase.



## 2. Introduction

The Children and Families Act 2014 introduced the biggest changes to SEN in a generation; a new statutory duty on the local authority to ensure that the views, wishes and feelings of children, young people and their parents are at the centre of decision making and they are given the right support and information to ensure they are able to participate in decisions which help them to achieve good outcomes.

Now in 2018, we have completed a review of our progress in delivering the requirements of the Children and Families Act 2014; this document is our shared vision and our next steps for improving the outcomes for every West Berkshire child and young person with SEND.

This strategy aims to meet the requirements of the Children and Families Act in a way that is ambitious, inclusive and realistic in a challenging financial context. It forms the Council's policy for SEND and was developed with stakeholders responsible for implementing changes and with parents and carers at the core.

Real progress has already been made. We have continued to improve and expand our provision by establishing new primary and secondary ASD resources at Fir Tree and Trinity Schools. We have developed our Emotional Health Academy to help children, young people and families find support for emotional well-being earlier, faster and more easily. We have also developed a new supported employment service for young people aged 16-25 years. Through the Government's High Needs Funding, we have supported greater capacity in the system. We have seen steady improvements in progress and outcomes for children and young people with special education needs and disabilities. At the same time we have successfully implemented the reforms, introduced the new Education Health and Care Plans and developed our local offer.

By the end of 2017, 3000 West Berkshire children were benefitting from the new arrangements. West Berkshire continues to have many reasons to be proud of its services and its specialist provision. The number of SEND places has increased and we have delivered good value for money. We propose to develop more provision and we will continue to focus on improving both the outcomes and rates of progress for children and young people with SEND.

The Government described the reforms as the most transformational change in SEN for thirty years and acknowledged that the Act would require significant cultural

and procedural changes and time to embed these. To achieve this, West Berkshire set out a four year transition period to March 2018 to implement the national changes. All statements of special education need were successfully converted to Education Health and Care Plans by the statutory March 2018 deadline.

Going forward we recognise that there is still much to do, to keep pace with demand, to improve the quality of provision further and to ensure that more children and young people can have the specialist support they need in local schools and early years settings.

Children and young people with SEND in West Berkshire are achieving better progress, yet the gap between their attainment and that of other learners has remained wider than we would like and in some cases it is increasing.

One of the biggest challenges for this strategy is to ensure that we can improve support for children with autism and social, emotional and mental health difficulties (SEMH) across all schools and that we improve our joint commissioning with our health partners to ensure health inequalities and access to key services is addressed.

The Government will introduce a new national funding formula for schools in 2018 -19 and in relation to High Needs, based on current proposals, we will not have any increases in the High Needs Funding that West Berkshire receives over the period of 2018-2023. This will require even more effort to target our resources effectively and achieve even better value for money in the investments we make to improve pupil outcomes. We must deliver this strategy in a way that is affordable and provides value for money, whilst recognising the unprecedented increase in the number of pupils supported by high needs funding and the corresponding increase in pressure on broader health and social care services.



### 3. Our vision for SEND support in West Berkshire

*Our vision for all children and young people with special education needs and disabilities is that they have the right support and opportunities at the right time so that they become resilient, happy adults.*

We want to be aspirational and ambitious for all our children and young people with SEND.

To achieve our ambitions for children and young people with SEND, we will continue to focus on taking actions to reduce inequalities and closing the gap between those who already do well and those who may need extra support to thrive. Where possible we believe that every West Berkshire child and young person should be supported in the community where they live.

We will achieve this through access to good quality local early years provision, schools and further education settings. In addition to the right learning opportunities, children with SEND should be offered access to appropriate health and care support in response to their diagnosed needs. Underpinning this vision is a focus on individual assets and understanding of children, young people and families' skills and knowledge, resilience, finances, social networks and involvement in community activities.

West Berkshire is committed to early intervention and prevention, providing early help in a timely way so that the needs of local children and young people do not increase. Making sure that we identify needs early and provide the right support, is key to improving outcomes for children and young people with SEND. We will continue to focus on a 'Quality First' approach in our universal settings (in early years, schools and colleges) so that more children learn and make good progress without the need for additional support.



We are committed to safeguarding and protecting all our children and young people with SEND. Everyone who comes into contact with children and young people with SEND and their families has a role to play in:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes

We want to provide a well-planned continuum of provision from birth to age 25. This means high quality and well integrated services across education, health and social care, which work closely with young people, their parents and carers and where individual needs are met without unnecessary bureaucracy or delay. We aim to meet the needs of children and young people in universal and mainstream settings wherever possible and where more specialist help is needed, we will aim to provide it in West Berkshire wherever possible.

We want the journey from childhood to adolescence and through to adulthood to be a good experience for every child and young person. We want them to be getting the right information, advice and guidance in the right places at the right time depending on their needs. We want young people's experience of adolescence to be one where taking informed risks, making choices, being challenged and challenging boundaries is about the growing up journey.

The term "special education needs" does not mean the child/young person's needs will only be educational. Whilst educational progress is fundamental to the SEND Code of Practice, ensuring that children and young people with SEND have access to good opportunities to make educational progress requires a broader approach which includes family and health needs.

**In essence, our vision is underpinned in our strategic principles:**

- All our plans, services and policies are coproduced with families
- Children and young people with SEND feel safe and protected from harm. They are seen, heard and helped, effectively safeguarded, properly supported and their lives improved by everyone working together.
- A person centred approach to service delivery
- A focus on inclusive practices, removing barriers to learning and high quality teaching
- Systematic, proactive and appropriate early identification and early help and provision made available locally within supportive communities
- Children, young people and their parents are enabled to plan and make choices about their support as much as possible in decision making
- Greater independence, choice and control for young people and their families over support
- Successful preparation for adulthood, including supporting independence, independent living and training and employment
- Partnership – Education, Health and Social Care services working well together, supported by voluntary and independent organisations and sharing accurate information in the best interests of the child and family
- Integrated, evidence based, high quality services, interventions and approaches – local as far as possible
- Funding and support is allocated fairly and openly

## 4. Outcomes

The Joint Strategic Needs Assessment (JSNA) updated in 2018, highlights four main areas where children with SEND face barriers to achieving the outcomes their peers can expect. These outcome area are:

- Good education attainment
- Employment opportunities
- Good health
- Good mental health

### Education / attainment

In 2017, 8% of SEN pupils with statements / EHCPs achieved the expected standard in reading, writing and maths at KS2 compared to 6% the year before; this represents a gap with the non-SEND population of 63% and is in line with national averages. At KS4, 5% of pupils with Statements / EHCPs achieved 5 GCSEs Grade A\* to C. This was below the national average of 10.5%.

Children at SEN support were achieving above the national average in Phonics in 2015, but since then performance has fallen with 42% achieving the expected level in 2017, compared to 47% nationally. Performance of children with SEND at Key Stage 2 has also been variable and has not been consistently above the national average.

Educational attainment is the foundation for opening future opportunities for all children with SEND, however, resilience, social networks and involvement in community activities are also key factors for a fulfilling and independent life.

### Employment opportunities

Young people with special education needs and disabilities often struggle to get paid work when they leave education. This could be due to a lack of work experience opportunities, through to the sometime negative attitudes of employers and a lack of accessible information. In England only 5.7% of working age (aged 18 - 64 years) service users who received long term support during the year with a primary support reason of learning disability support were in paid employment. In West Berkshire, this was 6.0% (2016-17).

In West Berkshire, the percentage of 17 year olds at SEN Support who are in Education, Employment or Training is higher than the national average, 94% compared to 88%

Yet, the overwhelming majority of young people are capable of sustainable paid employment with the right preparation and support. Both the Children and Families Act 2014 and the Care Act 2014, strongly endorse participation in work as a desired and fulfilling outcome. The SEND reforms and the introduction of EHC Plans from year 9 and extended to 25 year olds requires local authorities to give greater consideration to the support a young person might need after school.

In West Berkshire, different pathways for gaining employment are being set up. These include supported employment approaches in schools, supported internships and better access to apprenticeships.

### Good health outcomes

Young people with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions including for example age related conditions or illnesses. Barriers to good physical and mental health can include for example, a lack of availability and access to leisure and cultural and other public facilities and transport. They may be less likely to be able to access leisure, cultural, public facilities and transport that will enable them to stay physically and mentally healthy.

People with learning disabilities are three times more likely to die early compared to the general population. Men with learning disabilities live, on average, 13 less years than men in the general population. Life expectancy for women with learning disabilities is 20 years less than the general female population.

In West Berkshire, through the Berkshire Transforming Care Joint Health and Social Care Plan[1] we are driving forward system wide change to improve services for people with learning disabilities and / or autism, who display behaviour that challenges.





## Good mental health

Social and mental health issues are more prevalent in those with SEND. Children and young people with SEND are more likely to experience anxiety disorders, Social Emotional and Mental Health issues and behaviour that challenges. Research suggests that children with a learning disability are over twice as likely to experience anxiety disorders and approximately six times as likely to experience conduct disorders. In particular, there is a high incidence of comorbid SEMH difficulties in children and young people with neurodevelopmental issues such as Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

The Emotional Health Academy is West Berkshire's support for mild to moderate mental health in children and young people. Its goal is to help children and young people as early as possible and to stop emotional health problems from getting worse. A service evaluation has evidenced improvements in waiting times due to increasing access to briefer and more cost effective interventions.

### **The Council and West Berkshire Clinical Commissioning Group's goals for the next five years, are designed to:**

- Improve the transition between Child and Adolescent Mental Health services and adult mental health services.
- Improve whole system working so that diagnosis is not seen as the only route to right support at the right time. This relates in particular to children and young people who are waiting for assessments for ASD and ADHD. For example, Autism Berkshire and Parenting Special Children have been commissioned to provide pre and post assessment support; there is also an on-line peer support system called "Young SHaRON"
- Reduce waiting times for diagnosis and treatment, including for ASD.

## 5. Achieving our vision and outcomes

### –The key enablers



The key enablers to take this strategy forward and to realise our vision:

#### 1. Processes

- A well planned continuum of provision from birth to 25 years that meets the needs of children and young people with SEND and their families. This means **integrated services across education, health and social care which work closely with parents and carers** and ensures that individual needs are met without unnecessary bureaucracy and delay.
- **Ensuring local SEND services are inclusive of and integrated with high quality NHS and voluntary and community services** so that the experience of families accessing services is positive and children and young people's learning, development, safety, wellbeing and health outcomes are well promoted alongside their educational progress and achievements.
- Our strategy requires a robust system of **early identification** of children and young people's needs. It has been developed on the principle of evidence based, targeted interventions delivered by trained staff to ensure families have their needs met early and they do not experience the level of challenge and difficulty in their lives that require statutory interventions.
- A coherent SEND system designed with the child's need at the centre
- The success of our strategy is reliant on a **whole school/team approach** rather than a stand-alone and therefore fragmented "silo" approach to children and young people with SEND.

#### 2. Infrastructure and resources

- Strong strategic leadership by the Council, the education sector and Health, across the SEND system in West Berkshire
- **Local education, training and support:** a place in a good or outstanding school or provision, mainstream where appropriate, as close to home as possible with health and social care support for children and their families.
- **Improving provision and increasing parental choice:** working in partnership with providers in the voluntary, community and independent sectors who share our values and vision.
- As we continue to see our High Needs expenditure increase, indications are that the National Funding Formula will cap this. **Partnership working with schools** will be fundamental to develop more effective and innovative ways to use high needs funding in mainstream schools

### 3. People

- **Early years settings, schools, colleges and care support services to have the capacity, skills and confidence to deliver high quality provision for children and young people with SEND** to improve their educational and health outcomes and their access to wider social development and opportunities to participate in their local community.
- The importance of providing **good training for all staff, whichever setting they are working in**. To achieve this aim we need to use the best expertise and knowledge in educational establishments and other services, to increase capacity throughout the area by sharing best practice and by promoting a model of collaborative working and shared responsibility.
- A commitment to achieve the best possible outcomes for children and young people, which support inclusion, **developing independence and successful preparation for adulthood**.

### 4. Joint strategic leadership and management:

- **Strong governance, accountability and challenge** through the West Berkshire SEND Strategic Partnership Board and the West Berkshire Health and Wellbeing Board
- The vision for SEND is a golden thread weaving through all provider services, including schools, through a **clear commitment from senior leaders** including school governing boards
- **Robust pace and delivery** of our plans through joint working with the range of support, provision and services across a child or young person's life from birth through to young adulthood
- **All teams and services working towards our strategy** through team plans, individual performance and development targets
- Budgets aligned to our strategic priorities

## 6. How the strategy was developed –The SEND Review

The review of SEND was overseen by the West Berkshire SEND Strategic Partnership Board, a multi agency partnership, with parents and carers at its core and comprising stakeholders across education, health, public health, social care partners, voluntary and community sector partners and the West Berkshire Lead Member and Executive Portfolio Holder for Children, Education and Young People. Our review comprised:

Phase 1: Data and evidence gathering and analysis to answer:

1. Is our pattern of provision for children and young people with SEND suitable to meet changing needs?
2. Do parents and young people find it attractive?
3. Will it be affordable within future financial allocations?

**We gathered and analysed:**

- Data on the range of SEN in the area, recent trends and likely changes in the future
- Evidence on how effectively the current pattern of special educational provision meets needs in the area
- Evidence for how effectively the current pattern of special education provision prepares children and young people for adult life
- The range of special education needs that would generally be met by mainstream providers
- The range of SEN and disabilities which would generally be met by specialist providers
- The range of SEN and disabilities which would be generally met by highly specialised providers

A core element was to gather evidence about what works well across the current system, areas for improvement and SEND provision mapping for the future across the whole life cycle from birth through to young adulthood:



Phase 2: Analysis and shaping of emerging themes

Our analysis identified a number of common issues, falling into five overarching strategic themes. These themes were agreed by the SEND Strategic Partnership Board as the five strategic themes needed to strengthen and improve current arrangements for SEND across West Berkshire and the basis for the SEND Strategy:

**Improving inclusion and education outcomes for children with SEND in Early Years settings and mainstream schools**

**Developing a continuum of local provision to meet the needs of children with SEND (including ASD and SEMH)**

**Good physical and mental health and wellbeing**

**Improving Post 16, education, learning, employment and training**

**Positive transitions for young people with SEND to enable them to prepare for adulthood**

Five strategic multi agency working groups were established under each strategic theme. These groups met during a period of three months from February 2018 to May 2018, to develop recommendations on the key priorities to be included in a new strategic approach for SEND in West Berkshire, under each of the five strategic themes.

Parents and carers were involved in all strategic group discussions. Building on this work, through a series of visioning events a joint vision statement was developed.

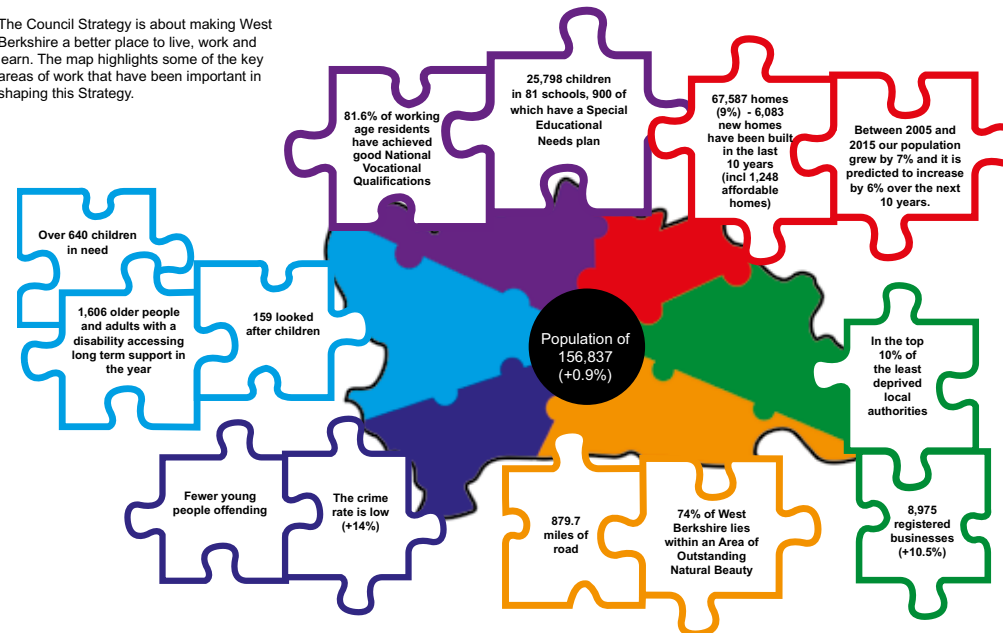
Phase 3: Public Consultation

The SEND Strategic Partnership Board has given agreement for the vision and priorities to be consulted on more widely through a public consultation exercise to run for six weeks from 11 June 2018 to 20 July 2018. This will involve an online survey, alongside a series of public engagement events to seek views from a wide range of key stakeholders and to enable people to share their thoughts and ideas to help shape the final version of the document.

## 7. Population: some key facts

### West Berkshire – The Place and its People

The Council Strategy is about making West Berkshire a better place to live, work and learn. The map highlights some of the key areas of work that have been important in shaping this Strategy.



*\*(figure in brackets represents the % change between 2015 and 2017)*

West Berkshire makes up over half of the geographical area of the county of Berkshire - covering an area of 272 square miles. It lies on the western fringe of the South East region, centrally located, at a crossroads where the South East meets the South West and where the south coast comes up to meet the southern Midlands.

Nearly three quarters of West Berkshire is classified as part of the North Wessex Downs Area of Outstanding Natural Beauty (AONB), a landscape of the highest national importance. Within the AONB the diversity and mix of landscapes ranges from the high large scale rolling chalk downland with its intensive arable farming, to small hamlets clustered along fast chalk streams, and floodplain with lush wetland vegetation associated with the River Kennet.

West Berkshire has one of the most dispersed populations in the South East with 2.2 people per hectare (ONS Mid-year estimate 2014.)

The proportion of people in the working age group (35-64)

is higher than the national average and we have a marginally smaller proportion of people aged over 65, compared to the South East.

Wards with 20% (1 in 5) of its population of retirement age are Aldermaston, Speen and Westwood.

The youngest Wards in West Berkshire are Chieveley, Clay Hill, Greenham and Thatcham South and Crookham, with an average age of less than 38 years. Those Wards with the highest percentage of 0-9 year olds (15-16%) are Greenham, Sulhamsted and Thatcham South and Crookham.

The significant amount of rural areas within West Berkshire has considerable implications for the commissioning of services for its residents. Access to services will be a challenge in very rural wards, requiring outreach or transport solutions, as people who do not have access to cars will rely on public transport.



### In terms of SEND we know:

- Numbers at SEN Support decreased steadily from 2011-2016 but began to rise again in 2017 and are just under national average
- WBC had 897 Statements / EHCPs in 2017, 1.9% of 0-25 population (which compares to 1.6% nationally)
- Number of Statements / EHCPs has increased by 14% since 2011
- Main growth is in the 16 to 25 age group
- Children with ASD form by far the largest % of the Statemented / EHCP cohort at 39%
- The number of children with a Statement / EHCP with a primary need of ASD has risen from 246 in 2011 to 345 in 2017
- The next largest groups of children with a Statement / EHCP are those with a primary need of Moderate Learning Difficulties and Social, Emotional and Mental Health Difficulties
- Numbers attending The Castle and Brookfields Special Schools, maintained by WBC, have increased by 23% since 2011
- The increase in placements is mainly accounted for by children with Moderate Learning Difficulties moving from mainstream schools
- Numbers attending Free Special Schools and special schools maintained by other Local Authorities have increased by 20%
- Numbers in independent and non-maintained special schools have not risen, but costs have increased, and an increase in numbers is expected in 2018-19
- The increase in special school placements is mainly accounted for by children with ASD and SEMH
- There is an increase in both numbers and cost of young people with Statements / EHCPs in FE Colleges
- The budget which funds all EHCPs in mainstream, resourced & special schools and FE Colleges, plus most SEN support services, is called the High Needs Block Budget and is allocated by central Government to LAs
- WBC's HNB budget has been in deficit since 2016-17. This could have an impact on funding of other SEN services
- Generally strong performance of children with SEND at Early Years Foundation Stage
- Performance of children with SEND in Phonics tests is lower than national average for SEND children and the gap between the SEND and non-SEND populations is wider than it is nationally
- Performance of children with SEND at Key Stage 2 & GCSE is variable
- Number of children classified as persistent absentees within the SEND population was lower than national average and decreasing
- % of school sessions missed by children with SEND was lower than national average and decreasing
- Fixed term exclusions of children with SEND lower than national average, though proportion with an identified SEND is increasing
- No permanent exclusions of children with Statements / EHCPs
- Rising number of children at SEN Support being permanently excluded
- % of young people with SEND achieving Level 2 qualification by age 19 years better than national average
- Higher % of young people with SEND aged 17 years are in education, employment or training (EET) than nationally
- However, only 6% of adults with learning disabilities are in employment in WBC (6.3% nationally)

## 8. The Policy context

Our priorities for children with SEND are shaped by the Children and Families Act 2014. The Act sets out the responsibility to improve services, life chances and choices for vulnerable children and to support families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The Act extends the SEND system from birth to 25, giving children, young people and their parents/carers greater control and choice in decisions and ensuring needs are properly met.

### **The new approach to special educational needs and disability makes provision for:**

- children and young people and their families to be at the heart of the system
- close cooperation between all the services that support children and their families through the joint planning and commissioning of services
- early identification of children and young people with SEN and/ or disabilities (SEND)
- a clear and easy to understand 'local offer' of education, health and social care support to children and young people with SEND and their families
- support provided in mainstream settings where possible for children with more complex needs
- a coordinated assessment of needs and a new 0 to 25 Education, Health and Care plan (EHC plan) for the first time giving new rights and protection to 16-25 year olds in further education and training comparable to those in school
- a clear focus on outcomes for children and young people with EHC plans, anticipating the education, health and care support they will need and planning for a clear pathway through education into adulthood, including finding paid employment
- a focus on living independently and participating in their community
- increased choice, opportunity and control for parents and young people including a greater range of specialist educational provision, mainstream schools and colleges for which Parents, carers and young people to be able to express a preference and the offer of a personal budget for those children and young people who have an EHC plan.



### **The Local Policy context**

The West Berkshire Health and Wellbeing strategy sets out a clear aim to give every child the best start in life. Its strategic objectives are:

- To give every child the very best start in life
- Support mental health and wellbeing throughout life

The SEND reforms are an important cornerstone for the work of West Berkshire SEND Strategic Partnership Board and a key aspect of the West Berkshire Children's Delivery Group.

The Berkshire West Clinical Commissioning Group Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, covers the whole spectrum of services for children and young people's emotional and mental health and wellbeing. It has a vision "to ensure that every child or young person gets the help they need when and where they need it. Its mission is that "by 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing".

### **This new SEND Strategy aims to ensure that:**

- there is a shared, inclusive vision for effective planning for children and young people from 0 to 25
- we will have an effective needs analysis evidence base to help us plan and decide how to best use our resources
- we listen to the views, aspirations and ambitions of children and young people and their parents and carers when we develop and commission person centred services
- resources are used where they will make the biggest difference, supporting integrated working through evidence based practice and early identification
- there are clear and well publicised pathways for children and young people and their families, with swift and easy access to support and effective planning in preparation for adulthood
- we have high quality, effective and accessible provision across universal and specialist support
- we have speedy resolution of problems and disagreements.

## 9. What we have achieved 2013-18



### Our achievements since 2013 include:

- Development and implementation of a person centred Education, Health and Care assessment and planning process which has received positive feedback from parents. One parent said: *"The EHC is far superior to the Statement. Its focus is my child and is so much more direct with regards to what must be put in place to help him achieve. I thought that it was just another paper exercise but am pleasantly surprised by how it has helped me already in assuring that my son is supported adequately in his further education"*
- Very good performance on meeting the 20 week timescale for completion of Education, Health and Care assessments
- Development of Local Offer website, annual Local Offer events for parents and practitioners and outreach support
- Strong strategic co production of services with parents and developing strategic engagement with young people with SEND through the SEND Youth Forum
- Generally good outcomes for children with SEND, with particularly strong outcomes in the Early Years

Foundation Stage, good performance of children with EHCPs in Phonics and very good performance of children at SEN Support at GCSE

- A significant reduction in the number of children with SEND being excluded from school, as a result of a successful Exclusion Reduction Strategy
- Evidence from the 2017 SEND Parent Survey of reasonable levels of satisfaction with SEN provision in schools and high levels in relation to some schools. One parent said: *"X School has a fantastic SEN Department, they communicate well with me and are wonderful with my son and understand his needs"*
- A good range of SEN Support services to assist with identification and assessment
- Increased young people with SEND accessing paid employment, some with support from the recently commissioned Supported Employment Service for 16 to 25 year olds with SEND
- Jointly commissioned Emotional Health Academy which provides prompt access to support for children with SEMH difficulties and has reduced CAMHS referrals



## 10. Our challenges and opportunities



### We continue to face a number of challenges, many of which reflect the national position:

- The quality of SEND provision is variable across our schools. Between 14% and 22% of parents who responded to the 2017 Parent SEND Survey expressed dissatisfaction in relation to 12 different aspects of SEND provision in schools.
- Attainment of children with SEND is good in some areas but less consistent in others, for example at Key Stage 2.
- Provision for children with SEND, particularly children with ASD and SEMH, is not yet good enough in some of our schools. Some parents report a lack of understanding of ASD in particular in some schools. One parent said:  
*"My son is autistic and a lot of staff forget that especially cover staff and dinner ladies. Because my son is quiet they think he's ok but sometimes he's not"*
- There is a significant increase in the number of children being diagnosed with ASD. This is putting pressure on all services. The number of children with ASD moving to specialist placements is increasing. The waiting list for ASD assessment by CAMHS is not getting shorter in spite of additional investment by the CCG.
- The percentage of children with Education, Health and Care Plans who are educated in mainstream schools has reduced from 49.7% in 2013 to 33% in 2017. In addition to ASD placements, increasing numbers of children with SEMH and MLD (Moderate Learning Difficulties) are moving from mainstream

### We can also take advantage of the following opportunities:

- We have very strong support from local parents who are working with us proactively to assist in the redesign of services. We also have increasing opportunities to involve young people with SEND in service developments through the SEND Youth Forum
- There a very strong working relationships between the Council, the CCG, the Berkshire Healthcare Foundation Trust and the Royal Berkshire Hospital

to specialist placements. Our local special schools are reaching the limits of building development which can take place on their sites. The increase in specialist placements is also putting a lot of strain on the High Needs Budget which has consistently overspent over a number of years. Reductions have had to be made to some preventative SEND services in order to support the increasing cost of specialist placements.

- There is a need for clearer outcomes data for young people with SEND who attend FE Colleges, and for that data to inform commissioning. For some young people and parents the part time nature of FE College provision is a challenge
- Whilst access to employment is increasing, there is a need to spread good supported employment practice across all our Post 16 Providers and increase access to supported internships and apprenticeships
- Transition from Children's Social Care to Adult Social Care has been problematic in the past. It is improving but there is further work to do to secure timely and smooth transitions in all cases
- There is also a need to clarify pathways from some paediatric health services to adult health services, including therapies and mental health services
- Some children would benefit from accessing Social Care support for their disabled child earlier than they currently do. Children who do not meet the threshold for Children's Social Care can sometimes lack support to access social activities and develop friendships and self confidence

Trust. We have a shared vision for children with SEND and a strong commitment to joint working and joint commissioning

- We have good engagement of local service providers, including schools, who are also keen to be part of our improvement journey for children with SEND
- The creation of more local services and reduction in external placements would allow us over time to invest in more preventative and early intervention services for children with SEND

# 11. Our strategic priorities for SEND in West Berkshire (2018-2023) and high level action plans



# Strategic Objective 1

We want to support early years providers and mainstream schools to improve inclusion and educational outcomes for children with SEND

Research tells us conclusively that high quality care and learning experiences in the early years have a significant impact on outcomes for children and lay the foundations for better life chances. There is no group for whom this is more important than children with SEN and Disabilities.

We are committed to ensuring inclusive education of children and young people and the removal of barriers to learning. There is an expectation that all educational settings will work to enable all children and young people to develop, learn, participate and achieve their best possible educational and other outcomes.

We want every child's needs to be met, as far as possible, in their local community, by local early years providers and mainstream schools.

We expect every early years provider and mainstream school to make effective provision for children with SEND, so that they make good progress in their learning and can move on easily to the next stage of their education and later into employment and independent adult life.

## What outcomes do we want to see?

- The percentage of children with SEND assessed in Early Years Foundation Stage as achieving a Good Level of Development to increase year on year. These children are better able to engage with the national curriculum and more likely to reach their full potential at school.
- Children and young people with SEND achieve well at every stage of their learning, including in Phonics, at Key Stages 1 and 2, at GCSE and post 16.
- All children and young people with SEND make good progress relative to their starting points and needs.
- The overall gap between attainment of children with SEND and all children to reduce.
- The number of children with SEND being excluded from school to reduce.

- Good attendance of children with SEND
- Children with SEND to make clear, evidence based progress against their EHC Plan outcomes.
- The percentage of children with Education, Health and Care Plans who are being educated in mainstream as opposed to special schools to increase
- Parents report increasing confidence in the ability of mainstream schools to meet their child's needs

## Why is this important?

Parents and carers have told us that it is their most important priority for their children to get the help and support they need at the earliest opportunity. Early identification and intervention is essential to prevent underachievement and improve outcomes and improve children's life chances.

It is particularly important in the early years that there is prompt identification and support for any special educational needs a child may have. Delay at this stage can give rise to further learning difficulties and subsequently to a loss of self-esteem, frustration in learning and possibly to behaviour difficulties.

Children with SEND need to have good quality support in their mainstream schools so that they can achieve their academic potential and maintain their self-esteem and confidence. Schools should have in place robust systems for identifying and assessing need and making provision to meet needs, both for children with SEND who do not have an Education, Health and Care Plan (children at "SEN Support") and for children who have EHCPs. Provision should be person centred so that both the child and the family are involved in decisions about how they will be supported.

If this high quality provision is not in place, children will not reach their potential and may become disaffected, suffer loss of self-esteem and potentially develop emotional or behavioural difficulties.

Most schools in West Berkshire make good provision for children with SEND. However, the performance of children with SEND is not yet as consistently good as we would like it to be and there are too many children with SEND being excluded from school. Some parents report dissatisfaction with SEND provision made by their child's mainstream school.

Most children with SEND should be able to have their needs met in their local mainstream school, with the right support. There will always be some children who will be best placed in special schools. However, we need to ensure that when children move to special schools it is because their needs cannot be met in a mainstream school environment, and not because their school did not have the right knowledge and skills to support them.

## What do we need to have in place to achieve our outcomes?

In order to achieve our vision of high quality SEND provision in all early years settings and mainstream schools, we need to have the following in place:

- Integrated reviews for all two year olds in early years provision, to support the early identification of SEND.
- Professionals who work with very young children, including Health Visitors, identifying children with SEND early and making appropriate onward referrals
- Funding arrangements which support children in the early years to be able to access the right support at the right time as part of the graduated approach
- Robust arrangements in early years settings and mainstream schools to identify, assess and support children with SEND, following the graduated approach set out in the SEND Code of Practice ("assess, plan, do, review")
- A knowledgeable and well trained workforce with sufficient skills to support children with SEND effectively in early years settings and schools
- Access for families and schools to a range of support services to assist with identification and assessment
- Good quality information, advice and guidance to assist early years settings and schools to meet the needs of children with SEND
- Commitment to person centred approaches across all education settings and services so that children and families are equal partners in decisions which are made about how their needs will be met
- NHS providers work in a formal partnership arrangement with the Local Authority to provide a joined up approach for children with SEND.

## What are our priorities?

Working with partners, including families, the following priorities have been identified:

1. Timely identification and assessment, across education, health and social care, that leads to earlier intervention
2. Development of joined up services and approaches
3. Improve attainment and progress of children with SEND
4. Increase expertise and confidence of staff in mainstream settings to meet the needs of children with SEND

## Key Actions.

**A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below.**

### **PRIORITY 1: Timely identification and assessment , across education, health and social care that leads to earlier intervention**

- 1.1 Ensure that the two year checks are integrated and are effective in identifying children with SEND and making the necessary onward referrals
- 1.2 Develop and pilot an identification tool for all early years settings to use to support identification of SEND
- 1.3 Develop a training module for mainstream schools on early identification of SEND; all SENCOs to be trained as trainers so that they can disseminate the training within their schools and to feeder early years settings
- 1.4 Clarify referral processes and pathways to different support services so that early years settings and schools are clear about services which are available and how to refer
- 1.5 Screen children who are undergoing Education, Health and Care assessments, with parents' consent, to ascertain whether the family would benefit from Social Care support

### **PRIORITY 2: Development of joined up services and approaches**

- 2.1 Review referral processes for speech and language therapy, occupational therapy and physiotherapy, to see if they could be more streamlined and consistent for children with and without EHCPs
- 2.2 Review SEN Support services to consider how they could work together more effectively to provide better support to schools and children
- 2.3 Develop protocols and best practice for transitions from early years settings to schools and between schools

### **PRIORITY 3: Improve the attainment and progress of children with SEND**

- 3.1 Provide targeted support to schools with higher percentages of pupils with SEND not reaching expected standards, or with higher numbers of children with SEND who are being excluded
- 3.2 Identify schools which have best practice in getting children with SEND to the expected standard and share their good practice
- 3.3 Deliver a programme to improve the performance of all children in Phonics, including children with SEND
- 3.4 Deliver a programme to improve the performance of all children in Mathematics at primary level, including children with SEND

### **PRIORITY 4: Increase the expertise and confidence of staff in mainstream settings to meet the needs of children with SEND**

- 4.1 Develop and promote the role of SENCO in early years settings
- 4.2 Support implementation of the new job description and competency framework for SENCOs in early years settings
- 4.3 Encourage take up by early years settings of SEND training offered by local specialist services, including Dingley's Promise, a local specialist early years provider
- 4.4 Identify examples of good practice in SEND in mainstream settings and disseminate through best practice sessions at SENCO networks and Heads' Forum meetings
- 4.5 Increase the reach of training opportunities by, for example, offering within school training in schools where specific areas for development have been identified
- 4.6 Develop an on line forum for SENCOs
- 4.7 Deliver to schools and other professionals a new training module on Autistic Spectrum Disorder
- 4.8 Extend awareness of PPEP care training modules and their delivery in schools (see glossary)
- 4.9 Develop a West Berkshire ASD Pack for schools
- 4.10 Increase access to training in ADHD
- 4.11 Increase access to training on attachment difficulties
- 4.12 Establish behaviour and attendance leads in secondary schools and some targeted primary schools and offer a professional development programme
- 4.13 Develop SEMH guidance and resource bank

## Strategic Objective 2

We want to develop a continuum of local provision to meet the needs of children with SEND, including MLD, ASD and SEMH

West Berkshire Council maintains a range of provision for children with special educational needs. Most children with SEND will have their needs met in their local mainstream schools. All schools have delegated SEN budgets to help them to support children who have SEND but who do not have an Education, Health and Care Plan, that is, children who are at "SEN Support". In the case of children with Education, Health and Care Plans, the school's resources will be supplemented by additional funding provided by the Local Authority.

Where children with EHCPs cannot have their needs met in their local school, they may attend a West Berkshire mainstream school with a resourced unit attached to it, or a West Berkshire maintained special school.

### West Berkshire maintains 11 resourced units in mainstream schools:

- The Winchcombe Primary School – speech and language difficulties
- Speenhamland Primary School – physical disabilities
- Westwood Farm Infant and Junior Schools – hearing impairment
- Theale Primary School – ASD
- Fir Tree Primary School - ASD
- Kennet School – hearing impairment
- Kennet School – physical disability
- Trinity School – ASD
- Theale Green School – ASD
- Trinity School – specific learning difficulties

In addition, West Berkshire has two maintained special schools, The Castle School and Brookfields School, which both cater for children aged 3 to 19 with learning difficulties who may have other associated difficulties such as physical disability, ASD or sensory impairment. We have also developed local provision for children with SEMH – Engaging Potential.

Children whose needs cannot be met in a West Berkshire resourced unit or special school may attend a non- West Berkshire special school. This could include special schools maintained by other Local Authorities, Free Schools and independent and non- maintained special schools.

West Berkshire Council has developed its provision over time to meet changing needs. However, there is now a high level of pressure for places in our local special schools which needs to be addressed, as well as increasing numbers of children transferring to non- West Berkshire special schools.

As a small unitary Local Authority, West Berkshire will never be entirely self- sufficient in being able to meet the needs of all children with SEND locally. However, there is scope to develop more local provision so that more children are able to have their needs met in local schools and within their own communities.

### What outcomes do we want to see?

- Most children with EHCPs attend and achieve well in high quality local provision and are able to remain with their families and in their local communities
- Children remain in contact with local services, as a result of remaining within local education services, and so have continuity of support
- There is an enhanced range of local specialist provision and reduced reliance on external specialist placements

### Why is this important?

Most parents / carers of children with SEND tell us that they would prefer their children to be educated locally, provided that suitable high quality provision is available. Where children have to be placed in non- West Berkshire special schools, these can sometimes be some distance away, which makes contact between home and school more difficult, disrupts the young person's local friendships and can affect access to support services. Where children need to be placed in residential schools, this can make reintegration to the local community and to local learning and employment opportunities more difficult when the young person reaches adulthood.

In addition, the cost of specialist placements outside of West Berkshire is rising to a significant extent; the rate at which these costs are rising is not sustainable in the long term and could lead to a reduction in local SEND support services in order to move resources in to specialist placements.

It is fully acknowledged that there will always be some young people who require very specialist provision which cannot be provided within West Berkshire. However, if we can create additional local provision to meet the needs of some of these young people, this will have benefits for those young people and their families and will also enable us to contain costs of specialist placements and protect local SEND support services.

### What do we need to have in place to achieve our outcomes?

In order to achieve our vision of an increased range of local high quality SEND provision, we will need to have the following in place:

- Agreement of local schools to host new provision, where the provision is going to be linked to an existing mainstream or special school
- Support from other local agencies, including Health, to develop new facilities in partnership
- Support from local parents to co-design the new provision and ensure it meets parents' requirements
- Capital funding where necessary from the Education Capital Programme
- Agreement from the Schools Forum to allocate resources to meet the set up and running costs of new specialist provision

## What are our priorities?

Working with partners, including families, the following priorities have been identified:

1. Develop more local provision for children with ASD who are broadly in the average range of cognitive ability
2. Develop more local provision for children with SEMH difficulties
3. Develop more local provision for children with moderate learning difficulties
4. Improve multi agency intervention for children with learning difficulties who display very challenging behaviours

### Key Actions.

**A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below.**

### **PRIORITY 1: Develop more local provision for children with ASD who are broadly in the average range of cognitive ability**

- 1.1 Consider feasibility of setting up new primary provision for children with ASD linked to a mainstream primary school, but which offers the opportunity for children to access the full curriculum in the provision if they are unable to access mainstream lessons
- 1.2 Consider feasibility of setting up new secondary provision for children with ASD linked to a mainstream secondary school, but possibly on a different site, and which offers the opportunity for young people to access the full curriculum in the provision if they are unable to access mainstream lessons. The provision will include post 16.
- 1.3 Make a case to the Schools Forum to consider enhancing the existing ASD Advisory Team to include trained teaching assistants, working under the supervision of ASD teachers, who can be deployed in schools to support children with ASD

### **PRIORITY 2: Develop more local provision for children with SEMH difficulties**

- 2.1 Consider the establishment of nurture groups in targeted mainstream schools
- 2.2 Develop an ADHD Advisory Service, or a broader neuro developmental advisory service for ASD and ADHD
- 2.3 Consider models of good practice for reducing exclusions at Key Stage Three (12 to 14 year olds) and develop proposals for new KS3 provision, possibly linked to the PRU Service
- 2.4 Enhance PRU provision to include therapies
- 2.5 Develop new secondary SEMH provision, linked to a mainstream school but possibly on a different site
- 2.6 Consider whether there is a demand for a new SEMH resource for highly anxious students
- 2.7 Create links between the Emotional Health Academy and the Anxiety and Depression Clinic and develop new SEMH provision in partnership with these and other relevant services

### **PRIORITY 3: Develop more local provision for children with moderate learning difficulties**

- 3.1 Profile the children with MLD who are transferring from mainstream to special schools to establish the nature of their learning needs, additional difficulties and age profile to determine feasibility of catering for more of these pupils in MLD resourced units in mainstream schools
- 3.2 Subject to the above, develop resourced units for children with moderate learning difficulties in primary and secondary schools for children whose needs cannot be met in their local school but who would benefit from some continued access to a mainstream school environment

### **PRIORITY 4: Improve multi agency intervention for children with learning difficulties who display very challenging behaviours**

- 4.1 Review the multi-agency support which is available for children with learning disabilities who display extremely challenging behaviours to establish whether better multi agency intervention in these cases would enable more children to remain in the local area
- 4.2 Use case studies of children with highly challenging behaviours who have moved to specialist placements to identify any gaps in services and opportunities for better joint working and commission services accordingly

## Strategic Objective 3

We want to improve post 16, education, learning, employment and training

We want all young people with SEND in West Berkshire to fulfil their potential and, as far as possible, meet their aspirations; so that they lead happy, healthy lives and are able to make positive contributions as members of their communities.

We want to support this vision through high quality provision in education, training, work experience, apprenticeships and study programmes that support young people into engagement or employment and provide them with skills for independent or supported living.

### What outcomes do we want to see?

- Provision available to all young people with SEND aged 16-25 to access purposeful activities (including education, work experience, supported employment, supported internships, apprenticeships, training including voluntary and community projects as appropriate)
- All young people with SEND have a clear destination pathway and they are able to make appropriate progress, whatever their starting point.
- All young people with SEND post 16 and their parents and carers have access to high quality impartial careers advice and guidance which prepares them for their next steps in life
- All young people have access to work related learning activities, as appropriate to their level of ability, to enable them to work towards paid employment wherever possible
- Through partnership working and joint commissioning arrangements for post 16 SEND services are delivered in a coordinated way
- All young people have access to a range of SEND post 16 services and support to provide increased choice and control

### Why is this important?

Young people and young adults, as well as their parents / carers sometimes express their frustration at the lack of information and planning for when young people leave school (year 11 or year 13/14) and college. The number of young people with SEND who currently access apprenticeships, supported internships, supported employment, and ultimately paid employment, needs to increase. On occasions, learners with SEND repeat courses, which do not offer progression or adequate preparation for adulthood.

Although progress has been made in a number of areas of the post 16 curriculum in recent years, both professionals and parents recognise that post 16 SEND provision can be fragmented, lacking in coherence and does not prepare young people with SEND for work or independence as well as it could. Whilst the number of young people with SEND who are NEET (Not in Education, Employment or Training) compares well to national averages, there are still too many young people with SEND who are not engaged in education, training and or employment after leaving school or college. There is a lack of reliable data on the number of young people with EHC Plans who become NEET after they leave College.

### What do we need to have in place to achieve our outcomes?

We need a clearly defined multi agency 16-25 pathway for all young people with SEND and young adults that enables participation in appropriate learning opportunities which enable young people to reach their potential and achieve as much independence in life as they can, including paid employment wherever possible. There is no automatic entitlement for young people with an EHCP to remain in education until the age of 25, and for some young people there will be more appropriate pathways to adult life. However, our vision of SEND post 16 recognises that some young people with SEND will require longer to achieve their education or training outcomes to enable them to prepare for adulthood in a meaningful way.

### Therefore, our SEND post 16 vision is about having in place:

- High quality provision for education, work experience, supported internships and employment
- Jointly commissioned arrangements and agreed protocols between the West Berkshire SEND Strategic Partnership Board, its partners and its providers for agreed standards of provision
- Increased options and appropriate pathways post 16 with West Berkshire and its neighbouring Local Authorities through development of joint provision where appropriate
- Strengthened collaborative partnership working between Education, Children's and Adult Social Care services and Health to enhance local provision for young people with significant needs

## What are our priorities?

With reference to the Ofsted Moving Forward Report (March 2016) and in capturing the discussions from West Berkshire stakeholders, including parents, carers and young people, the following priorities have been identified:

1. Develop the range and choice of local post 16 SEND provision
2. Develop pathways to sustainable employment
3. Improve the quality and accessibility of information about post 16 options for young people with SEND and develop training and guidance for families, providers and employers
4. Develop systems for collecting and monitoring outcomes data from post 16 education providers

### Key Actions.

**A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The sections below summarise the key actions which are proposed.**

### Priority 1: Develop the range and choice of local post 16 SEND provision

- 1.1 Map existing post 16 provision, placement patterns, outcomes, future needs and gaps and produce recommendations for future commissioning
- 1.2 Create more joined up packages of support around young people whose college placements are part time
- 1.3 Provide better access to speech and language therapy, occupational therapy and physiotherapy in local FE colleges
- 1.4 Extend the model of post 16 Education providers running social enterprises to provide real work experience for students
- 1.5 Support mainstream secondary schools to develop their post 16 offer for young people with SEND, offering greater choice and flexibility and using models of good practice
- 1.6 Develop a new post 16 GCSE programme at Newbury College for learners with additional needs, who may need to take fewer subjects or need more time to complete courses
- 1.7 Develop new local post 19 provision for young people who are capable of progressing to employment, but who may be vulnerable in a large college environment, focusing on life skills and employment

### Priority 2: Develop pathways to sustainable employment with partner agencies

- 2.1 Work with local employers, through the Local Enterprise Partnership, to make the business case for employing young people with SEND and encourage alternative means of recruitment, eg. work trials
- 2.2 Create locally agreed standards and definitions for work experience and supported internships
- 2.3 Promote the use and understanding of supported employment practice across all Education providers, through guidance and training
- 2.4 Increase the number of qualified job coaches across all post 16 Education providers
- 2.5 Develop the Council's role as an employer of young people with SEND
- 2.6 Develop more supported internship opportunities through schools, FE Colleges and other providers, which lead to paid employment



**Priority 3: Improve the quality and accessibility of information about post 16 options for young people with SEND and develop training and guidance for families, providers and employers**

- 3.1 Review and improve the content of the Local Offer in relation to FE and employment
- 3.2 Create information leaflets on pathways which are made available to parents by schools, early in the transition planning process
- 3.3 Disseminate information and best practice guidance to parents, practitioners and employers from the British Association for Supported Employment, including within school / College training
- 3.4 Identify young ambassadors to promote the range of post 16 options including supported internships and employment
- 3.5 Run an annual SEND employment conference for families and providers
- 3.6 Create a SEND Careers pack for mainstream schools
- 3.7 Work with the local SEN & Disability Information Advice and Support Service (which provides independent advice for parents and young people) to develop their role in offering information and advice on post 16 options

**Priority 4: Develop systems for collating and monitoring outcomes data from post 16 education providers**

- 4.1 Agree with local providers a standardised system for reporting on outcomes / destinations from courses undertaken by young people with SEND
- 4.2 Incorporate clearer outcome data requirements in to the commissioning expectations for education providers where the Local Authority is funding placements
- 4.3 Outcomes data from post 16 education providers to be routinely used to inform commissioning
- 4.4 Collate outcomes data on the numbers of young people with SEND going to university

# Strategic Objective 4

We want to develop positive transitions for young people with SEND to enable them to prepare for adulthood

All young people with SEND and their carers should experience the transition to adulthood as a positive time. We want to prepare disabled children and young people for adult life as early as possible in order to allow them to develop the skills and knowledge they will need to have choice and control over their lives.

## We want to achieve our vision by:

- Supporting young people with SEND to reach their potential as adults by developing the skills they need in order to be able to make informed decisions about the future
- Ensuring the transition process is driven by the needs, views and wishes of the young person and their family
- Supporting young people with SEND and their families to understand their rights and the options available to them

## What outcomes do we want to see?

The outcomes that form the focus of this objective are written from the young person's perspective and are:

- I will be able to live as independently as possible
- I am receiving the services I need, when I need them.
- I understand what is planned and when things will happen, I am not surprised or worried about what is happening as I have the information I need.
- I am able to voice my views, wishes and opinions and they are listened to.
- I know who to ask for help if I am not sure of something and they respond to me in a timely way.
- My family and I understand what will happen to my funding as I transition to adulthood.
- I will be helped to make choices about my future, including where I will live and where I will go to school, college or work.
- I can access an advocate to support me and to make sure my views are heard and responded to.

## Why is this important?

Parents and carers identify preparation for adulthood as one of their greatest areas of concern, particularly the transfer from Children's to Adult Social Care Services, including support with independent living, and from paediatric to adult Health Services. We know from research that it has traditionally been the case that disabled children are likely to have poorer outcomes across a range of indicators compared to their non-disabled peers, including lower educational attainment, less access to health services and therefore poorer employment outcomes.

For any young person, the journey from childhood to adulthood involves consolidating their individual identity, achieving independence, establishing adult relationships and finding meaningful occupation. For those who have long term conditions and or disabilities this passage brings additional concern about whether, how and where their on-going educational, health and social care needs will be met.

Additionally, in many cases the health needs of these young people will have been met by the same people who have looked after them for as long as they can remember. So, one of the changes as they reach adulthood is the transfer to an adult environment, where they may need to consult several different health teams, therapy teams and adult social care services. This transition is a major milestone and a period where a young person's health and social needs should be regularly reviewed and assessed. It is a time that is recognised as one of increased risk. Young people move from the "safe" environment of paediatric teams, who generally coordinate all their health service environments, to a very different adult environment where they may need to consult several different health teams, therapy teams and adult social care services.

At the same time these young people are experiencing all the other changes that take place as they approach adulthood, including the need to establish their own identity, have friendships and feel part of their community. Many of them are dependent on their parents, carers and health services for some or all of their health and personal needs. These young people and their families face continuous challenge in their everyday life.

Poorly managed transitions can lead to poor health and long term life outcomes. Effective preparation for adulthood, on the other hand, can have a very positive effect in ensuring continuity of support and promoting independence.

Research and evidence show that preparing young people with disability for adulthood can be challenging. Planning for the changes adulthood brings needs to start early and needs to fully involve young people and their families. Young people and their families need access to personalised advice and guidance and understand early, the type of support that might be available to them as adults, so that they have plenty of time to prepare for any possible changes. Young people need to be given the chance to develop new skills that will maximise their chances of being able to live as independently as they can and being able to enter paid employment where possible.

Whilst a lot of work has been done locally to improve the process of transition to adulthood, both in Health and Social Care (including the appointment of a Transitions Manager), it is recognised that there is more work to be done to achieve smooth transitions between services and provide the correct support to enable young people to be well prepared for adulthood.

## What do we need to have in place to achieve our outcomes?

### Our vision for preparation of young people with SEND for adulthood will require us to have in place:

- A clearly understood transition process which sets out who should be involved and what is expected of professionals and within what timescales, so that parents can hold services to account
- Clear and timely plans to support young people's transition
- Assessment processes which fully involve the young person and their family
- Good quality information about what to expect and support available
- Access to advocacy support for young people if needed

## What are our priorities?

1. Professionals and services are working together jointly and effectively
2. Development of more personalised services for young people moving in to adulthood
3. Children and young people with SEND have appropriate assessments and plans at the right time
4. Clear, accessible and up to date information is available

## Key Actions.

A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below:

### **Priority 1: Professionals and services are working together jointly and effectively**

- 1.1 Review processes for transition from Children's Therapy Services to Adult Therapy Services and from the Community Adolescent Mental Health Service to adult mental health services
- 1.2 Ensure that the existing Multi Agency Transition Protocol is embedded in practice and develop systems for monitoring implementation
- 1.3 Increase joint commissioning of services between agencies, eg. supported employment services provided by Children's Services and by Adult Social Care
- 1.4 Make better joint use of data to identify future needs and inform future commissioning, eg. of supported living arrangements

### **Priority 2: Development of more personalised services for young people moving in to adulthood**

- 2.1 Increase the personalisation of individual service packages through increased use of Personal Budgets in Adult Social Care
- 2.2 Review ways in which Adult Day Services can provide more personalised support for individual young people

### **Priority 3: Children and young people with SEND have the appropriate assessments and plans at the right time**

- 3.1 Ensure that agreed processes for early referral from Children's Social Care to Adult Social Care are embedded in practice and improve monitoring of implementation
- 3.2 Ensure that Education, Health and Care Plans for young people aged 18 to 25 include appropriate outcomes and provision related to Adult Social Care and Health Services, and that they are consistent with ASC Care and Support Plans and the young person's Health Plan, where one exists
- 3.3 Agree protocols and processes to share and access Health Plans with appropriate professionals, subject to the consent of the young person and their family
- 3.4 Introduce a "person centred test" to apply throughout the whole transition assessment and planning process
- 3.5 Collect feedback from families on their experience of transition and use this to develop practice

### **Priority 4: Clear, accessible and up to date information is available**

- 4.1 Introduce a transitions awareness element within the annual Local Offer event
- 4.2 Ensure staff and professionals are fully aware of the transitions processes of all relevant agencies and are able to clearly communicate this to young people and their families
- 4.3 Produce, with families, an information and guidance pack detailing transition processes and providing guidance on support and services

## Strategic objective 5:

We want children and young people with SEND to enjoy good physical and mental health and wellbeing

We know that healthy, happy children perform well at school, and we know how significant an impact a child's physical and emotional health has on their access to education and their long term life chances.

We will work together in partnership with children and young people and their carers to improve access to the support they need in order to have good health, from both universal and specialised services.

### What outcomes do we want to see?

The outcomes that form the focus of this objective are written from the young person's perspective and are:

- I have information about my health provision clearly explained to me
- I am learning how to manage my own health and wellbeing.
- I can use universal services that understand and accommodate my needs.
- I am satisfied with the quality of services I am offered to meet my needs and have confidence in the professionals working with me.
- I feel I am involved in planning and decision making about my health
- My family has the support they need to help them to support me
- I have effective support networks, with friends and family and in my school
- My care is coordinated and connected so people understand my needs and jointly meet them so that I don't have to keep telling my story

### Why is this important?

We know that a healthy start in life and good early child development, healthy lifestyle and good emotional health help children to overcome the challenges they may face from time to time. Most children and young people who do not need specialist care and support will access local universal services (for example, GPs, health visitors, school nurses). They should be also able to use and enjoy leisure, play and youth facilities, as these social opportunities are important for good emotional health.

We want to ensure that children with SEND have access to universal services appropriate to their needs, and to any specialist health support they may require.

Where children, young people and families need extra or specialist support, we also know that local education, care and health services delivered in an integrated way leads to better outcomes.

### What do we need to have in place to achieve our outcomes?

In order to achieve our vision for the health and well being of children with SEND, we will need to have in place:

- Universal health services which have the appropriate training and support to meet the needs of children with SEND
- Specialist health services which can be accessed in as timely a way as possible, and support made available for families if they do need to wait to access services
- All providers offering person centred services which put the child at the centre
- Good coordination between services
- Support systems for parents and carers of children with SEND
- Help for young people with SEND to develop self confidence and resilience

## What are our priorities?

- 1: Empower young people with SEND to understand their health and wellbeing needs
- 2: Support carers and families to enable them to meet their own and their child's needs
- 3: Improve access to local community based universal services and specialist services
- 4: Develop care that is more connected and coordinated
- 5: Promote awareness of and access to services that support families with children who are awaiting assessments by the Child and Adolescent Mental Health Services (CAHMS)

### Key Actions.

**A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below.**

### Priority 1: Empower young people with SEND to understand their health and wellbeing needs

- 1.1 Review health and wellbeing training and support for schools and young people with SEND to ensure that tailored support is available for children and young people with additional needs

### Priority 2: Support carers and families to enable them to meet their own and their child's needs

- 2.1 Improve professionals' awareness and understanding of the mental and physical health and wellbeing needs of carers and how to support them
- 2.2 Map and promote existing resources and services which are available to support parents and carers of children with SEND
- 2.3 Further develop, support and increase carer support networks and seek to strengthen their links with schools

### Priority 3: Improve access to local community based universal services and specialist services

- 3.1 Support universal services, including GPs, school nurses and health visitors, to help them to identify children or young people with SEND, make appropriate referrals and provide support to the family
- 3.2 Scope gaps in therapy advice and provision, including post 16
- 3.3 Consider how it may be possible to remodel services / redistribute resources in order to reduce waiting times for CAMHS

### Priority 4: Develop care that is more connected and coordinated

- 4.1 Develop more joined up information systems across Health and the Local Authority
- 4.2 Investigate opportunities to improve joint working for SEND through the Connected Care Programme
- 4.3 Develop more joint or aligned commissioning of services between the Local Authority and the CCG, informed by better data analysis

### Priority 5: Promote awareness of and access to services that support families with children who are awaiting assessments by the Child and Adolescent Mental Health Services (CAHMS)

- 5.1 Consider further development and promotion of the "Young Sharon" on line support service for families of children who are awaiting ASD assessment and review its impact
- 5.2 Review the impact of the workshops which have been offered for families of children who are awaiting ASD diagnosis
- 5.3 Ensure that all SEND training for schools emphasises the need for schools to respond to a child's presenting needs and provide support regardless of diagnosis.

## 12. What will success for children and young people with SEND look like in 2023?



### The strategy will be deemed successful if:

- There are clear processes to identify children's needs early and partners communicate and coordinate services well, working together to meet these needs
- Early preventative services help parents to provide appropriate physical and emotional care to their children
- We rely less on statutory assessment of children's special educational needs (SEN) and more on getting the right level of support when it is needed
- Reviews are thorough and lead to improvements in outcomes for the child or young person
- Children and young people with SEND can take part fully in all aspects of education, community and fun activities
- We meet children's needs in mainstream settings wherever possible, and when more specialist help is needed, we are able to provide this in West Berkshire wherever possible
- We use appropriate evidence based interventions so all children and young people with SEND make good progress with their learning and social and emotional development over time
- There is well-coordinated transition for children and young people at all key points through to adulthood, and children, young people and families are positive about their experiences
- Children and young people with SEND have high aspirations, and we support them to be independent, and well prepared for adult life
- We know that provision is improving outcomes; that aspirational yet realistic targets are agreed and progress towards them monitored, and that children and young people with SEND, and their parents and carers, have been involved in setting and reviewing goals
- We give young people with SEND and their parents/ carers the right information and advice about the services they can use, at the right time
- Practitioners in education settings feel confident about providing for children with a broad range of SEN and working closely with their parents to provide effective evidence based approaches across the setting
- Children and young people with SEND and their families regularly have a say in designing and evaluating services
- The families of children and young people with SEND tell us that they are satisfied with services and that their needs have been met appropriately
- Our workforce has the right skills and competencies to meet the needs of children and young people with SEND
- Children and young people with complex and additional needs have more choice in services based in the community.

## 13. Taking the SEND strategy forward - Governance, Monitoring and Review

The delivery of our strategy is not the responsibility of a single agency. It requires a partnership approach, owned by all stakeholders working with children, young people and families. These include health, education, social care, schools and voluntary and community organisations.

Consequently, governance for this strategy will be provided by the West Berkshire SEND Strategic Partnership Board.

We will ensure that work undertaken to achieve our vision and priorities in this Plan is monitored and challenged through the SEND Strategic Partnership Board.

The Board will bring together the local plans, partnerships and initiatives to enable public, private, community and voluntary sectors to work effectively together to deliver on the priorities set out in our Strategy.

The West Berkshire Children's Delivery Group will provide the strategic drive, co-ordination and oversight by receiving regular performance and outcome indicator reports on progress against objectives, while partners grouped under thematic priorities will be the delivery vehicle for implementation of the strategy.

The Children's Delivery Group will be responsible for reporting our progress to the West Berkshire Health and Wellbeing Board which is accountable for enabling integration across all areas of health and social care. The Health and Wellbeing Board are the local system leaders and will be responsible for ensuring that SEND issues are embedded effectively throughout relevant plans and in the delivery of the Health and Wellbeing Strategy.



# Appendices



## Appendix 1 - Definition of Disability; Definition of Special Education Needs (SEN)

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

### **Children of compulsory school age or a young person have a learning difficulty or disability if they:**

- a) Have a significantly greater difficulty in learning than 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 mainstream schools or mainstream post 16 institutions within the Local Education Authority area
- 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.

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.

### **Children and young people with SEND**

We know that children with SEND will often have more than one type of need. These children and their families may require additional support for them to help achieve their full potential. Many of these children receive multi-agency input from health services, early years and education and social care, who work closely with families to maximise outcomes for these children and support the families.

Collecting data on children with special educational needs and disabilities is complex because there are a number of definitions, cohort sizes and methodologies in use. There are two main statutory sources of data for children with SEND in schools:

- Information collected by all the maintained schools in West Berkshire as part of the annual school census on all pupils (aged 4) irrespective of where they live
- The SEN2 return is the annual data survey that collects information on all SEN statements and EHC plans of West Berkshire's children and young people.

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)

## Appendix 2 - 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.

## Appendix 3 - The legal requirements underpinning this strategy

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:

1. 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.

2. 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:

1. Eliminate discrimination and other conduct that is prohibited by the Act,
2. Advance equality of opportunity between people who share a protected characteristic and people, who do not share it,
3. 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.

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.

## Appendix 4: Support and Services

The range of support available to children and young people with SEND from the age of 0 up to the age of 25 is set out on the West Berkshire SEND Local Offer website which was launched in September 2014. Since then, in order to continue to meet the requirements of the SEND reforms, and as a result of feedback and involvement by young people, parents, carers and practitioners the Local Offer has been further developed to make the information and range of support more accessible and relevant.

The Local Offer website includes information about the services and support available to children and young people, and their parents and carers. It ranges from information about universal support to targeted and specialist services. It can be filtered by age group (infants & young children, school age children & young people and preparing for adult life) as well as geographic location.

The services and support are currently categorised under the following broad themes:

- Care and Support
- Childcare and Short Breaks
- Leisure and Recreation
- Education and Learning
- Health and Wellbeing
- Preparing for Adulthood
- Travel and Transport

The Local Offer is intended to be a live resource, responsive to local needs with feedback from young people, parents, carers, practitioners and other stakeholders key to its continuous development. The Local Offer is therefore updated on an ongoing basis to ensure it correctly and accurately reflects the area wide local SEND offer.

The West Berkshire local offer can be accessed via:

**<http://fis.westberks.gov.uk/kb5/westberkshire/fsd/localoffer.page>**

## Appendix 5: A glossary of terms used in the strategy

**Academy schools** are state-funded schools in England which are directly funded by the Department for Education and independent of local authority control. The terms of the arrangements are set out in individual Academy Funding Agreements.[1] Most academies are secondary schools (and most secondary schools are academies).

**Autism Spectrum Disorder (ASD)** ASD is a developmental disorder that affects a person's social interaction, communication, interests and behaviour.

**Attention Deficit Hyperactivity Disorder (ADHD)** Attention deficit hyperactivity disorder (ADHD) is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness

**Assessment** A process that identifies the strengths and needs across all areas of a child or young person life. An assessment usually involves parents and professionals working with the child or young person to identify any support that is needed.

**Assessment coordinator** This person is the main point of contact for parents and carers and manages the Education, Health and Care Plan assessment and planning process for children and young people with SEND.

**CAMHS** Children and Adolescent Mental Health Service.

**CCGs** Clinical Commissioning Groups were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

**Developmental delay** A developmental delay is when a child is not meeting their milestones and usually refers to young children.

**Direct payments** Payments made to a parent or carer (or if appropriate the young person) on behalf of their child or young person so that they can buy services themselves based on their assessed needs.

**Early Years Provider/Provision** A setting that provides care and education for any children from age 0-5 years old. This could include a pre-school, day nursery, childminder or before/after school provision. Early Years providers may be privately owned, run by voluntary committees or independent (Independent Schools).

**Education, Health and Care Plan (EHCP)** If you have significant special educational needs, this is a single document, to be used from birth to 25 years of age that sets out your needs and the outcomes you want to achieve.

**Emotional Health Academy** The Emotional Health Academy is West Berkshire's early intervention emotional health service. The service opened in April 2016 and works alongside services in the public and voluntary sector, including GPs and schools, to strengthen wellbeing and resilience in West Berkshire children, young people and families. The Academy draws on funding from the Local Authority, CCG, Public Health and schools. The goal of the Academy is to support children and young people as early as possible and to stop emotional health problems from getting worse.

**Eligibility criteria** These are requirements that a child or a young person and family may have to meet to receive a specific service.

**Free School** in England is a type of academy, a non-profit-making, independent, state-funded school which is free to attend but which is not wholly controlled by a local authority.

**Independent Special School** Under the Children and Families Act 2014, an independent special school (sometimes called an independent specialist school) is an independent school that is 'specially organised to make special educational provision ('SEP') for students with special educational needs'.

**Keyworker** Someone who coordinates the assessment and planning process for the child or young person and their family. This person helps to maintain relationships between the family and practitioners and helps the family through the process.

**Learning disability** A learning disability affects the way someone learns, communicates or does some everyday things. There are many different types of learning disability. They can be described as mild, moderate, severe or profound.

**Maintained schools** These are state schools funded by public money. They provide education free of charge. Most of this type of school in West Berkshire offer mainstream education, although there are also two maintained special schools.

**Non maintained special school** A non-maintained special school ('NMS') is a school that is not maintained by a local authority and is specially organised to make Special Educational Provision for children and young people with SEN. The majority of their funding comes via tuition fees.

**Nurture groups** Nurture Groups are a specialist form of provision for pupils with social, emotional and mental health difficulties. They provide a bridge to reintegration in to mainstream classrooms.

**Occupational therapists (OT)** Occupational Therapists promote children and young people's health and wellbeing through their everyday activities. An occupational therapist can identify problem areas that children and young people may have in their everyday lives, such as dressing or feeding and will help them to work out solutions.

**Paediatrician** A doctor specialising in the health needs of babies, children and young people.

**Personal assistant** A personal assistant is a person employed to provide someone with support in a way that is right for them.

**Personal budgets** A personal budget is a sum of money made available for children and young people who require additional support over and above what is available to most children through universal services.

**Personalisation** The principle of a person and family centred support, designed around the individual and family, rather than a one-size fits all approach.

**Physiotherapist** Assesses and treats children and young people who have difficulties related to movement.

**PPEP**, Psychological Perspectives in Education and Primary Care

**Public Health** Public health aims to improve the quality of life through prevention and treatment of disease, including mental health. This is done through the surveillance of cases and health indicators, and through the promotion of healthy behaviors. Common public health initiatives include promoting handwashing and breastfeeding, delivery of vaccinations, suicide prevention and distribution of condoms to control the spread of sexually transmitted diseases.

**Safeguarding** Safeguarding is a process of making sure vulnerable children and young people are protected from being abused, neglected or exploited. If you are concerned, call

**SEMH** Social, emotional and mental health needs.

**SEND** Special educational need and/or disability.

**SENCO** The teacher at the school who is responsible for helping and supporting children and young people with special educational needs and disabilities.

**SENDIASS** Special Educational Needs and Disabilities Information, Advice and Support Service.  
A service providing impartial information, advice and support to parent carers of children with special educational needs or disabilities and children and young people aged 16-25, about education, health and social care.

**Short breaks** Services that support families by giving them a break from their caring responsibilities. Short Breaks also enable disabled children and young people to take part in enjoyable, positive activities.

**Special schools** A school catering only for pupils and students who have special educational needs and disabilities due to severe learning difficulties, physical disabilities or behavioural problems. Most children with special needs are educated in mainstream schools.

**Speech and Language therapist (SLT)** A professional who helps children and young people who have language difficulties or speech problems.

**Transition** the journey from being a child to being an adult. Also known as preparing for adulthood.

**Universal services** Services that are for everyone. For example, schools, health visitors, GPs and leisure activities.



We are committed to being accessible to everyone. If you require this document in an alternative format or translation, please call Jaime Johnson on Telephone 01635 503646.

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