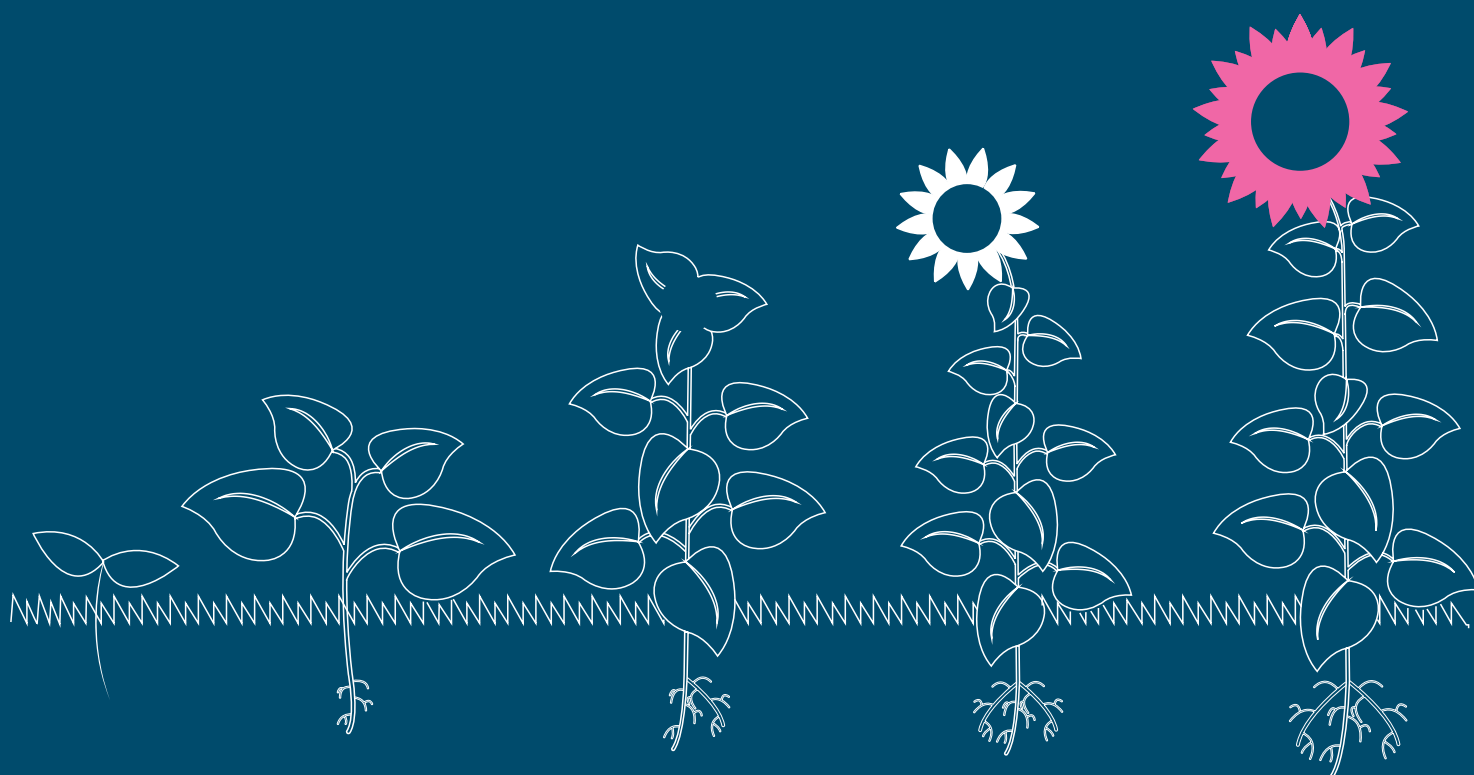


Stoke-on-Trent

# ‘To be the best I can be’

Inclusion Strategy for children  
and young people with Special  
Educational Needs and Disabilities  
2021-24





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# STOKE-ON-TRENT CORPORATE VISION



The Stronger Together vision sets out the priorities for Stoke-on-Trent City Council (city council) and the wider city. Shaped by the political ambition of the city council's leadership, as well as the values and aims of the organisation. Our young people are the future of the city; we need to ensure they have the best possible start in life, as well as access to every opportunity open to them as they grow. We will continue to invest in children, delivering our improvement plan for children's social care, raising educational attainment levels and ensuring our schools enable all of our young people to achieve their potential. We can achieve stronger together by working with all partners, (jointly tackling issues across sectors together as one).

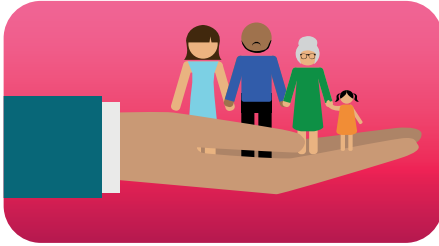






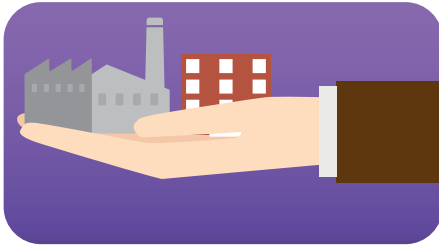
### **Support Vulnerable People in our communities to live their lives well**

- Transform outcomes for vulnerable children and young people in the city.
- Help to protect vulnerable adults from neglect and harm.
- Work with Partners to tackle the causes of homelessness and rough sleeping.
- Protect families from the harmful impacts of drug and alcohol misuse.
- Address financial hardship and improve access to affordable financial services.



### **Enable our residents to live their full potential**

- Improve education and skill levels for residents of all ages.
- Protect and improve mental and physical health and wellbeing.
- Improve the quality and supply of housing in the city.
- Enable our residents to secure and progress in sustainable employment.
- Transform digital infrastructure to improve access to online services.



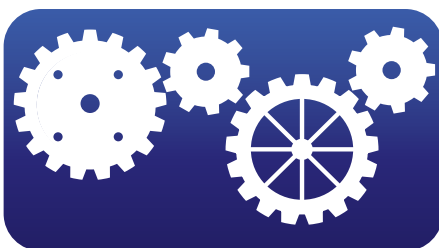
### **Help our businesses to thrive and make our city more prosperous**

- Foster enterprise and entrepreneurship to support local business and growth.
- Deliver a high quality transport system that boosts community and enables productivity.
- Prioritise the redevelopment of derelict and brownfield sites in strategic places across the city.
- Celebrate and promote a great city as a destination for business heritage and culture.



### **Work with our communities to make them healthier, safer and more sustainable**

- Improve the environmental sustainability of our towns and communities.
- Work with residents and partners to make our communities safer, cleaner and healthier.
- Reduce the numbers of empty properties to enable our town centres to thrive.
- Transform community involvement in tackling issues which hold our city back.
- Invest in communities to help build resilience and grow social capital.



### **An innovative and commercial council providing effective leadership to help transform outcomes**

- Deliver more joined-up services to maximise efficiency and achieves improved outcomes.
- Ensure the continued financial stability of the City Council.
- Work with Partners to devise innovative and collaborative approaches to local challenges.
- Deliver a wide range of commercial services and invest to enable the city to prosper.
- Improve the use of data in decision making and service improvement.

# EXECUTIVE SUMMARY

## OUR VISION

“Children and young people with special educational needs, disabilities and social, emotional and mental health issues, living in Stoke-on-Trent will have the opportunity to be the best that they can be, live their best life and be as aspirational as they want to be”



### **Our Definition of Inclusion:**

Positively responding to diversity, building upon individual differences and creating opportunities for fulfilment and enriched learning, taking down barriers in all aspects of life, including socially and through education, health, and employment.

### **We are committed to Inclusion:**

We aim to provide the best opportunities for every child in our city, inclusive of those with SEND. In the SEND Code of Practice, there are four broad areas of special educational needs that should be identified and focused on:

- **communication interaction**
- **cognition and learning**
- **social, emotional and mental health needs, and**
- **physical and/or sensory needs.**

Many children and young people have support needs that fit clearly into one of these areas; some have needs that span two or more areas; for others the precise nature of their need may not be clear at the outset.

We need to maximise the same opportunities for all our children, young people and families and we will align inclusion activities with all actions identified through other strategies and legislation that support children and young people; this will ensure individual needs are recognised and support has a personalised focus.

### **What this Strategy does:**

It challenges the status quo and sets out future opportunities. It establishes key values, target outcomes and priorities for action. It explains how we will deliver and implement a plan to support our children and young people. The strategy is part of the City Council's overall approach to delivering services for and with our children and young people as set out in full in our overarching strategy, 'Room to Grow'.

### **Working in Partnership:**

We will work in collaboration with parents, carers, children and young people and other partners to ensure inclusion plays a part of every service that is to be commissioned or accessed across communities. Our aim is that a commitment to inclusion is embedded in all working practices across health, social care, education, employment, housing, justice, voluntary, community and faith sectors. We will directly address priority areas that matter most to children, young people and their families.

### **Priorities that will support implementation of the Strategy:**

Priorities have been identified and form the basis of how we can deliver the inclusion strategy across all sectors; this will be monitored through a Shared Dashboard as part of our commitment to improved information sharing.

- **Priority 1: A quality offer to identify and meet needs proactively**
- **Priority 2: The right actions and support at the right times and in the right places**
- **Priority 3: Supporting preparation for adulthood**
- **Priority 4: Making best use of available resources**

### **Priorities that will support Children and Young People Outcomes:**

These are what have been identified as important to children, young people and families where the impact on outcomes will be measurable.

# INTRODUCTION

**‘To be the best I can be’ – Inclusion Strategy 2021 – 2024** sets out our vision, priorities and outcomes for children and young people based on what they and their families told us was important to them. One of the ‘Room to Grow’ key priorities identified around inclusion is to **“develop and implement an inclusion strategy that makes sure all children and young people with additional needs can fulfil their potential”**

The strategy creates a framework for a system-wide approach for all sectors that can support children and young people. This will ensure services are inclusive and will provide children with additional needs the same opportunities as those without need, enabling them to live their lives to the fullest and be the best that they can be.

This strategy proposes a ‘people first’ ethos, no longer making the individual fit the services but offering services that can meet an individual’s care, support and learning needs. We want to enable services to be less rigid in their offer and support a wide range of people with differing levels of support needs, and encourage a workforce that is understanding and nurturing, enriching the learning experience for all children and young people.

The strategy aims to put children, young people and their families much more at the centre of life-planning and decision-making. We are committing to co-production with all partners to support and shape services, encouraging positive change and better decision making across services.

**The case study below shows why inclusion and partnership working is so important; without this there is often the feeling of hopelessness for many families and support sometimes comes too late for children and young people. The Right Support at the Right Time from the Right Service and at the right level and partnership working across services and organisations can have a positive impact.**

## CASE STUDY

A Parent approached our SENDIAS service, because their child was not accessing school on a full-time timetable and was at risk of disengagement. The health visitor assessed the child, and met with the SEN Co-ordinator (SENCO) to discuss the possibility of Autistic Spectrum Disorder (ASD). Support was given from the health visitor, admissions and the Specialist Educational Need Advice and Support Service (SENDIAS) to work with the school to find a possible remedy to the situation, identifying needs and the support needed through the graduated approach.



The school made a Child Causing Concern referral to identify the right services to help. SENDIAS supported the parent in addressing their concerns through the school complaints procedure, and to make representations to the governing body about their SEN support offer. The Education Welfare Officer (EWO) carried out attendance reviews at the current school, to ensure that any issues were highlighted and supported appropriately. The EWO also helped the parent to find a new school because the family felt that the relationship had broken down with the current school. The child transferred and the school implemented the ‘Graduated Approach’.



Paediatrics then recommended genetic testing, which confirmed an abnormality on the relevant gene. The family pursued a private report which confirmed ASD. The SENDIAS service supported the parent, as they wanted to make a request for Education Care Health (EHC) needs assessment. The assessment was completed, and an EHC plan was issued. SENMAS then agreed to name the school the parent wanted, so the child could continue their education.

The child remained at the school, with the relevant support identified in the EHC plan. They engaged in the school community and successfully engaged in education.



# WHO IS THE STRATEGY FOR?

The Inclusion Strategy is primarily for the workforce, partnerships and organisations that support and work with any child, or young person up to the age of 25 and who has additional needs that fall within the four categories that make up our understanding of SEND. We also hope it will give young people and families information about what we are trying to achieve in the city and a basis for holding us to account on the delivery of our commitments.

When a child or young person is experiencing challenges around communication and interaction, cognition and learning, social, emotional and mental health, physical and/or sensory needs it is imperative that special educational provision, and care and support activities are planned for them through a graduated offer.

Most children of a compulsory school age who may have SEND will have greater difficulty learning than the majority of other children and young people of the same age that are in the same environment, if they are disabled and have a physical, sensory impairment their disability may prevent or hinder the individual from making use of spaces generally provided for others of the same age in mainstream schools or mainstream post-16 educational and social settings.

A support need should not prevent a child or young person from having the experience of an 'ordinary life', attend the local schools around where they live (where possible), feel safe and welcome when using community facilities, and have social networks and friends that are close.

The idea of an 'ordinary life' is where children and young people are valued, where they are able to show their individuality and teenage emotions, get an education, hold down a job, be part of our communities, have their own home, be neighbours, friends, partners and valued family members, being in control of their own life.

Everyone has a responsibility across services to ensure that children and young people get the support they need when they need it. We want our children and young people to be able to navigate around the city, seek and access support, have suitable housing and employment and strive to be as independent as they are possibly able.

## HOW WE DEVELOPED THE STRATEGY

The development of the strategy has been led by the Inclusion Partnership Board, with representation from partners and stakeholders, including experts by experience. As partners we have conducted a self-evaluation regarding the inclusion of children and young people. Due to the restrictions of the COVID 19 pandemic, we engaged with a small number of families, children and young people, as well as practitioners, who work directly with children and young people, including social care staff, SEND specialists, specialist teaching staff, mental health teams, learning disability nurses and autism specialists. Information gathering with all stakeholders has informed the design of the strategy's outcomes and priorities.



# GUIDANCE AND LEGISLATION

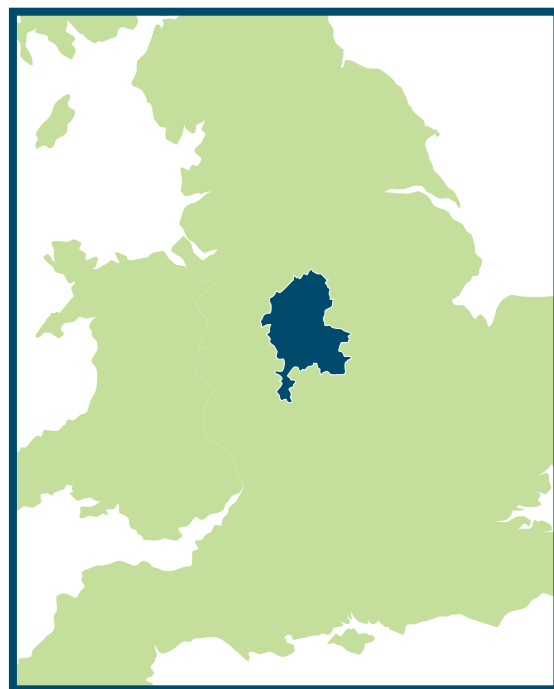
The strategy is guided by National and Local Policy. Nationally, our focus is in line with the Children and Families Act 2014, the SEND Reforms 2014 and the SEND Code of Practice 2015, Care Act 2014, Health and Social Care Act 2012, and the NHS Long Term Plan.

## NATIONAL LEGISLATION AND GUIDANCE

Children and Families Act 2014 (SEND Reforms)
SEND Code of Practice 2015
Working Together 2018
NHS Long Term Plan
Care Act 2014
Equality Act 2010

## LOCAL POLICY AND GUIDANCE:

Stoke-on-Trent The Stronger Together Council Strategic Plan
Stoke-on-Trent -Room to Grow Children's and Young People's Strategy 2020-2024
Stoke-on-Trent - Children's and Young People's Placement Sufficiency Strategy
Stoke-on-Trent Children's Commissioning Strategy 2021-2023
Stoke-on-Trent Accommodation Strategy
Stoke-on-Trent Children's Improvement Plan
Stoke-on-Trent Life course Strategy for people with Learning Disabilities in Stoke-on-Trent 2021-2026
Stoke-on-Trent - The life-course Learning Disabilities strategy 'Living my best life' 2021
Stoke-on-Trent - Early Help and Prevention Strategy Children young people and families 2020-2024
Stoke-on-Trent and Staffordshire Child Exploitation Strategy 2019-2022
Staffordshire and Stoke on Trent Children and Young People's (CYP) Emotional Health and Wellbeing Strategy 2018-2023
Joint All Age Carers Strategy 2021-2023
Joint Health and Wellbeing Strategy 2020-2023
Powering up Stoke-on-Trent 2020-2025



All local strategies and transformation plans have been reviewed to ensure all strategic support for education, health and social care are inclusive of being able to offer opportunities to all children and young people. The NHS Long Term Plan is also under review and looking to implement programmes of change. This strategy links directly to our new children and young people strategy “Room to Grow” demonstrating the ambition for our children and young people aged 0 – 25 years in the city.

# WHAT YOU TOLD US

We engaged with children, parents and carers to establish what their thoughts, wishes and feelings were around inclusion and what this means for them?

## HEARING THE VOICE OF THE CHILDREN AND YOUNG PEOPLE:

### LIVE WELL

- They want an ordinary life, to be in the same space as their peers.
- They want to be in control of their own lives and have options and choices, about where to live, who to live with, who to have relationships with, where to work and how to spend their money, what to do to have fun.

### BE SAFE

- Being safe but sometimes making mistakes, changing their minds and sometimes getting into trouble.
- Being in control of these things improves quality of life.
- Their voice needs to be heard, individually and collectively.

### BE HEALTHY

- Mental health is a very important and needs cannot be 'pigeon-holed' as single issues.
- More support and access to Mental Health.

### EMPLOYMENT OPPORTUNITIES

- Decide where to work and how to spend their money, what to do to have fun.

### SKILLED WORKFORCE

- They want an ordinary life, to be in the same space as their peers. Have places and spaces to go that has a mixture of people, and be safe and have access to what others have whilst out with friends.

## LISTENING TO PARENTS AND CARERS:

### BETTER INFORMATION AND ADVICE

- More information about what is available regarding support to meet their child or young person's needs, particularly in schools.
- Improved experience of dealing with professionals and improved communication.

### INVOLVED

- Involved with and informed at all stages of their children's journey from identification of needs through to agreeing the best ways to meet those needs.
- Would like their children to receive support earlier so that formal plans may not be required or, where they are still required, the formulation of those plans and ongoing reviews is done together.
- They want to be fully involved in the development of the local offers for their Children.

### BETTER PATHWAYS

- Clearer Pathways and recognition that when needs change the support also needs to change.
- They would like their children to receive support earlier, early identification of need as part of preventing longer term support.

## COMMUNICATING WITH PROFESSIONALS:

### ENSURE WE CAN MEASURE IMPACT

- The inclusion Partnership has a good opportunity to effectively evaluate the impact of initiatives to drive up improvements as a whole.

### SHARED GOALS

- Ensure a consistent approach across settings and improve outcomes collectively in partnership.
- The Inclusion Partnership has a good opportunity to effectively evaluate the impact of initiatives.

### EARLY IDENTIFICATION AND PREVENTION

- We must improve the process of developing and agreeing EHC Plans, in terms of timeliness, quality and work with parents, children and young people and ensure there are no gaps when a child goes into Adulthood.
- We must deliver a graduated response and offer to children and young people.



# WHAT WE HOPE TO ACHIEVE

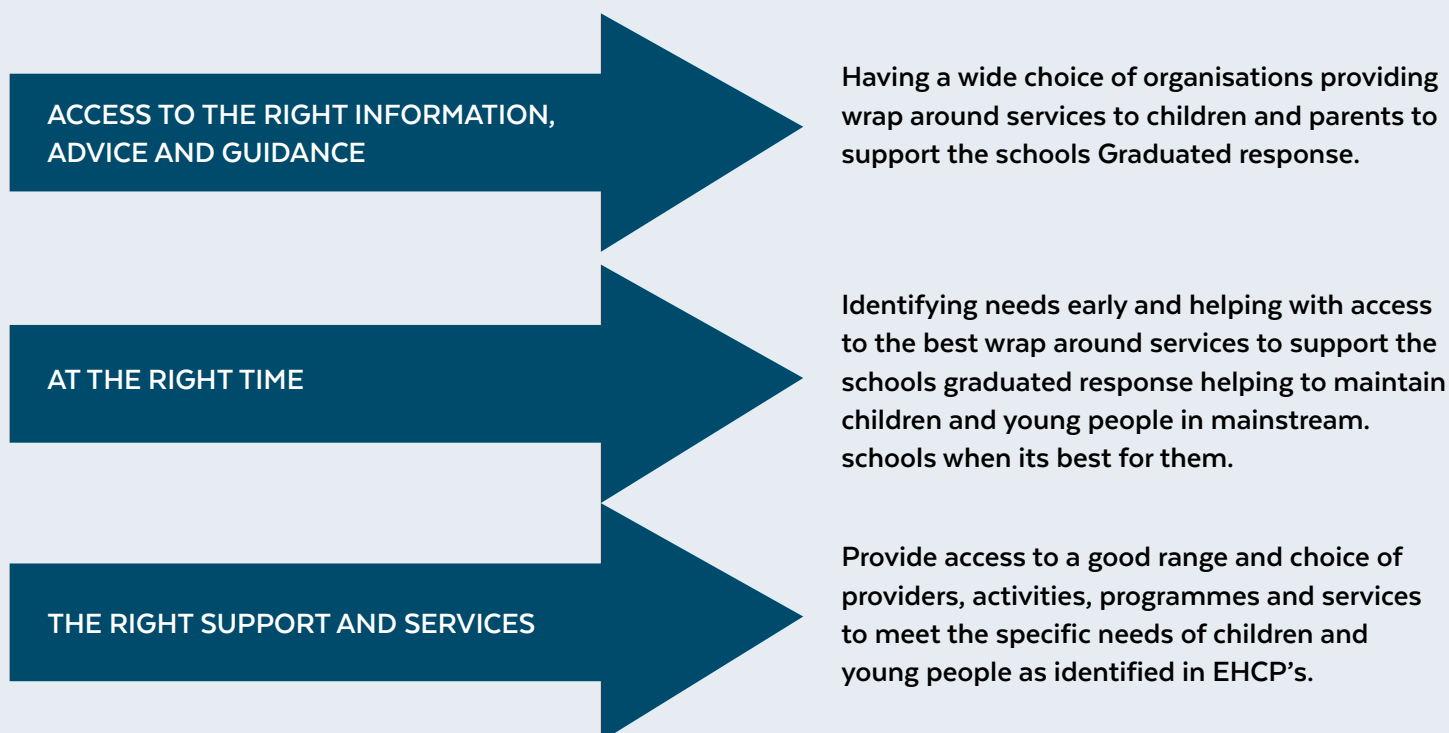
In the city we have been working with our children, young people, families and our partners to improve perspectives on inclusion and to improve access to health, learning, employment and other relevant services. We have been seeking to change attitudes to create a positive culture, and want to promote choice for those who need specialist support in varied environments.

We have started to create healthy partnerships, define outcomes and share practices across all sectors, creating more opportunities for children to be the best they can be and feel part of a community.

The strategy considers wellbeing for children and young people, (mental, emotional and physical), focusing on a meaningful preventative approach, enabling access to the right support at the right time, delivered by the right people, in order to prevent exclusions in education, exclusion from health and wellbeing services, reducing the risk of instability of education placements, and creating better access to all health and advocacy services. This approach will also encourage securing a smooth pathway from adolescence into adulthood and support a child/young person to build on life skills and support their aspirations.

## RIGHT TIME, RIGHT PLACE, RIGHT SUPPORT

Our conversations with our partners and stakeholders, as well as a review of data and processes identifies the importance of the right support at the right time and has shown where there is improvement opportunities.



## WHY IS ACCESSING THE RIGHT SERVICE AT THE RIGHT TIME IMPORTANT TO ADDRESS?

- When we don't get it right early in a child's life, the lack of consistency in achieving school readiness sets a trajectory of under-performance that often spirals into classroom management and behaviour issues and leads to an increase in requests for Education, Health and Care (EHC) plans – we have above the national average number of EHC plans already.
- The 'system' of support is difficult to navigate, and parents spend much time and energy trying to identify and navigate access to support.
- Our services often don't make the impact we want them to.
- There are children and young people with additional needs who aren't receiving a timely and appropriate level of early support.
- We are spending too much focus and resource on managing expectations and complaints, and paying for costly services that could have been avoided.
- Children from across the age spectrum are being excluded from accessing education and services due to their needs, these needs can be social and emotional as well as physical disability and life limiting illnesses.
- Our conversations with our partners and stakeholders, as well as a review of data and processes, identifies the importance of the right support at the right time and has shown where there are improvement opportunities.

## IMPROVEMENT OPPORTUNITIES

- Focus should be on the child/young person's assets and strengths, planning should be a history that can be changed and built upon dependent on the level of support given with the child and family at the centre of the review.
- Focus on how to best to support families to access services and navigate the system.
- Opportunity to give families a better understanding of what they would benefit from within the Local Offer around accessible information, advice and support
- Early identification is a preventative way of responding more effectively to the needs of children, young people and families (Planning Ahead).
- Develop experts supporting children and young people in mainstream education to maintain placements for them for as long as possible using appropriate levels of support as and when needed through robust reviewing. Expert support and wrap around services would avoid placing pupils in special schools and other provision that can be far from home.
- Provide outcome driven EHC plans supported by a multi-disciplinary skilled workforce.
- Improve working with children young people and families in preparation for adulthood and independence, using outcome focused EHC Plans.
- Build on the success of mental health support teams in schools and other school based mental health initiatives to provide interventions for children and young people identified with social, emotional and mental health difficulties.
- Create group advocacy opportunities for children and young people with SEND
- Sharing responsibility around SEND and inclusion with partners to approach and raise awareness to support healthy lifestyles.

# CHANGING PERSPECTIVES AND SHARED VALUES

## SEND AND INCLUSION IS EVERYONE'S BUSINESS

In the past, society has defined and stereotyped people with additional needs, and tried to define who a person is, or which social group they should be in, by their difficulties and disabilities. This is called disablism, (discrimination or prejudice against disabled people).

However, with this strategy, utilising a social model of disability will support partnerships, and a broad workforce, inclusive of educators and service providers, to think differently about how disabilities or behavioural complexities are viewed.

We aim to look system wide at how we can improve and change attitudes of individuals, and organisations. A social model perspective states that disability is not caused by an individual's health condition or impairment but by the way society treats people, which then creates barriers and excludes them. We can turn barriers into enablers of change using positive perspectives to create mutually shared understanding. Removing these barriers creates equality and offers children and young people with SEND more independence, choice and control.

## RECOGNISED BARRIERS THAT NEED REMOVING:

the environment	people's attitudes	organisations
Inaccessible buildings and services	stereotyping, discrimination and prejudice	Inflexible policies, practices and procedures

As one of our parents put it, "the difference between a learning disability and a learning difficulty is; when a child has a learning disability they can flourish but only to a certain level, they may well still struggle with some aspects of their life on a daily basis because of their intellectual ability. A child with a learning difficulty will thrive if we mend the environment they are in by putting in place the adjustments the child needs. They will learn better in the right environment, they may still struggle but this struggle won't be because of intellectual ability"

## SHARED VALUES REDUCING EXCLUSION:

Shared understanding is key to the training and development of a wide workforce that reaches across all sectors, values that can support a change in attitudes within people, practice and processes to reduce exclusion are imperative in order to be successful and will be considered when developing training packages for the workforce.

## EXAMPLES OF EMBRACING SHARED VALUES:

- **Diversity** will enrich and strengthen individuals and our communities, improve social contact.
- All learners with different learning styles, levels of achievements and aspirations should be equally **valued, respected** and **celebrated** by society,
- All learners should be **empowered** to fulfil their potential, and have **input into the support** they receive that takes into account **individual requirements and needs**.
- Support should be **properly resourced** – a **whole learning experience** allowing **health** and **social care** needs to be met as part of the education resource to encourage **sustainability** of the learning in **environments** children want to be a part of.
- Children and young people value the importance of **friendship** and support from people of their own age through mixing in environments that have **diverse populations**.
- All children and young people are educated and informed around **Health and Wellbeing** together as equals in their local communities.

# EMBEDDING AND IMPLEMENTING PRACTICES

By embracing practice that is designed to create resilience and focus more on current networks of support and accessibility to community, this encourages children and young people and their families to build relationships with others. By doing so, they become controllers of their own care and support needs by getting involved. The following practices will be in place across health, education and social care to support inclusion through these networks of support.

- **Strengths Based Approach**
- **Thrive Model**
- **Co-production (Working in Partnership Pledge)**
- **Workforce Development**

## STRENGTHS-BASED APPROACH:

The local key outcomes have been developed taking a **strengths-based approach** to planning, **building on assets** and creating **resilience** in families. Focusing on the **positive attributes** of a person or a group rather than the negative ones. A strengths based approach looks at a way of **reviewing families** and identifying how they are **resourceful** and **resilient** in the face of adversity.



## THRIVE MODEL:

Our Thrive Model will promote families to draw on and combine different types of support according to their current circumstances, with a focus on strengths and Networks.

Our approach to inclusion is one that supports families to 'Thrive'. Thrive is a relationship-based model of provision based on escalating need. Thrive enables a more fluid and flexible approach that recognises families' needs do change over time.

- Thrive provides a set of principles for creating **coherent communities of support**.
- Thrive works well in all **locality-based** offers where services and **communities exist to support each other** within defined geographies.
- Thrive has **four levels of support**, children and young people getting the support at the **right time** and in the **right place**.
- Thrive relies on **excellent communication** between professionals and families and between professionals themselves
- Families are in **control of how information is shared** in the best interests of their child.
- The whole 'support system' **wraps around the child/or young person**.
- Thrive supports **thinking creatively and flexibly** about the contribution of services, the support levels should be **transitional** and a family should be able to **move between all levels smoothly**, only telling their story once.



# CO-PRODUCTION - WORKING IN PARTNERSHIP PLEDGE

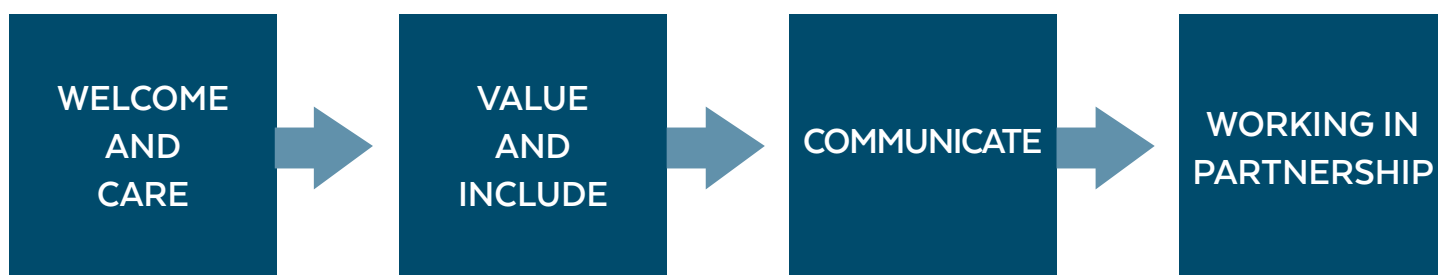
## PEOPLE SUPPORTING PEOPLE (CO-PRODUCTION FOR SEND)

People are the foundations of the city. Our services will improve by listening and involving people from varied communities, backgrounds and experiences. They are experts in accessing / working in services, and being part of a community that supports each other.

Co-production with parents, carers and young people needs to be engrained in our SEND practice. Co-production is a particular way of working and requires careful nurturing. We need co-production processes with genuine partnerships developed by a skilled and experienced team of parents, carers, local service practitioners and young people working in partnership.

From July 2021, they will develop a co-production “**Working in Partnership Pledge**” to support the **four Cornerstones of co-production**.

## THE FOUR CORNERSTONES OF CO-PRODUCTION



Schools, colleges, education settings, health services, support service providers, parents and carers can sign up and pledge their commitment to our children and young people. All can be involved to support and shape services, becoming influencers and creating change. The Pledge will identify the commitment from everyone involved



## STOKE-ON-TRENT'S FIVE PILLARS OF WISDOM

### 1 Co-production with Community Partnerships (Widening Networks)

We want to be bolder, more focused and innovative on how we engage with young people and youth organisations to co-produce an engagement co-production programme

### 2 Co-production with Stakeholders (Improving Services)

Local Authorities and Health Organisations should jointly engage with local voluntary services, Healthwatch, patient representative groups, Parent Carer Forums, groups representing young people with SEND, faith groups and counselling/advocacy services.

### 3 Co-production with local partners (Sharing Outcomes and Shared Responsibility)

We will work towards an Integrated Care System, giving people the support, they need, joined up across councils, the NHS and other partners. Removing traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and Council services.

### 4 Co-production with Our Children and Young People (Getting Involved)

We want all young people to have an active voice and input into the decisions made about them, by making them together. Children and young people need to have meaningful, consistent, personalised opportunities to share their experiences, views and feelings to help shape provision for themselves in the present and the future.

### 5 Co-production with Parents and Carers or Responsible Adults (Using a voice).

Professionals need to ensure that parents and carers are involved in developing services by building parent led forums and / or committees to ensure that their involvement is at the heart of decision making. Parents and carers will be involved in each step of their child's future. Time should be taken to build trust through honest conversations about future aspirations and steps to independence. Parents and carers need to be able to access the support and information they need to make informed choices.

The Pupil and Parent Voice Task and Finish Group have identified the actions and outcomes required from co-production in order to shape a better future for our young people.



## PUPIL PARENT OUTCOMES FOR CO-PRODUCTION:

OUTCOMES FOR CO-PRODUCTION	HOW WE WILL ACHIEVE THESE OUTCOMES
1 Improve the engagement of parents and children in the assessments and development of EHCP to improve quality of plans.	<ul style="list-style-type: none"> <li>• Individual services, assessments and EHC plans.</li> <li>• Advocates available for young people.</li> <li>• Transition focus.</li> <li>• Pledge and charter.</li> </ul>
2 Develop systems and processes to ensure that we are working with young people and their families in planning transition to adulthood, starting earlier and ensuring that any move in services isn't experienced as a daunting leap.	<ul style="list-style-type: none"> <li>• Peer parent support to be available.</li> <li>• Barriers of communication removed.</li> <li>• SENDIASS, PEGIS, PCF – Pledge and Charter.</li> <li>• Transition focus, informed choices.</li> <li>• Localities.</li> <li>• Early years – new parents getting together.</li> </ul>
3 Young people with SEND and families at the centre of planning and decision making, in-service design, resource allocation and the key choices made.	<ul style="list-style-type: none"> <li>• Meaningful feedback that can change individual services and settings.</li> <li>• Feedback mechanism in place that is not tokenistic.</li> <li>• Pledge, Charter.</li> </ul>
4 Develop systems and processes to ensure that we have a better understanding of what families value.	<ul style="list-style-type: none"> <li>• You said we did updates on the local offer website</li> <li>• Different formats of information</li> <li>• PEGIS, PCF and SENDIASS working together</li> </ul>
5 Ensure that pupils have an effective voice, hold us to account and influence strategy planning and delivery.	<ul style="list-style-type: none"> <li>• Pupil Councils.</li> <li>• Involving young people in planning and reviews.</li> <li>• Ensuring that services listen to young people.</li> </ul>









# WORKFORCE DEVELOPMENT

There will be a focus on workforce (system wide) development in order to meet the vision, priorities and outcomes of this strategy.

A defined set of skills and capabilities need to be identified to secure inclusion in everything we do. Collaboration with partners will enable training and development to be accessed across sectors and communities, improving upon a skilled workforce so that they are better prepared to understand and nurture children and young people who may need support in order to meet their additional needs.

## HOW TO BE BETTER PREPARED:

- Partnerships will bring negotiation for shared learning and shared training packages
- Partnerships will create opportunities to improve information sharing, discuss real scenarios and share best practice
- Partnerships can build a wider workforce that has far reaching access to Children, Young People and Families, and create capacity with shared responsibility

## WORKFORCE DEVELOPMENT PLANNING WILL NEED TO:

- Identify key gaps in the current workforce and jointly manage capacity across sectors
- Create mutually agreed innovative strategies and programmes of learning
- Jointly build, buy, borrow, share and apply training packages that support change in practices and perspectives around inclusion
- Create practical training that can be accessed by all partners including families
- Complete joint engagement and consultation for services with all stakeholders, to identify lessons learned that can be shared and can influence change in practice
- Evaluate programs and practices
- Refresh and re-address need – giving a personalised approach to all assessment and planning
- Support to improve professional to professional communication, internal and external professionals

It is important that we learn lessons and review national information to shape workforce development as well as sharing the findings with all partners to inform best practice. A good example of this is the **LeDer National Programme** which is a national programme to review the care provided following the deaths of those with a learning disability [LD]. Life expectancy for people with a LD is significantly lower compared to those without (for females, 65 years compared to 83 years and for males, 65.6 years compared to 79.6 years)

The review is completed to understand where the care may have been below that which would be expected and also look to implement any identified good practice. System partners in Stoke-on-Trent and Staffordshire are working together to make any necessary changes to the way services are delivered. This includes ensuring that Hospital Passports are in place and that hospital staff look for them on admission and use them, as well as other areas of care such as ensuring a Mental Capacity Act assessment is undertaken so that the individual understands the care that is being provided and any actions that may need to be taken if this isn't the case. There are also actions to support care with conditions such as epilepsy, pneumonia, the management of drugs for psychiatric conditions, and also the care that someone receives at the end of their lives. A new policy was launched in March 2021 and has changed the name to reflect the fact that the review focuses on the life and death of the individual not just the death or care immediately prior to that date. The work will also include people with Autistic Spectrum Disorders from October 2021.

# PRIORITIES, OUTCOMES & MEASURES OF IMPACT

There are two types of priorities within this strategy

## 1. Priorities Supporting Children and Young People's Outcomes (Pots of Positivity)

## 2. Priorities for Development and Improvement

Both types of priority will form part of a dashboard to support the implementation plan measure improvement through quantitative and qualitative data that charts the impact on young people.

## 1. PRIORITIES SUPPORTING CHILDREN AND YOUNG PEOPLE'S OUTCOMES

**Pots of Positivity** are measurable outcomes that support this strategy and feed in to the wider "Room to Grow" local outcomes that have been developed by young people and families.

### LIVE WELL

I want to feel valued and a part of my community and be respected by the people I meet.

### GOOD EDUCATION

I want to have a good quality education that is meaningful to me.

### PREPARING FOR ADULTHOOD

I want to feel confident about growing up and look forward to being as independent as I can.

### EMPLOYMENT OPPORTUNITIES

I want to have opportunities for work experience, apprenticeships and the chance to have a job I enjoy.

### BE HEALTHY

I want to be as physically, mentally and emotionally healthy as I can be.

### SKILLED WORKFORCE FOR SUPPORT

I want people who support me to work together, have the right skills/knowledge to help me to be the most I can be.

## LIVE WELL

I want to feel valued and a part of my community and be respected by the people I meet.

### OBJECTIVES:

- Children and young people are included in community life.
- Building an inclusive culture in all types of communities, that values respect of others.
- Create opportunities for children and young people to build friendship skills.
- Provide peer groups that can be grown by children and young people.
- Create opportunities to ensure that children and young people are involved in the design and development of the support and services they are accessing.
- Create sound representation of diverse cultures across the wider system.
- Positive work with families and individuals encouraging the use of local networks, services and provisions to ensure packages are maximising independence, strengths and assets.

### MEASURES FOR SUCCESS:

- Perception of happiness and hope for the future.
- % of Levels of satisfaction of services and support.
- % of children and young people involved in the design and review of services.
- Number of children involved in the development of their EHC, care plans and reviews.

## GOOD EDUCATION

I want to have a good quality education that is meaningful to me.

### OBJECTIVES:

- Children and young people enjoy and achieve at school.
- Shared training across sectors supports meeting the needs of young people with additional needs, more pupils with SEND will be in sustainable mainstream education.
- Early identification of need will ensure that appropriate provision can be sourced in advance and young people can be supported to stay local.
- Planning of support is based on a curriculum that will be important to the person, considerate of ability and aspirations as well as ensuring that health needs are met.
- Provide a quality offer of suitable provision that meets needs for sustainability of placement for those who have SEND, SEMH or any other additional support need
- Identify gaps and map out local provision for mainstream education services and alternative provision by creating a SEND Sufficiency Strategy and Plan, that meets individual need.
- Ensure there is good, relevant accessible information, advice and support available for children, young people, parents and carers that are navigating through education and health systems (pathways need to be clear and concise).

### MEASURES FOR SUCCESS:

- Reduced percentage of exclusions (Year on Year).
- Increased levels of achievement and progress (Year on Year).
- Increased Attendance Levels (Year on Year).
- Percentage of Children leaving their education setting with a qualification.

## PREPARING FOR ADULTHOOD

I want to feel confident about growing up and look forward to being as independent as I can.

### OBJECTIVES:

- Planning for adulthood to be improved by joined up working between Children and Family Services, Adults Social Care and Health. Services will work with the young person, their parents and carers at an early stage to prepare for adulthood to ensure that the requirements of a young person's EHC plan can be met by provision within the city.
- The young person is fully involved in their plan and that they are at the centre of decisions around types of support available, in order to offer choice
- Planning is informed by accessible pathways that support accommodation, careers and employment, basic level daily living skills and money management to enhance the independent experience for those with SEND, SEMH or any other additional need
- Complete analysis to support a SEND Sufficiency Plan to understand accommodation needs and identify gaps in services to wrap around a person to support independence.
- Increased early intervention – Right Place, Right Time, Right Support approach so young people can move away from traditional adult services for example create sufficiency emphasis around supported living placements rather than residential placements if young people cannot be accommodated at home or in the community.
- Review all individuals in transition coming through the next three years (age 15-18) to look at settings of care and review more independent community-based options.
- Continuation of young adults aged 18 with disabilities will transfer to adult social care so that their eligible needs can continue to be met.

### MEASURES FOR SUCCESS:

- Percentage of uptake of people accessing information, advice and support broken down into themes and trends to share with partners to keep information relevant and effective.
- Number of existing or new community peer groups that young people can access regardless of their needs, to share experiences, thoughts and feelings about transition.
- Percentage of transition plans completed in a timely manner where the young person felt satisfied and ready for transition.
- Number of children and adult social workers working jointly to support transition.



## EMPLOYMENT OPPORTUNITIES

I want to have opportunities for work experience, apprenticeships and the chance to have a job I enjoy.

### OBJECTIVES:

- Create meaningful employment pathways that will support inclusive supported apprenticeships, traineeships and supported Internships.
- More children and young people with SEND will go on to live independently and to work.
- Support mainstream and alternative provision providers to network with organisations to encourage inclusive workplace opportunities for those with SEND with a particular focus on young people with SEMH needs, physical difficulties and autistic spectrum disorders.
- Develop further education places with local colleges to unlock potential and workplace options.
- Ensure that support for careers becomes embedded into the curriculum.

### MEASURES FOR SUCCESS:

- Increase in the percentage of young people in education, employment and training.
- Evidence of increased social value or partnership working delivery in normal practices.
- Number of supported apprenticeships, traineeships and internships
- Percentage of new contracts with a social value offer around employment opportunities.
- Number of businesses partnered up with the strategy to be inclusive in the workplace.



## BE HEALTHY

I want to be as physically, mentally and emotionally healthy as I can be.

### OBJECTIVES:

- Young people and their families will have the information and education to live well through making improved healthy choices with regards to diet, exercise and emotional wellbeing.
- Young people and families will be aware of the wide-ranging local offer of health services for physical, learning disability, neurodiversity and mental health including when, where and how to access services that are appropriate to enable them to manage their needs with clear pathways that compliment all other support across education and care.
- Young people will have improved access to school based mental health interventions including mental health in schools support teams.
- Young people will have improved access to quality health services as a result of the local transformation plans e.g. mental health, learning disabilities and autistic spectrum disorders and physical health. These will continuously develop and improve the service offer to meet local needs and the quality of the services based upon current evidence-based guidance.
- Health teams and professionals will support with the identification of SEND and provide assessments and interventions for those with additional needs across the levels of complexity up to and including those who require an EHC plan.

### MEASURES FOR SUCCESS:

- Access and waiting list data for health services including any secondary waits.
- Percentage of satisfaction levels for access to/quality of services compared to complaints.
- Percentage of onwards referrals to other support services made and followed up.
- Increase in multidisciplinary working across sectors to support young people and families.
- Improved public health outcomes through evidence-based support.
- Self-reports by families and CYP around their own health following provision of support.
- Number of completed Annual Learning Disability Health checks (year on year improvement).
- Increase of use of the local offer and NHS local websites (year on year improvement).
- EHCP reporting of 6-week assessment information and tribunals involving health services.
- LeDeR reports and reviews – learning to feed into workforce development tasks, (evidenced through refreshed workforce development plans).
- Evidence of increased professional satisfaction with access to information, advice and support to inform their practice in order to make onward referrals and meet needs.

## SKILLED WORKFORCE FOR SUPPORT

I want people who support me to work together, have the right skills/knowledge to help me to be the most I can be.

### OBJECTIVES:

- Create a workforce that can cover a whole life course.
- Collaborate with partners to ensure training and development is accessed across sectors improving the skilled workforce.
- Provide training that can make the workforce better prepared to understand and nurture children and young people who may need support in order to meet their additional needs.
- Implement a training matrix, that is reviewed and relevant. Gaps in training to be sourced and historic training to be removed from the matrix at each review.
- Partnerships leading to negotiation for shared learning and training packages.
- Increased opportunities to share real scenarios and best practice.
- Better Information sharing.
- Building a wider workforce with far reaching access to young people and their families.
- Workforce development activities to improve worker skills to enable long-term success.
- Schools and colleges need training/information sharing at higher levels of management so as to incorporate appropriate areas of study into the curriculum at Key Stages 4 and 5

### MEASURES FOR SUCCESS:

- Percentage of training that has been delivered in partnership with others.
- Evidence where opportunities to share real scenarios and best practice have been created.
- Evidence of Multi-disciplinary working and improved information sharing.
- Evidence of progress around co-production activities and work planning for teams.
- Percentage of Supervisions completed (annually) supporting workload.
- Evidence in annual development reviews of:
  - progress, learning, identification of actions to support success
  - feeling valued and nurtured as well as support for wellbeing
  - understanding and meeting learning and development needs
  - offering direction and purpose, aligned to our Stronger Together priorities
  - valuing and appreciating employee contribution

## 2. PRIORITIES FOR DEVELOPMENT AND IMPROVEMENT

### Priority 1

### A Quality Offer to Meet Identified Needs

#### OBJECTIVES:

- To achieve a better understanding of the needs of our children and young people and identify key gaps in local provision.
- To increase the number and range of local provision through better commissioning.
- To increase the percentage of children with SEND in mainstream provision and reduce the dependency on independent school provision.

#### WHAT WE WILL DO:

- We will create a co-produced local Graduated Response and offer from pre-birth to 25.
- We will support pregnant parents to make informed choices and develop an understanding of how their choices impact upon themselves and their child's health and wellbeing.
- The offer will move on to supporting parents with the early identification of needs by providing access to an early years' service across education, health and care, recognising the importance of child development and school readiness. There will be a particular focus on the child's social and emotional wellbeing, speech language and communication needs and skills (SLCN), with the aim of improving a child's journey:
  - Transition well into an appropriate education setting. The aim will be for young people to remain with their peers in a mainstream setting using local services unless assessed as needing a special school provision at some point in their educational journey.
  - Have their needs identified using an assess/plan/do/review cycle and access support via multidisciplinary teams, with the majority of needs met at SEN support level.
  - EHC plans will not be the key to unlock and access services and will only be in place where this would be genuinely helpful.
  - Get the best outcomes, make good life choices and reduce the need for services.





## **OTHER AREAS WHERE WE WILL SUPPORT RIGHT PLACE RIGHT TIME RIGHT PLACE:**

**Better Access to information:** Information on SEND is available, through Specialist Education Needs Support Services (SENDIAS) and the advice given is based on law. However, better access to the information and advice is required, the website requires development and the SENDIAS service needs to be promoted to raise awareness.

**Transport:** More focus needs to be placed on transport to form part of EHC plans to support children and young people's independence. Travel training needs to be developed that is meaningful and purposeful and made widely available. This will provide more control on how children and young people access the city.

**Transitions:** are points of change for a child or young person and can happen on many levels, from social and daily living tasks, family life changes, health, community activities, education and employment. To ensure that appropriate support is agreed and in place it is crucial that planning starts early, that the assessment process is person centred and incorporates the above identified elements.

**The Planning Process:** to ensure that those children and young people who require an EHC plan receive one, evidence that the graduated offer has been accessed will be required. Joint commissioning and collaboration with Learning Services, Children's Social Care, NHs and the CCG will improve planning processes.

**Collaboration Across Teams and Providers:** to successfully achieve priority one, it is crucial that teams within the Local Authority and CCG collaborate with service providers, this will ensure that families and schools understand the options available, thinking creatively about how needs can be met. This will often stretch beyond statutory services, and what is provided on the school site in terms of a therapeutic offer. The Local Authority and CCG teams will ensure that the graduated approach is completed before referral for an assessment, meaning that assessments happen more quickly. The additional capacity for casework will improve opportunities for genuine co production and the review of EHC plans.

**Education Psychology Services:** are crucial to the timely completion of EHCP's, and will support the Graduated offer approach, with SEND staff and Teachers. It is a key focus to strengthen and develop this team.

**Health, Social Care and Therapeutic approaches:** wider and better use of these services as part of the graduated offer, will support early identification. and support more children and young people to remain in mainstream schools. Substantial improvement of wider early help and prevention services will underpin early identification of support needs.

**Schools:** will raise awareness of the Local Offer and identify the need for onward referrals to support services that can support SEMH.



## Priority 2

## The Right Support, at the Right Time in the Right Place

### OBJECTIVES:

- To develop a commissioning framework that reliably delivers quality services that families and schools value and therefore want to use.
- Ensure we have the right amount/type of specialist support and provision across the city.
- To establish structures, systems and processes which support effective commissioning of special school places that deliver quality outcomes and value for money.

### WHAT WE WILL DO:

- Identify opportunities for joint commissioning to ensure that better outcomes for young people are a shared responsibility.
- Develop a SEND sufficiency strategy.
- Reduce spending on high cost and out of city SEND placements, increasing local provision to ensure young people have the best provision when they need it in their city.
- Stoke-on-Trent will create a SEND market development strategy and plan that will support improvement in the market place around care and support for those with SEND.
- We are committed to working with the Department for Education and the Regional Schools Commissioner to develop a capital investment strategy that will develop facilities that help ensure more young people get the specialist support they need here in the city.

### OTHER AREAS WHERE WE WILL SUPPORT RIGHT PLACE RIGHT TIME RIGHT PLACE:

**Provision Mapping:** we will map current provision and identify gaps, by working with our schools to ensure we have the right type and range of education provision available locally to meet changing needs. By mapping our current providers and placements against locality, we can identify the level of provision needed locally.

**Inclusive school provision:** we will ensure inclusive place planning by working in partnership with schools, health, social care, voluntary and community sector, early help and early years to design/implement improved inclusive offers to help pupils remain in mainstream settings.

**Specific needs:** we currently have insufficient places for pupils with Social, Emotional, Mental Health (SEMH), Autistic Spectrum Disorder and Speech, Language and Communication Needs (SLCN) locally, meaning we are having to place them in independent placements. We will develop local provision to meet these needs more effectively and also reduce costs.

**Alternative provision (AP):** we will develop a wider range of mainstream school-based alternative provision programmes to deliver a wider curriculum. We will develop a curriculum offer that will provide more options for schools and pupils within mainstream settings. This will support a more inclusive approach and reduce/delay the need for EHC plans.

**SEND placement commissioning:** We will develop a framework of providers and ensure that SEND placements are quality assured, flexible and meet needs.

**Education Panel:** The panel will consist of representatives from health, education and social care, the virtual school, Learning Pathways, SENMAS, SEND Team, EPS, Transport and Commissioning to ensure that the appropriate placement is obtained.

## Priority 3

## Preparation for Adulthood

### OBJECTIVES:

- Advanced planning and early identification of need to ensure positive transition from Children's to Adults' services.
- Shared resources and co-production on planning.
- To involve the young person in all planning, giving them a voice, making sure the outcomes and provision are relevant, fit for purpose and person centred.
- To improve the quality and timeliness of Preparation for Adulthood plans, making sure all EHC plans include a Preparing for Adulthood section from year nine onwards.
- Ensuring partners have a multi-disciplinary focus to each preparing for adulthood plan.
- Develop a range of independence (accommodation, careers, employment) pathways.
- Identify current networks and support to assess continuation of support.
- To conduct a needs analysis to inform a SEND Accommodation Plan.
- Expand the digital offer of information and advice in order to widen the reach of information to Young People in the city.
- Encourage advocacy to offer support.
- Build availability of appropriate provision to meet outcomes, with the availability of appropriate programmes of study to cover all aspects of Preparing for Adulthood.

### WHAT WE WILL DO:

- We want young people with SEND to be as independent as possible as adults. It is important to provide choice in continuing education, soft skills development, vocational skills linked to realistic employment opportunities, apprenticeships and traineeships.
- We must ensure that there are no gaps when a child goes into Adulthood.
- We will link in outcomes for each young person to make sure their goals are realistic and achievable for them with the right support and they are aspirational about their future.
- Central to having independence is being able to get around on your own and so we need to ensure our transport policy reflects accessibility and developing independence.
- All relevant organisations will be part of the preparing for adulthood planning and we will put in place formalised planning processes and reviews. It is essential to ensure that adult services' professionals are involved in planning as early as possible, with relevant conversations between families and professionals being at the centre of the plan.
- Identify and develop an appropriate range of SEND sufficiency services as well as accommodation to meet planned needs. This will include expanding innovative options such as our highly successful Shared Lives programme.
- We will develop local programmes which are needs led and linked to relevant qualifications or developing vocational and soft skills. We also need to develop better employment pathways for SEND young people.
- Outcomes of young people with SEND in FE colleges will be regularly reported on and reviewed. EHC plans will contain careers information that reflects activity undertaken.

## **OTHER AREAS THAT WILL SUPPORT PREPARING FOR ADULTHOOD:**

**Further Education (FE):** we will remodel maintained FE provision to ensure sufficient high-quality places to meet the needs of young people with SEND. We will work with health partners to ensure health needs are supported in order for young people to access these places and to ensure all barriers to pathways are tackled reducing exclusion to services and support.

**Information and Advice:** we will work with FE providers to widen and improve an information and advice offer that can be utilised through various social platforms, sharing information on universal and targeted services and promoting wider public health initiatives.

**Employment Pathways:** we will focus on enhanced employment pathways for all SEND learners, developing an employer network and a framework that supports the needs of potential SEN employees and employers. We will encourage the development of skills and employment pathway courses for supported apprenticeships, traineeships and supported internships with mainstream college and alternative provision providers. This will include placement with an employer, supported by training from a local provider and work coaches.

**Supported Employment Project:** a proposal for an internal project involving delivery partners has been written and submitted to senior management for consideration.

**Experience of the workplace:** work undertaken as part of the Careers & Enterprise funded Careers Hub Network, is helping schools and colleges offer experience of work. We will encourage employers to work with education to bring careers into the curriculum, providing real projects for students within class subjects such as maths, science and food technology.

**Vocational Curriculum:** we will ensure that schools and colleges incorporate appropriate areas of study for vocational learning (e.g. construction and motor vehicles) into the curriculum at Key Stages 4 and 5. We will encourage a broader needs-led provision within mainstream post 16 education institutions to offer a nurturing environment and specific support around Social, Emotional & Mental Health. Best practice, skills, experience and support will be shared between SEND specialists and vocational tutors.

**Careers Information, Advice and Guidance:** the Local Authority's Careers and Participation Team will have more involvement in transition to post 16 provision. EHC plans will include a clear career action plan for the young person, with consideration of the health services required to complete any holistic plan of need. Service teams will attend reviews regularly to hold schools to account for the promotion of better information advice and support.

**Transport:** a key aspect of improving EHC plans will be to ensure that transport requirements and planning for independent travel is included and to ensure that transport costs are an integral part of placement panel processes. We have reviewed travel training arrangements and introduced new rationalised routes and arrangements. We have established a transport task and finish group to review and update the existing policies including the Personal Travel Budget policy. There is also transport service re-design underway to encourage more transport providers into the local market to increase access into schools and colleges.

## Priority 4

## Making best use of available resources

### OBJECTIVES:

- Follow the financial model and project plan to achieve a Dedicated Schools Grant deficit position by 2024-25 of c.£9m with plan mitigations and revised funding assumptions.
- Develop our partnership workforce to ensure we have the right mix of personnel with the right skills to confidently implement the reformed delivery model.
- Develop the leadership of our SEND services to provide parents and workforce confident that the ambitions of this strategy will be delivered over a sustained period of time.

### WHAT WE WILL DO:

- We will focus on the medium to long term system changes required to improve the outcomes for children and young people with SEND, redirecting ourselves away from statutory support and utilising community assets to build upon the local offer.
- We have exceptionally able and dedicated professionals working across SEND services in the city. We will provide clear direction and invest in their development to widen skill sets across sectors. A Workforce Plan will set out the professional competences required.
- We will commit to be a learning partnership that trains across sectors, we will develop programmes together, creating an enthusiastic culture in Stoke-on-Trent we want people to find working in SEND enjoyable and rewarding.

### OTHER AREAS THAT WILL SUPPORT MAKING USE OF AVAILABLE RESOURCES:

**Programme oversight:** we will manage and monitor delivery, ensuring SEND financial spend is clear, reported on and reviewed, ensuring that value for money is analysed alongside outcomes for young people. A High Needs Board will oversee our financial stewardship, review the impact of key projects and continuously carry out a review of spending. The board will report into the Inclusion Partnership Board. We have created, and will continue to refine a SEND data dashboard which will benchmark against local and statistical neighbours to help keep financial outcomes properly aligned.

**Joint Commissioning:** we will work jointly to ensure shared outcomes of partners are achieved, transparency of financial information between commissioners will support and help understand how to meet needs better with a focus on efficiency and outcome focused service.

**Working closely with schools:** we will pursue an open financial relationship between statutory commissioners and schools. We will develop plans that are affordable and represent a fair share of financial burden between different partners. Specifically, we will complete a review of home tuition funding and Fair Access and implement recommendations.

**Role of health:** The needs of young people with SEND will be supported partners in health. The Stoke-on-Trent Clinical Commissioning Group CCG sits within a wider group of Staffordshire CCGs to plan and commission care for the whole population. GPs are organised into Primary Care Networks (PCN's) to deliver and plan local care. Some highly specialist care is commissioned by NHS England, such as mental health beds. Services are commissioned currently on the whole from three main providers.

- University Hospital of the North Midlands provides community paediatrics and hospital care
- Midlands Partnership NHS Foundation Trust provide 22 services with Speech and Language Therapy, Occupational Therapy and Physiotherapy being the key SEND services though Children and Young People may be open to several other services
- North Staffordshire Combined Healthcare Trust provides a wide range of mental health services and neurodevelopmental assessment services.
- The work required will continue via the expected formation of Integrated Care Partnerships and Systems from April 2022.

**Workforce development:** In developing our workforce plan, we will benchmark our capacity and capability against other best practice localities. We will map our workforce and optimise deployment. We will develop and invest in a training and developing plan, particularly with respect to the applicate of the THRIVE delivery model.

**Leadership:** We will ensure oversight of all our inclusion work within the Local Authority and create an integrated delivery team with health partners.





# HOW WE WILL MONITOR PROGRESS

## GOVERNANCE:

The strategy and its implementation of inclusive practices, shared values and the Working in Partnership Pledge will be overseen by various partners. The Inclusion Partnership Board is the overarching mechanism to ensure WHAT WE WILL DO is carried out. The Inclusion Partnership Board will be able to utilise good practice across sectors and will be well placed to manage the need for transparency to support effective partnerships and collaborative working for the future.

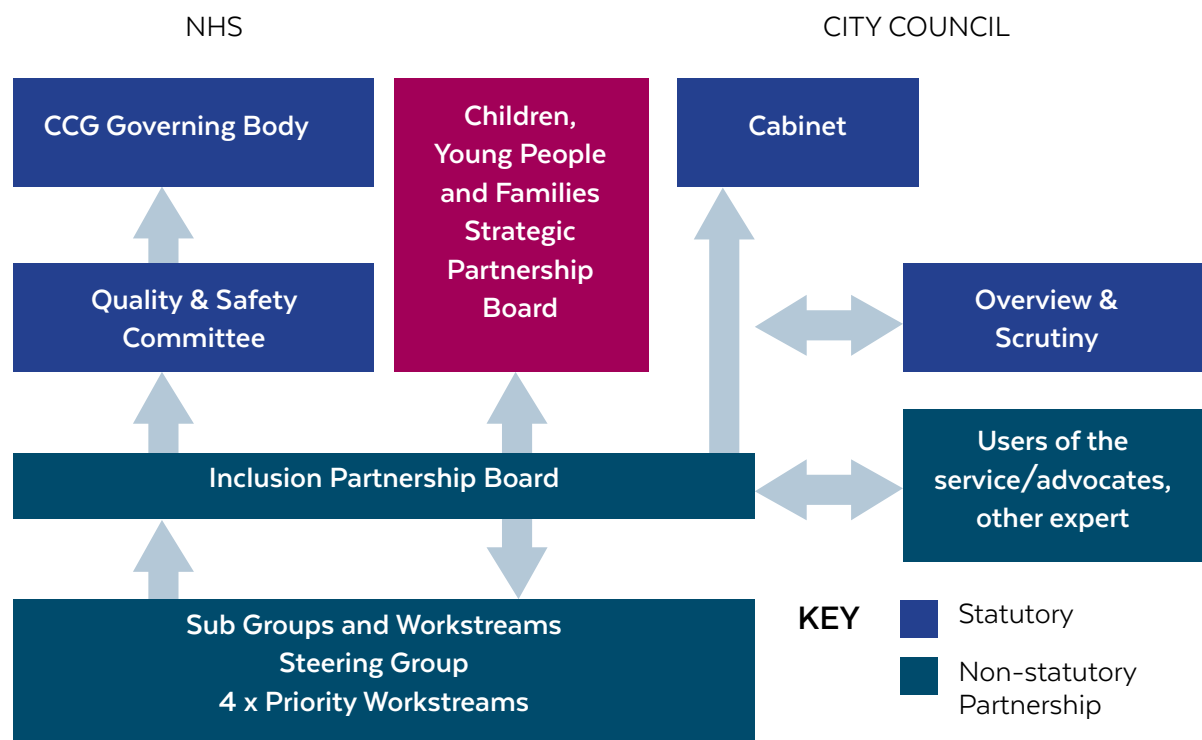
The implementation plan will support the Inclusion Partnership Board to escalate and re-prioritise tasks that need completion and hold workforces accountable for tasks. The Inclusion Partnership Board will report regularly on progress to the Children, Young People and Families Strategic Partnership Board and maintain regular engagement with other key partnership boards such as the Health and Wellbeing Board and Schools and Parent Carer Forums.

The Partnership Board will use the Improvement Plan as the key road map for tracking whether commitments have been delivered and will regularly review whether the improvements are being experienced by children, young people, families and schools. We will produce a “You said, we did” style document which to show that feedback is being listened to and acted upon.

A Steering Group is in place (a combination of operational and commissioning partners) to ensure the detail of the implementation plan under the workstreams is executed effectively. The group will develop a dashboard that can be accessible to all partners, that clearly quantifies the impact of change for children and young people. A Risk Register will identify obstacles and blockages and will be used to escalate key issues to the Board for mitigation as quickly as possible.

Workstreams will be in place to support the priorities identified in the strategy and will manage the ‘WHAT WE WILL DO’ actions for each of the four priorities identified around improvement and development. Progress against the plan will be reviewed quarterly with progress reported to the Inclusion Partnership Board and the implementation plan will be reviewed at least annually.

## ACCOUNTABILITY STRUCTURE SHOWING THE GOVERNANCE PATHWAY AS DESCRIBED ABOVE:



# CONCLUSION

Inclusion is a never-ending search to find the best ways of responding to children's diversity. It is about the identification and removal of barriers that prevent children **"Being the Best that They Can Be"**. Inclusion is about **presence, participation** and **achievement** of all. Inclusion has a particular emphasis on groups who may be at risk or vulnerable through marginalisation, exclusion or underachievement.

Inclusion is a **dynamic approach** of responding positively to diversity and seeing individual differences, not as problems but as opportunities for **fulfilment** and **enriched learning**. At the heart of this Inclusion Strategy is the idea of an **'ordinary life'**. We want to make a fulfilling ordinary life a reality for children and young people who have SEND. An ordinary life is where children and young people with SEND are in the **same space** as their peers, making mistakes, changing their minds and sometimes getting into trouble. It is one where young people have **'Room to Grow'** and maximum control of their own lives, and, as far as possible, have **options** and **choices** and in order to make their own decisions about where to live and who to live with.

We want to be a city where children and young people with special educational needs and disabilities are seen and have **active lives in society**, not living hidden away from communities in segregated services with other disabled people. We are committed to the priorities set out in this strategy, and alignment with **key stakeholders** and **partners** will uphold the values behind the strategy and the SEND Code of Practice and SEND reforms.

# HOW TO GET INVOLVED

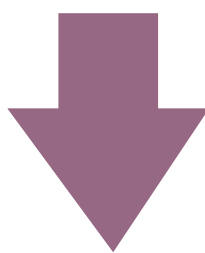
Further information will be made available on the SEND Local Offer website [Stoke SEN and Disability - Local Offer](#) Further information about the strategy's progress alongside ways to provide feedback will be advertised on the SEND Local Offer website. There you will also find information on groups for young people, parents/carers and SENDCOs to help influence the delivery of SEND services. These groups are open to everyone; either a young person with a special educational need or disability or those that are supporting them.



# APPENDIX 1 – DEMOGRAPHICS AND STATISTICS, LOCAL, REGIONAL AND NATIONAL INFORMATION

Demographics and statistics enable us to understand the local population and the support already in place and support needed for the future in order to improve outcomes for all. With Demographics we can also compare how we are doing Nationally and Regionally.

## OVERVIEW OF OUR LOCAL POPULATION



# 255,378

## 20.3%

of the population are children  
0-15 (51,790 people)

## 3,300

Babies born in a year

## 11.4%

of the population are aged 16-24  
(28,985 people)

## 20.2%

of population are from Ethnic  
Groups

## 43.2%

 of the children live in poverty

Our city has a large population of children and young people. The child population makes up over 24 percent of the current population, over 20 percent being between 0-15 years.

Please see below the statistics for children and young people with Learning Disabilities in within the city.

The main concerns or deprivations for children and young people in Stoke-on-Trent are, financial hardship, poor health outcomes, including mental health, early trauma including serious neglect and/or exposure to violence, poor housing accommodation and poor education attainment.

The above points can create a barrier for children and young people in achieving their aspirations as they grow older, hindering opportunities for employment and independence in adulthood. Stoke has very prominent deprivations that need to be tackled.

If we take these deprivations into consideration as well as the fact that there is 17.4% of the population with Special Education Needs attending schools and academies in the city have a special education need or disability compared to 15.4% nationally (January 2020). it is even more imperative that we have the right support to wrap around our children and young people. As part of the Joint Strategic Needs Assessment (JSNA) there have been principles identified that can support to improve services working in partnership with health, education, social care, parents and carers and local support providers. Working to reduced deprivation means we can focus on targeted processes and planning for children and young people, especially around education and health for those with SEND.

#### Principles identified are below:

- Best start in life – from birth to age five
- Developing well – childhood into young adulthood (5-19 year olds)
- Living well – working age adults
- Ageing well – older people (aged 65 and over)
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities

#### LOCAL SEND AND EDUCATION HEALTH CARE INFORMATION

40,722 children and young people in state funded schools (Age 3-18)

17.1% of Children and Young People have Special Education Needs, (6,957 population)

33% of Children/young people with SEND have an EHC Plan

6.4% increase of children and young people with SEND in the City Since 2018

Highest Number of pupils with an EHC Plan in the West Midlands

7% Higher number of Children on an EHC Plan attending Independent Specialist Provider, and non maintained schools than the West Midlands

in 2019/2020 there were 146 referrals for EHC Assessments

60 new Children moved into the city with an EHC Plan

Primary need identifies in EHC Plans is 33% moderate learning Disability and 21% SEMH

The table below compares Stoke-on-Trent Learning Disability Profile against Regional and National Statistics.

	Stoke-on-Trent	West Midlands Region	England
Children with Moderate Learning Difficulties known to schools	5.7%	4.4%	2.9%
Children with Severe Learning Difficulties known to schools	0.4%	0.4%	0.4%
Children with Profound & Multiple Learning Difficulty known to schools	0.1%	0.1%	0.1%
Children with learning difficulties known to schools	6.2%	4.9%	3.4%
Children with Autism known to schools	1.7%	1.8%	0.6%

2020 data from PHE Learning Disability Profile [<https://fingertips.phe.org.uk/profile/learning-disabilities/>]

In comparison to national and regional figures, although Stoke-on-Trent has a higher rate of children with a moderate learning difficulties and a learning difficulties, it has a lower rate of children with autism. Stoke-on-Trent has 2% more recognised SEN than England.

#### NATIONAL STATISTICS FOR SEN:

**3.3% of pupils**

- Pupils in schools in England have an Education, health and care (EHC) plan, a rise from 3.1% in 2019.

**12.1% of pupils**

- All pupils have SEN support, without an EHC plan, up from 11.9% in 2019.

**73.1% are males**

- SEN is more prevalent in boys than girls, with boys representing 73.1% of all pupils with an EHC plan and 64.6% of pupils with SEN support.

**3.1% rise since 2019**

- of Pupils in schools in England who have an Education, health and care (EHC) plan.

**ASD most common type of need for EHC and SLCN for SEN**

- The most common type of need for pupils with an EHC plan is autistic spectrum disorders and for pupils with SEN support is speech, communication and language needs.

Nationally the most common type of need for children with an EHC Plan is ASD, however in Stoke-on-Trent the largest category of need for children with an EHC Plan is Moderate Learning Difficulty followed by SEMH.

	% with an EHC Plan	% with SEN Support	Total % with SEND
Stoke-on-Trent	3.8%	13.6%	17.4%
England	3.3%	12.1%	15.4%



## APPENDIX 2 – GLOSSARY OF TERMS

<b>Accountability Structure</b>	Governance that is in place to ensure that responsibility is being taken for implementation.
<b>Alternative Provision</b>	Alternative provision settings are places that provide education for children who can't go to a mainstream school. ... local authorities arrange education for pupils who, because of exclusion, illness or other reasons, would otherwise not receive suitable education.
<b>Apprenticeships</b>	An apprenticeship is employed while studying for a formal qualification - usually for one day a week either at a college or training centre.
<b>Autistic Spectrum Disorder</b>	Autism spectrum disorders (ASD) are a diverse group of conditions. They are characterised by some degree of difficulty with social interaction and communication. Other characteristics are atypical patterns of activities and behaviours, such as difficulty with transition from one activity to another, a focus on details and unusual reactions to sensations.
<b>Curriculum</b>	The curriculum refers to the lessons and academic content taught in a school or in a specific course or program.
<b>Collaboration</b>	The act of working together with other people or organisations to create or achieve something.
<b>Co-production</b>	The term 'co-production' refers to a way of working where the people who use services (in this case children and young people with SEND, their parents, carers and service providers all work together to create a service that works for them all.
<b>Dashboard</b>	A modern analytics tool to monitor service in a dynamic and interactive way, accessible across organisations.
<b>Disablism</b>	Disablism refers to prejudice, stereotyping, or "institutional discrimination" against disabled people.
<b>Discrimination</b>	The unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, sex, or disability.
<b>Education Health Care Plan [EHC plan]</b>	Legal documents that set out the education, health and care needs of a child or young person with a disability and or special educational needs that cannot be met by support that is usually available in school or college.
<b>Education Panel</b>	Education health and care colleagues meeting to consider placements, Education Care and Health Needs Assessments (ECHNA), Education Health Care Plans (EHC plans) and transport decisions.

<b>Education Psychology Services</b>	Educational psychologists work with schools to help them look at the needs of the whole child so they are able to be included fully in class, school and community life. They provide advice to head teachers and school staff where needed and provide training to help staff to develop skills to support children with specific needs and enhance all children's learning.
<b>Further Education</b>	Further Education (FE) refers to educational choices made after the 16th birthday. Further education (FE) includes any study after secondary education that's not part of Higher education (degree).
<b>Education Welfare Officer</b>	Education welfare officers aim to make sure that young people get the best possible education. They work with young people whose education is being affected by irregular attendance or absence from school. Assessing problems and possible solutions by working closely with schools, pupils, their parents and carers.
<b>Governance</b>	Corporate governance is the structure of rules, practices, and processes used to direct and manage organisations.
<b>Inclusion in education</b>	Is education that includes everyone, with non-disabled and Disabled people (including those with "special educational needs") learning together in mainstream schools, colleges.
<b>Internships</b>	A period of time spent receiving or completing training at a job as a part of becoming qualified to do it.
<b>Leadership</b>	The action of leading a group of people or an organisation.
<b>Life Course</b>	The entirety of individual's life from birth to death and the typical set of circumstances an individual experiences in a given society as they age.
<b>Local Legislation</b>	The term 'local legislation' is used to describe Local Authority Policy concerning a particular area.
<b>Local Legislation Local Offer</b>	The SEND Local Offer offers information in a single place. The Local Offer helps children, young people and their parents to understand what services and support they can expect from a range of local agencies - including their statutory entitlements.
<b>Mainstream Schools</b>	In a mainstream school a child with Special Educational Needs or a Disability (SEND) would be supported in following the National Curriculum alongside peers without SEND. All state maintained educational settings including nurseries, schools and colleges have a legal obligation to support pupils with Special Educational Needs and disabilities (SEND).

<b>National Legislation</b>	A set of laws suggested by a government and made official by a parliament.
<b>Needs Led Assessment</b>	Person-centred care and treatment that is based on an assessment of their needs and preferences.
<b>Outcomes</b>	The outcome of an activity, process, or situation is the situation that exists at the end of it.
<b>Objectives</b>	A goal or something to aim for.
<b>Participation</b>	The act of taking part in an event or activity.
<b>Pathways</b>	A Pathway is interconnected navigated support, a number of professionals can support an individual to meet their support needs.
<b>Post 16 education</b>	Young people who continue in education, employment or training until the age of 18.
<b>Preparing for Adulthood</b>	A process that starts as early as possible and formally at 14 to ensure that young people with SEND achieve paid employment, independent living, housing options, good health, friendships, relationships and community inclusion.
<b>Prejudice</b>	Opinion that is not based on reason or actual experience.
<b>Quality Assurance</b>	Quality Assurance will shape high quality services and improve the wellbeing of those accessing services through monitoring and supporting providers to improve or change practice.
<b>Social Emotional Mental Health</b>	Includes all pupils who may be experiencing a wide range of social and emotional difficulties, which manifest themselves in many ways. 'These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.
<b>Social Model</b>	The social model of disability proposes that what makes someone disabled is not their medical condition, but the attitudes and structures of society.
<b>Speech and Language Therapy</b>	Speech and language therapy provides treatment, support and care for children and adults who have difficulties with communication, or with eating, drinking and swallowing.

<b>Specialist Education Needs and Disabilities</b>	A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support.
<b>Special educational needs coordinators</b>	Special educational needs coordinators is a teacher that works to raise educational achievement by leading and coordinating provision for pupils with special educational needs.
<b>Specialist Education Need Code of Practice</b>	The Special Educational Needs and Disability (SEND) Code of Practice provides statutory guidance on the SEND system for children and young people aged 0 to 25.
<b>Speech Language and Communication Needs</b>	The term speech, language and communication needs. (SLCN) describes difficulties across one or many aspects of communication.
<b>Stakeholders</b>	A stakeholder is any individual, group, or party that has an interest in an organization and the outcomes of its actions.
<b>Stereotyping</b>	A stereotype is a fixed, over generalized belief about a particular group or class of people.
<b>Strength Based Approach</b>	Strengths-based (or asset-based) approaches focus on individuals' strengths (including personal strengths and social and community networks).
<b>Stronger Together Principles</b>	Stronger Together is about where Stoke-on-Trent needs to get to as a city, and the route this transformative journey will take Providing a realistic but ambitious delivery plan to take us there.
<b>Thrive Model</b>	The THRIVE framework is an integrated, person centred, and needs led approach to delivering health and social care services for children, young people and their families. It has five levels of support: Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.
<b>Traineeships</b>	A traineeship is a type of vocational training (training under a supervisor) where you earn a wage and learn about the industry and job you're in, A traineeship is an education and training programme which incorporates work experience, preparing young people for their future careers by helping them to become 'work ready'.
<b>Vocational</b>	Providing skills and education that prepare you for a job.
<b>Workforce Development</b>	Finding and selecting and keeping the right people, developing their skills, knowledge and attitudes, developing a person centred learning culture, dealing with poor performance or abuse and learning, development, Progression and succession planning, training and education. A workforce supporting them must have the right skills, values, knowledge, behaviours and appropriate supporting organisational infrastructures.

## APPENDIX 3 – ACRONYMS

<b>ASC</b>	Autistic Spectrum Disorder
<b>CCG</b>	Clinical Commissioning Group
<b>EHCNA</b>	Education Health Care Needs Assessment
<b>EPS</b>	Education Psychology Services
<b>EWO</b>	Education Welfare Officer
<b>ISP</b>	Independent Specialist Provision
<b>LeDeR</b>	Learning Disability Mortality (Death) Review
<b>MPFT</b>	Midlands Foundation Partnership NHS Trust
<b>NSCHT</b>	North Staffs Combined Healthcare Trust
<b>SEMH</b>	Social Emotional and Mental Health
<b>SEN</b>	Special Education Needs
<b>SENCO</b>	Special Educational Needs Coordinator
<b>SEND</b>	Special Educational Needs and Disability
<b>SLCN</b>	Speech, Language and Communication Needs
<b>SLT/SaLT</b>	Speech and Language Therapy
<b>SENDIASS</b>	Special Educational Needs and Disability Information, Advice and Support Service
<b>SENDMAS</b>	Special Education Needs Monitoring Assessment Service







City of  
**Stoke-on-Trent**