

# Children first and at the heart of all we do

## DUDLEY LOCAL AREA SEND SELF EVALUATION

Coproduced by:

Dudley Parent Carer Forum

Black Country Integrated Care Board

Dudley Council Children's Services



**Working as One Council in**  
the historic capital of the Black Country



# INTRODUCTION TO DUDLEY'S SEND SELF EVALUATION

Welcome to our 0-25 SEND SEF for 2024 which is an exciting year for us as we move forward with our SEND Improvement Journey. The Dudley SEND Partnership is working with the Department for Education (DfE) to improve the way that we work with children and young people with a special education need/disability (SEND).

Dudley has been participating in the DfE's Delivering Better Value (DBV) in SEND programme which was commissioned to identify the changes a Local Authority can make to sustainably support children and young people with SEND. The three key areas of delivery are Redesigning our Specialist Services and Ordinarily Available Inclusive Provision (OAIP) offer, Developing and delivering our Sufficiency Strategy and Preparation for Adulthood. These key workstreams will support in driving our improvements forward and ensure we deliver the best possible SEND services within the Dudley Borough.



Dudley's Self Evaluation (SEF) provides an overview of the work that is being delivered across the Local Area including key areas of strength and areas of development. It is broken down into the key themes of the updated SEND Inspection framework and provides an overview of how Dudley is working towards each of the outcomes. Work on the DBV will touch on many of the aspects of this SEF in addition to the 6 priority areas of our Accelerated Progress Plan (APP).

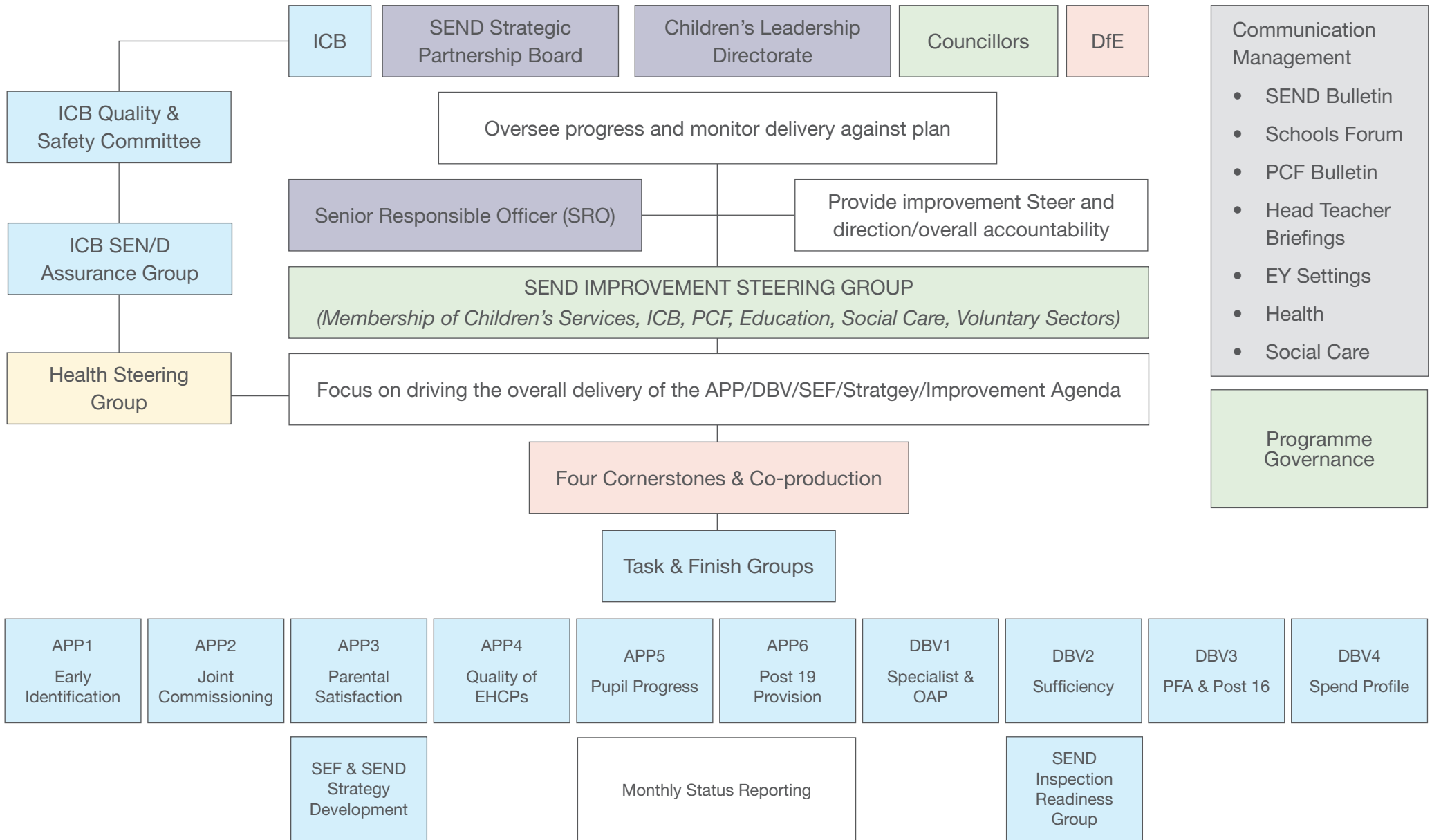
As a partnership, the Local Authority (LA), Integrated Care Board (ICB) and Dudley Parent Carer Forum (DPCF) have committed to a common self-evaluation that identifies our strengths and our pathway for improvement. This self-evaluation has been informed and tested by the school's sector and voluntary sector representatives through a number of local engagement sessions that have sought to gather feedback and views from across the partnership. We are Child Friendly Dudley where we understand that all partners and people need to work together to create an environment where children can flourish. Our ambition has been to harness the passion and commitment of our staff, to streamline our structure as well as our process. In this way, we release capacity to work alongside families, to improve their experience of our services.

**Karen Graham, Director of Childrens Services, DMBC**

**Sally Roberts, Chief Nursing Officer and Deputy Chief Executive Officer, Black Country Integrated Care Board**

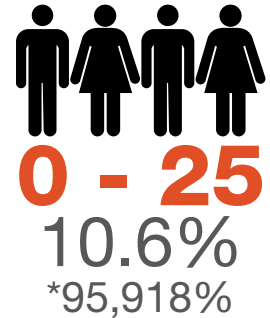
**Neill Bucktin, Dudley Managing Director, Black Country Integrated Care Board**

# SEND GOVERNANCE



# SEND IN DUDLEY

## Population



## Education

- 211** providers delivering early years education
- 78** Primary school (of which 34 are academies)  
1 Nursery School, 41 Nursery classes in primary, 1 in a special school
- 19** Secondary schools (of which 15 are academies)  
7 Special schools, 1 Pupil Referral Unit, 1 Alternative Provision, 3 Colleges, 2 Further Education, 1 Sixth Form
- 77.9%** of school children attend a Good or Outstanding school
- 21.6%** of EYFS pupils with SEND, meeting Good Level of Development (provisional)
- 16.4%** of KS1 pupils with SEND, meeting expected standard in RWM (provisional)
- 16.8%** of KS2 pupils with SEND, meeting expected standard in RWM (provisional)
- 26.3%** of KS4 Attainment 8 score (England 28%) (provisional)
- 0.48%** of KS4 Progress 8 score (England -0.63%) (provisional)
- 12%** Overall Absence rate vs 10.47% for England (indicative 2022/2023)
- 86.4%** aged 16-17 with SEN participating in education and training. England 88.7%

## Ethnicity of Dudley CYP

**77%** White **9%** Asian or Asian British **8%** Mixed or Dual Background **2%** Black or Black British **3%** Other **1%** No Information

## SEN Provision

**6620** SEN Provision **3562** EHCP

	ASD	HI	MLD	MSI	NSA	OTH	PD	PMLD	SEMH	SLCN	SLD	SPLD	VI
SEN SUPPORT	3%	2%	26%	0%	4%	3%	3%	0%	19%	28%	0%	11%	1%
EHCP	17%	2%	20%	0%	0%	2%	5%	1%	20%	30%	4%	1%	1%
TOTAL	8%	2%	24%	0%	4%	2%	3%	0%	19%	28%	1%	7%	1%

## Health

### Childhood Vaccinations

- 95.1%** DTaP/IPV/Hib - uptake at 5 years 2022/23 (England 93.2%)
- 95%** MMR 1st Dose - uptake at 5 years 2022/23 (England 92.5%)
- 94.2%** Hib/Men C - uptake at 5 years 2022/23 (England 90.4%)
- 89.3%** MMR 1st % 2nd dose - uptake at 5 years 2022/23 (England 84.5%)
- 88.5%** DTaP/IPV Booster - uptake at 5 years 2022/23 (England 83.3%)
- 62.2%** Hospital Admissions for injury (0-14yrs) indicative rates per 10,000 for 2021/22 (England 84.3%)

### Obesity

- 11.5%** Reception prevalence of obesity (including severe obesity 4-5 yrs) 2022/23 (England 9.2%)
- 26.3%** Year 6 prevalence of obesity (including severe obesity 4-5 yrs) 2022/23 (England 22.7%)



# GROWING DEMAND FOR SEND PROVISION.

The number of EHCNAs increased significantly from 474 in 2021 to 709 in 2022. With monthly average increasing from 9 to 13 respectively.

In 2022 a total of 412 new EHC plans were issued to children and young people residing in the local area.

The proportion of children and young people aged 0-25 with an EHCP has increased from approximately 2% in 2019 to 3.4% in 2023. This compares with England from 2% to 3% over the same period.

Communication and Interaction accounts for approximately 48% of all EHCP's compared with 51% for England in the 0-25 age group. Social, emotional, and mental health accounts for 19% of EHCP compared to 15% for England.

<b>SEN2 Snapshot in January of each year</b>	<b>Dudley</b>	<b>England</b>	<b>England Average LA<sup>1</sup></b>	<b>Black Country Average<sup>2</sup></b>
2019	1,926	353,995	2,329	764
2020	2,340	390,109	2,567	1,475
2021	2,730	430,697	2,834	1,945
2022	3,035	473,255	3,114	2,151
2023	3,366	517,026	3,401	2,501
2024 <sup>3</sup>	3,629			
% Increase in caseload 2019-2023	75%	46%	46%	62%

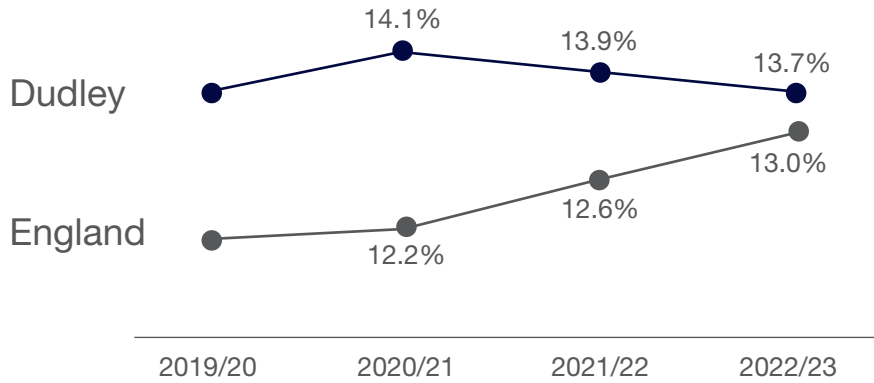
<sup>1</sup> England average based on 152 local authorities

<sup>2</sup> Black Country is based on Dudley, Sandwell, Walsall and Wolverhampton local Authorities.

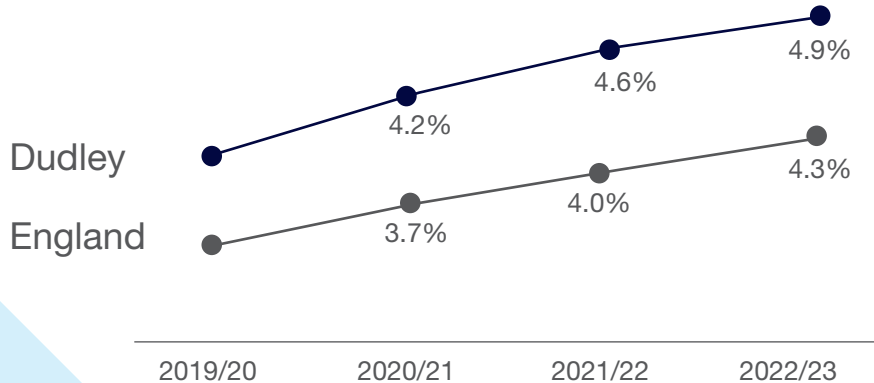
<sup>3</sup> Provisional data.

All data is based on the January DfE SEN2 data collection.

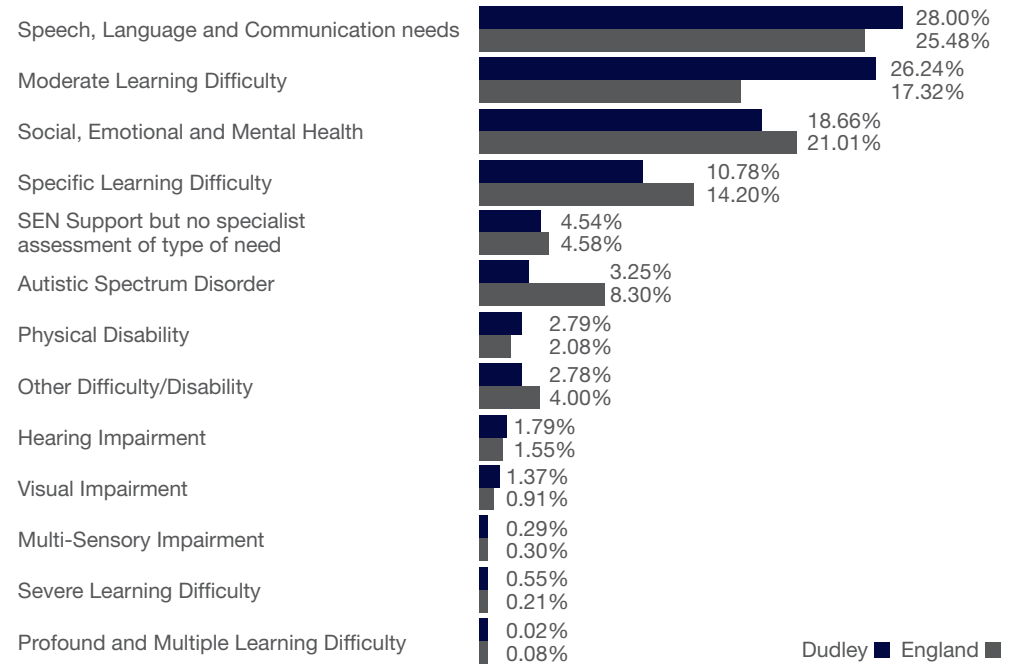
## SEND in Dudley Schools - % of SEN Support Children



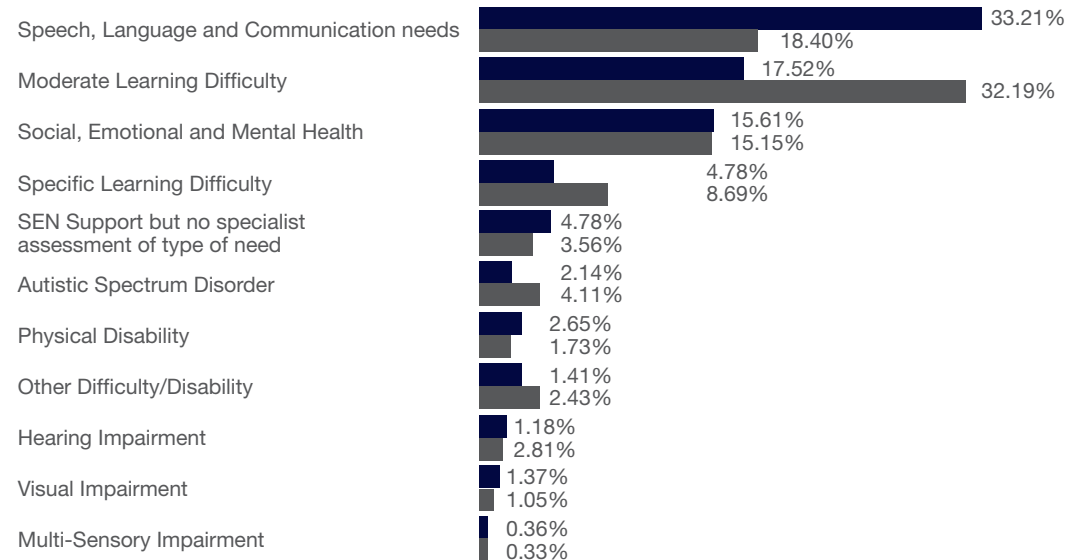
## SEND in Dudley Schools - % of EHCP Children



## SEN Support pupils by primary need 2022/23



## EHCP pupils by primary need 2022/23



The colours around the boxes compare Dudley vs the latest published England data from the Department for Education statistics website. Green means the LA is better than England, while red means worse. The circle indicators represent the change in performance in Dudley from the previous year to the current year. An up arrow means better, a down arrow means worse, and a dash means no change.

# EYFS and Key Stage 1

	EHCP	SEN Support	No SEN
	<p>EYFS: Percentage of children with a good level of development with an EHCP</p> <p><b>1.6%</b></p> <p>Percent of pupils is down from 1.7% in 2021/22 vs 3.8% for England in 2022/23</p>	<p>EYFS: Percentage of children with a good level of development with SEN support</p> <p><b>28.8%</b></p> <p>Percent of pupils is up from 25% in 2021/22 vs 24.4% for England in 2022/23</p>	<p>EYFS: Percentage of children with a good level of development with No SEN</p> <p><b>70.1%</b></p> <p>Percent of pupils is up from 68% in 2021/22 vs 74.3% for England in 2022/23</p>
	<p>KS1: Percentage of pupils meeting the expected standard in the phonics screening check in year 1 with an EHCP</p> <p><b>19.1%</b></p> <p>Percent of pupils is down from 26% in 2021/22 vs 19.8% for England in 2022/23</p>	<p>KS1: Percentage of pupils meeting the expected standard in the phonics screening check in year 1 with SEN support</p> <p><b>48.0%</b></p> <p>Percent of pupils is up from 44.3% in 2021/22 vs 48.5% for England in 2022/23</p>	<p>KS1: Percentage of pupils meeting the expected standard in the phonics screening check in year 1 with No SEN</p> <p><b>83.2%</b></p> <p>Percent of pupils is up from 80.7% in 2021/22 vs 85.9% for England in 2022/23</p>
	<p>KS1: Percentage of pupils meeting the expected standard in reading, writing and maths TA combined with an EHCP</p> <p><b>10.7%</b></p> <p>Percent of pupils is up from 6.2% in 2021/22 vs 6.6% for England in 2022/23</p>	<p>KS1: Percentage of pupils meeting the expected standard in reading, writing and maths TA combined with SEN support</p> <p><b>21.3%</b></p> <p>Percent of pupils is up from 16% in 2021/22 vs 19.1% for England in 2022/23</p>	<p>KS1: Percentage of pupils meeting the expected standard in reading, writing and maths TA combined with No SEN</p> <p><b>62.9%</b></p> <p>Percent of pupils is up from 59.3% in 2021/22 vs 64.5% for England in 2022/23</p>

Performance Indicator: ○ Dudley year on year. □ Dudley vs latest published England data from DfE statistics.

The colours around the boxes compare Dudley vs the latest published England data from the Department for Education statistics website. Green means the LA is better than England, while red means worse. The circle indicators represent the change in performance in Dudley from the previous year to the current year. An up arrow means better, a down arrow means worse, and a dash means no change.

# Key Stage 2

	EHCP	SEN Support	No SEN
KS2: Percentage of pupils meeting the expected standard in reading, writing and maths combined with an EHCP	<p>6.8%</p> <p>Percent of pupils is unchanged from 6.3% in 2021/22 vs 8.4% for England in 2022/23</p>	<p>19.9%</p> <p>Percent of pupils is up from 15.8% in 2021/22 vs 23.5% for England in 2022/23</p>	<p>65.8%</p> <p>Percent of pupils is up from 63.6% in 2021/22 vs 69.9% for England in 2022/23</p>
KS2: Percentage of pupils with greater depth of study in reading, writing and maths combined with an EHCP	<p>0.0%</p> <p>Percent of pupils is unchanged from 2021/22 vs 0.5% for England in 2022/23</p>	<p>1.8%</p> <p>Percent of pupils is up from 1.0% 2021/22 vs 1.5% for England in 2022/23</p>	<p>8.7%</p> <p>Percent of pupils is up from 7.6% 2021/22 vs 9.8% for England in 2022/23</p>



Performance Indicator: ○ Dudley year on year. □ Dudley vs latest published England data from DfE statistics.



The colours around the boxes compare Dudley vs the latest published England data from the Department for Education statistics website. Green means the LA is better than England, while red means worse. The circle indicators represent the change in performance in Dudley from the previous year to the current year. An up arrow means better, a down arrow means worse, and a dash means no change.

# Key Stage 4

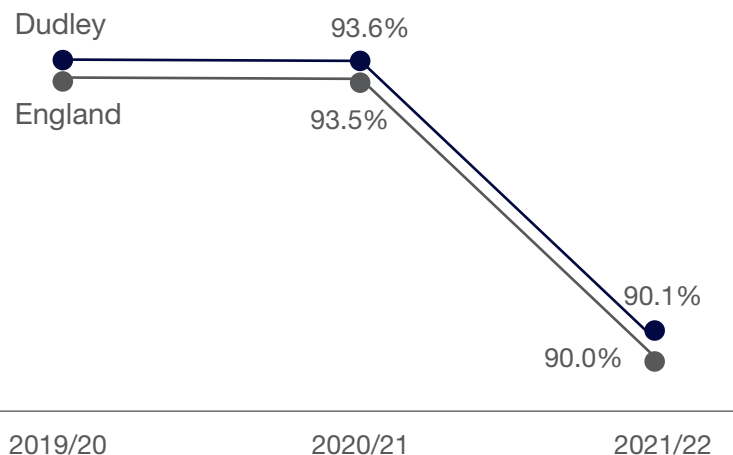
	EHCP	SEN Support	No SEN
Percentage of pupils achieving grades 5 or above in English and maths GCSE's with an EHCP	<p>Percentage of pupils achieving grades 5 or above in English and maths GCSE's with an EHCP</p> <p><b>7.6%</b></p> <p>Percent of pupils is down from 15.2% in 2021/22 vs 6.9% for England in 2022/23</p>	<p>Percentage of pupils achieving grades 5 or above in English and maths GCSE's with SEN support</p> <p><b>15.6%</b></p> <p>Percent of pupils is down from 29.7% in 2021/22 vs 20.5% for England in 2022/23</p>	<p>Percentage of pupils achieving grades 5 or above in English and maths GCSE's with No SEN</p> <p><b>41.4%</b></p> <p>Percent of pupils is down from 68.4% in 2021/22 vs 51.1% for England in 2022/23</p>
KS4: Average attainment 8 score for pupils with an EHCP	<p>KS4: Average attainment 8 score for pupils with an EHCP</p> <p><b>13.6%</b></p> <p>Percent of pupils is down from 16.8% in 2021/22 vs 14.1% for England in 2022/23</p>	<p>KS4: Average attainment 8 score for pupils with SEN support</p> <p><b>30.5%</b></p> <p>Percent of pupils is down from 32.9% in 2021/22 vs 33.2% for England in 2022/23</p>	<p>KS4: Average attainment 8 score for pupils with No SEN</p> <p><b>45.7%</b></p> <p>Percent of pupils is down from 49.8% in 2021/22 vs 50.1% for England in 2022/23</p>
KS4: Average progress 8 score for pupils with an EHCP	<p>KS4: Average progress 8 score for pupils with an EHCP</p> <p><b>-0.87%</b></p> <p>Percent of pupils is up from -1.03% in 2021/22 vs -1.12% for England in 2022/23</p>	<p>KS4: Average progress 8 score for pupils with SEN support</p> <p><b>-0.35%</b></p> <p>Percent of pupils is unchanged in 2021/22 vs -0.46% for England in 2022/23</p>	<p>KS4: Average progress 8 score for pupils with No SEN</p> <p><b>-0.03%</b></p> <p>Percent of pupils is up from 0.09% in 2021/22 vs 0.10% for England in 2022/23</p>

Performance Indicator: ○ Dudley year on year. □ Dudley vs latest published England data from DfE statistics.

On the below charts Green means the LA is better than England, red means worse.

- Overall attendance rates in Dudley are broadly in line with England. (92 % vs 92.5% 2021/2022)
- Overall, authorised absence rates in Dudley are higher than England (5.73% vs 5.49% 2021/22)
- Overall unauthorised absence rates in Dudley are higher than England (2.27% vs 2.06% 2021/22)
- Overall persistent absentee absence rates in Dudley are higher than England (25.9% vs 22.5% 2021/22)

### SEN Support - Overall Attendance



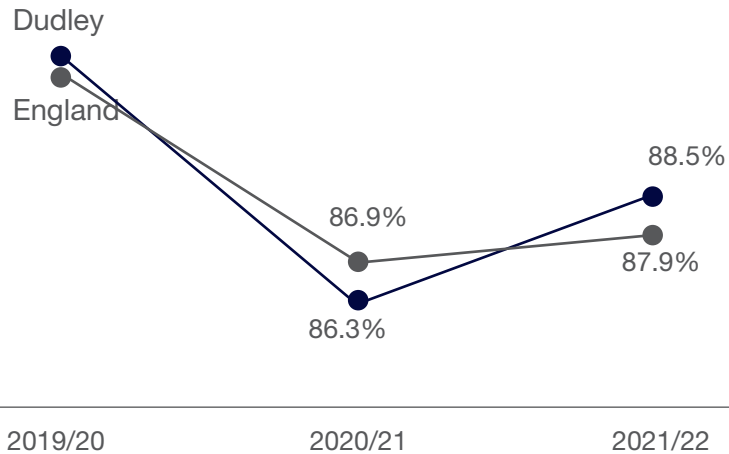
### SEN Support - Absence Rates

		2018/19	2019/20	2020/21	2021/22
Overall absence rate	Dudley	6.3%	N/A	6.4%	9.9%
	England	6.5%	N/A	6.5%	10.0%
	Gap	-0.2%	N/A	-0.1%	-0.1%
Authorised absence rate	Dudley	4.1%	N/A	4.3%	6.8%
	England	4.3%	N/A	4.5%	6.8%
	Gap	-0.2%	N/A	-0.2%	0.0%
Unauthorised absence rate	Dudley	2.2%	N/A	2.1%	3.1%
	England	2.2%	N/A	2.0%	3.2%
	Gap	0%	N/A	-0.1%	-0.1%
Percentage of persistent absentees (10% or more missed)	Dudley	18.2%	N/A	18.9%	34.1%
	England	17.9%	N/A	18.9%	32.0%
	Gap	0.3%	N/A	0.0%	2.1%
Percentage of severely absent pupils (50% or more missed)	Dudley	1.3%	N/A	1.1%	2.2%
	England	1.6%	N/A	1.7%	3.0%
	Gap	-0.3%	N/A	-0.6%	-0.8%

On the below charts Green means the LA is better than England, red means worse.

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- Overall, authorised absence rates in Dudley are higher than England (5.73% vs 5.49% 2021/22)
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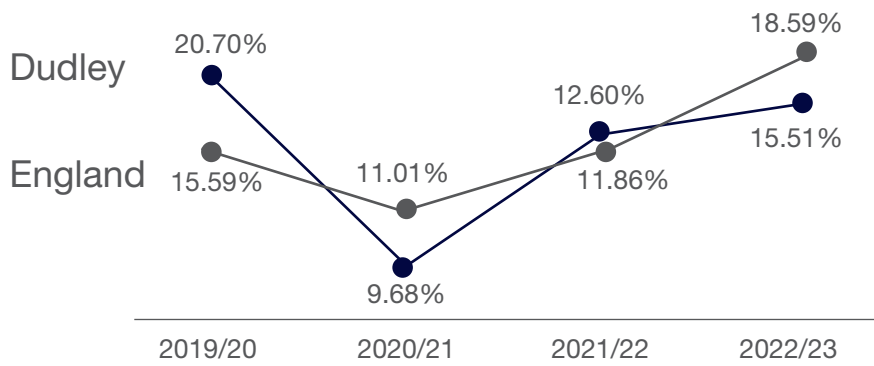
### EHCP - Overall Attendance



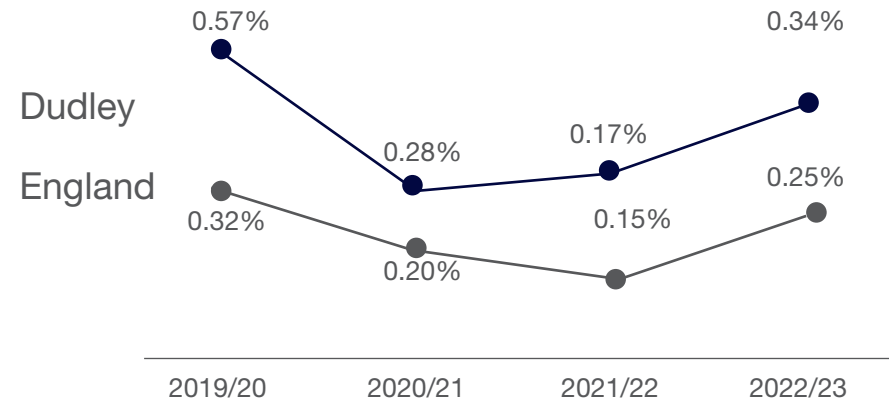
### EHCP - Absence Rates

		2018/19	2019/20	2020/21	2021/22
Overall absence rate	Dudley	8.7%	N/A	13.7%	11.5%
	England	8.7%	N/A	13.1%	12.1%
	Gap	-0.0%	N/A	0.6%	-0.6%
Authorised absence rate	Dudley	6.7%	N/A	12.0%	8.8%
	England	6.6%	N/A	11.1%	9.1%
	Gap	0.1%	N/A	0.9%	0.3%
Unauthorised absence rate	Dudley	2.0%	N/A	1.7%	2.7%
	England	2.1%	N/A	2.0%	3.0%
	Gap	-0.1%	N/A	-0.3%	-0.3%
Percentage of persistent absentees (10% or more missed)	Dudley	24.4%	N/A	49.8%	38.6%
	England	24.6%	N/A	42.3%	36.9%
	Gap	0.2%	N/A	-7.5%	1.7%
Percentage of severely absent pupils (50% or more missed)	Dudley	2.9%	N/A	4.4%	4.4%
	England	3.3%	N/A	4.5%	5.2%
	Gap	-0.4%	N/A	-0.1%	-0.8%

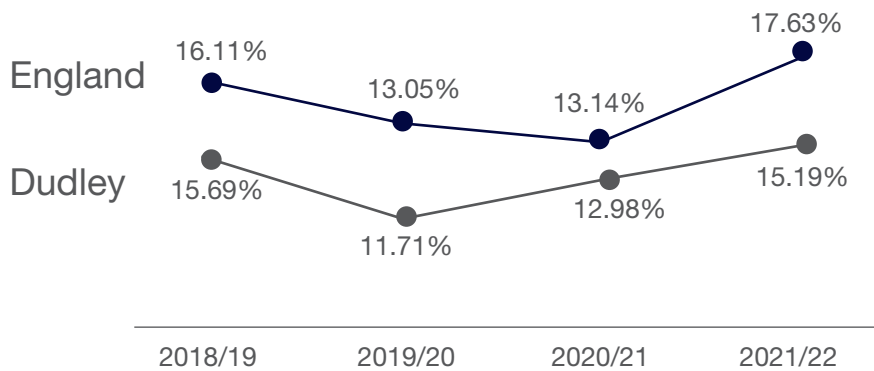
## SEN Support - Suspensions



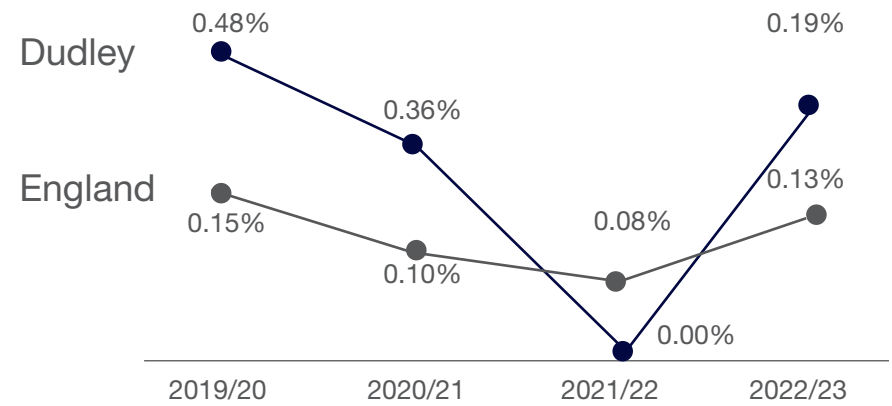
## SEN Support - Exclusions



## EHCP - Suspensions

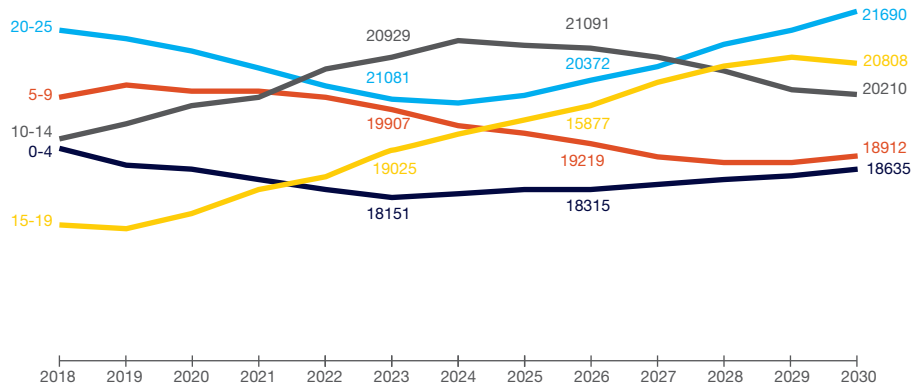


## EHCP - Exclusions

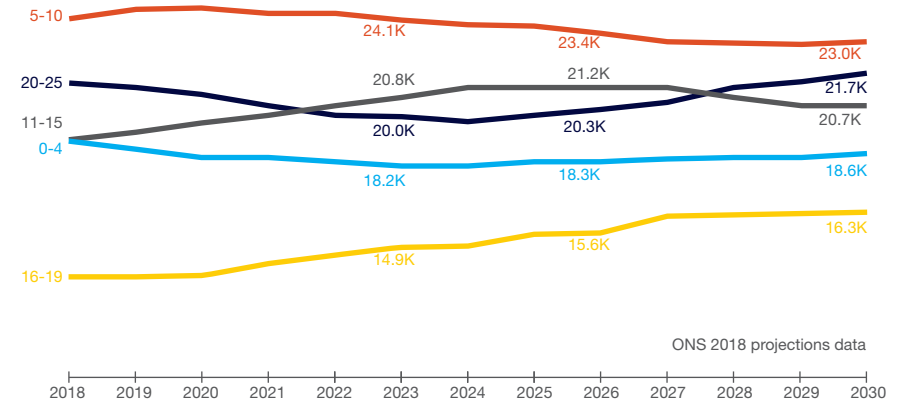


# Population Data - Office for National Statistics (ONS) 2018 Data

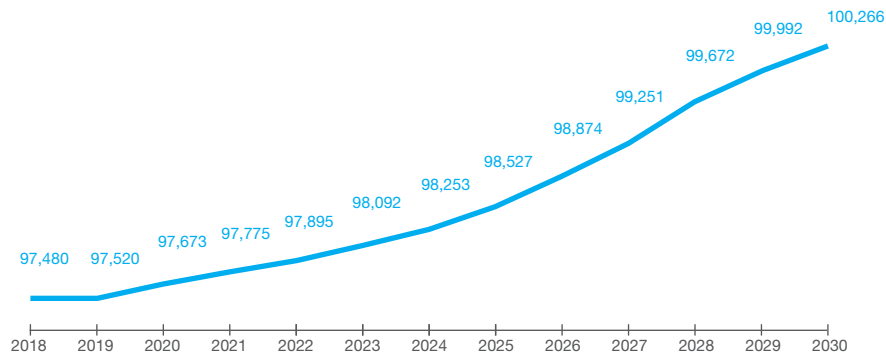
ONS Persons Projections for Dudley LA



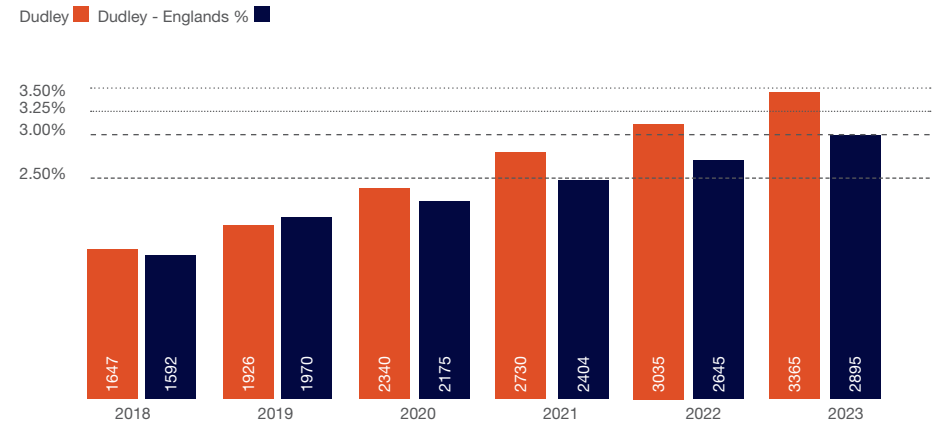
Children and Young People Population Projections for Dudley LA based on DfE Age Bands



ONS Persons Projections for Dudley LA 0 - 25



Percentage of 0 - 25 Population with an EHCP in Dudley vs England





# 1. CHILDREN & YOUNG PEOPLE'S NEEDS ARE ACCURATELY IDENTIFIED AND ASSESSED PROMPTLY AND EFFECTIVELY.

What and how we know about the impact of our arrangements for children and young people with SEND

- Education Health and Care (EHC) plan documentation and Annual Review process have been revised with a robust multidisciplinary panel process in place. We know this is having an impact as our 20-week timescales are improving. To date our 20-week timescales are 53% excluding exceptions and 58% including exceptions.
- Communication and relationships with parent/carers is being improved through inclusion of the family conversation in the EHCNA process. This provides further opportunity for them to share their views on the assessment prior to the draft being completed, which has led to a reduction in complaints overall regarding communication and timeliness.
- A Graduated Approach, which is the system of SEN Support within mainstream settings, is developing in Dudley. A range of training opportunities provided through the Special Educational Needs Coordinator (SENCO) network meetings, with supporting information also available on the Local Offer. Settings, can access a range of specialist support.
- WellComm continues to be embedded and is being used across Dudley. We are seeing increased confidence in settings to support children at the earliest opportunity.
- Designated Social Care Officer (DSCO) is in post. This role is positively impacting quality across Children's Services by enhancing communication between services and practitioners through improved multi-agency panel processes.
- Dedicated Assessment officer within the SEND team are in place to undertake statutory assessments. This has improved communication with families as there are now dedicated and upskilled staff within the team specifically focusing on assessment.
- Communication with schools has improved through the SENCO network meetings, attendance at monthly head teacher briefing, increased case officer capacity and the development of the Lead SEND Practitioner role which seeks to provide advice and support to mainstream schools about SEND students. Dudley also now has dedicated commissioning support for SEND which ensures we are creative and innovative in the services we commission ensuring growth in response to demand.

- PCF and parent/carer groups are a key stakeholder in the development of our SEND offer in Dudley. They have representation on key improvement workstreams. We are beginning to embed the principles of 4 Cornerstones to coproduce with all of our partners.
- Dudley now has expanded its capacity in specialist resource bases/hubs to increase the Local Offer and respond to presenting need. We have commissioned four additional SEND Units this year. Parent Carers are included as a key part of the assessment decision making process for new units. We know that this is having an impact as more children and young people are now able to access mainstream provision via a base or unit which gives them an appropriate curriculum to meet their needs in a suitable environment. Find press release [HERE](#)
- Work continues to ensure consistency and improvement in the ongoing development of the SEND hubs and units, with active involvement from schools and the PCF.
- Training is in place for all SENCOs across Dudley on any new SEND processes which are being embedded. Training is available in a number of formats such as virtual, face to face, or recorded sessions.
- Promotion of early support through Family Hubs and signposting to support services via conversations with schools, health, and voluntary organisations.
- Targeted Early Help assess need through an Early Help Assessment. Support can step up or down according to assessed need and collaboration with all partners supporting the wider family. The impact is seen by reducing the number of families requiring support at level 4 and de-escalating families to level 2.
- Trial period on revised social care information sharing document to improve holistic quality of EHC plans and to ensure clarity of social care terminology within plans.
- The update and launch of Physiotherapy and Occupational Therapy Facebook pages and Speech & Language Therapy web pages are now well embedded. This helps to signpost families and practitioners to appropriate resources and increases the knowledge base around these services.
- Following the implementation of the 'Get Moving Programme' and the Motor Coordination Toolkit, referrals to Occupational Therapy (OT) for coordination difficulties are now more appropriate. There is also great support from colleagues such as educational psychologists, who promote the programme as part of a graduated approach. The Get Moving programme and Motor Coordination Toolkit are well established in schools.
- Speech and Language Therapy - Ongoing collaborative work with the family hubs team (particularly within the Early Language and Home Learning Environment workstream).  
School age Senior Leadership Team (SLT) have highly specialised Speech and Language Therapists monitoring and answering triage queries from all local schools. If staff are not confident, they can access the therapists (cluster coordinators) for further support.

- The new Speech and Language Therapy School Age Service pathway enables a more needs-led service. It also allows flexibility for children and young people to access the School Age Service at a time when they, or their families and education settings, require specialist support.
- NHS Continuing Care process identifies appropriate level of health need, leading to full assessment and care package; or signposts appropriate services where required.
- Child and Adolescent Mental Health Services (CAMHS) have developed a Single Point of Access (SPA). To support reliability across the intervention elements of the iThrive Spectrum, there is increased resource for CAMHS SPA to enable the SPA to triage for Getting Help as well as Getting More Help services.
- Black Country Healthcare NHS Foundation Trust are currently exploring external providers for Autism Spectrum Disorder (ASD) assessments, to support ASD waiting list times, and purchase additional capacity within the system. The due diligence regarding the engagement of these external providers is in process.
- Black Country Healthcare NHS Foundation Trust led review of the demand, capacity, and process for Neuro-Developmental Assessments across the Black Country. This is with a view to ensuring capacity and harmonising process.
- Children's Autism Assessment Service (CAAS) is working with Paediatrics and other professionals to formalise the Single Point of Access referral route by developing a referral form. This is helping to get autism assessments for the under 5s completed in a more timely manner. Children's Autism Assessment Service (CAAS) provides timely autism assessments by identifying needs at an early stage allowing for early interventions and support to be put into place. Children's Autism Assessment Service (CAAS) undertake multidisciplinary autism assessments for children under the age of 5 by working collaboratively with all other professionals and services who are involved with children and young people.
- Quality Assurance processes in relation to EHCPs are developing across the partnership which includes a multi-agency auditing process. Feedback from parents who received newly created plans was positive from the first round of surveys undertaken. Further work will continue to develop the QA process.
- An Emotionally Based School Non-Attendance (EBSNA) strategy group has been established to create a clear pathway for schools to follow. The pathway will link to Ordinarily Available Inclusive Provision (OAIP), screening tools, training, and interventions available with our health and voluntary sector partners.
- Revision of process for social care completion of Education Health and Care Needs Assessment (EHCNA) information requests to ensure robust responses.



## FOCUS ON PRACTICE

The journey for a parent accessing a school when their child is entering transition to primary education is usually challenging, and even more so for a parent with a child with an additional need. Ensuring a good quality assessment is in place is vital, with good communication throughout the process. Dudley has processes in place to ensure that the process led by the Case Officer supported with wrap-around multi agency assessments and panel processes, is robust and captures the needs of the child accurately. Jake's parental preference was for a local specialist school.

During the time Jake was undergoing assessment, Dudley commissioning team were developing the base offer in mainstream schools. The authority developed and implemented a robust tendering process, and as a result four appropriate hosts were found. The SEND Units were designed with a strict brief: to support primary age children with needs within the areas of Communication and Interaction, and Cognition and Learning. The provisions were developed to support children whose needs warranted an enhanced curriculum, specialist staff, and a bespoke environment but would benefit from the opportunity to access mainstream classroom and interact with mainstream peers if they were able to do so.

During the EHCNA process the assessments carried out for Jake showed that he had needs in several areas, and that he also had skills developing which would benefit from a SEND Unit provision. As a result, the Local Authority's preference was for one of the new placements which would provide him the support he needed whilst being able to access his local provision. Jake's parents were concerned that the SEND Units would not be sufficient to support his needs and lodged an appeal through the tier one appeal.

Although the parents were understandably concerned that the provision was new and untested, due to the communication maintained, they were trusting in the process and enrolled Jake to the local school identified and he began his attendance in the SEND Unit there.

Once Jake had transitioned into his reception cohort, the parents were able to see the benefits of SEND Unit provision and saw how much it suited Jake. They had the opportunity to attend their tribunal hearing in February, however, they were happy to work with the local authority and the school. Being confident in the assessment, the plan and the school, parents agreed to a consent order and the tribunal hearing was agreed by the court to be vacated. Although the tribunal date was set for early 2024, the consent order was signed by happy parents agreeing to a permanent place at a school, and the appeal was vacated late December 2023.

## Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND

- We will focus on improving the 35% of parents receiving an amended EHC plan following an annual review within 12 weeks. This will be improved through additional capacity within the SEND team and the embedding of a full permanent workforce.
- As part of the DBV Programme we are focusing on our Annual Review Timeliness, starting with our data. A short-term role specifically focusing on data cleansing will be recruited to support this process.
- We will ensure that the SEN Support process is consistently embedded across all settings. Progress in this area will form part of the “Ordinarily Available” provision workstream as part of Dudley’s Delivering Better Values (DBV) Programme.
- We will be working on our coproduction with all stakeholders in Dudley. The basis of this will be the roll out of the 4 Cornerstones approach to coproduction. We will be developing a new coproduction charter which will outline our commitment to working together.
- As identified in the 2022 PCF Survey (published in January 2023) we will ensure the Early Identification Pathway Tool incorporates first concerns raised by parents or any other practitioner working with the child.
- We will be working with our Early Years Foundation Stage colleagues to ensure the graduated approach is in place to meet children’s needs at the earliest opportunity.
- The Early Years Hubs commissioning and roll out will be a continued priority for the next 12 months.
- As a partnership we are analysing survey feedback following the EHCNA process. This will in turn be used to inform training of areas where improvements are required.
- SEN Staff recruitment and retention will become stabilised over the next 12 months. A permanent Head of Service has been recruited to and all case officers are permanent.
- Work is underway to create a new Alternative Provision Strategy. The “Pathways Strategy” will ensure the sufficiency of specialist/AP provision improves. We aim to go live with this by the end of 2024.
- As part of the Specialist Inclusion Redesign, we will be developing a graduated pathway to ensure that every child is able to reach their full potential. This will go live in September 2024 and is a good example of both coproduction and codesign.
- We will ensure care needs/advice are more consistently embedded into EHCP’s, especially Post 16. This will improve as the plan is for Children with Disabilities Team (CDT) to sit within our SEND Service allowing more joined up working.



- We will continue with the 0-4 Speech, Language and Communication Needs (SLCN) Workstream for joint/collaborative working between the Local Authority (LA) and NHS has been effective, however, this has not yet come into effect for school age SLCN.

- Regarding Speech and Language, barriers have been raised around health professionals explaining to education professionals what their roles and responsibilities are in relation to SLCN. There are several plans to support further understanding of Speech, Language and Communication Needs within schools:

Firstly, screening for secondary school age children, with the launch of new Wellcomm. Speech, Language and Communication Needs to be embedded in pathways for “at risk of permanent exclusion” e.g., for staff to use the Speech, and Language Communication Framework (SLCF) to gain confidence in how SLCN can impact on a child/young person’s behaviour.

Increase the visibility of SLCN competency development resources available to settings. This can be achieved by introducing the SLCF to education settings, to support education staff with identifying the level of competence they need to achieve for supporting SLCN.

Early identification of SLCN should lead to early intervention e.g., using strategies recommended to universally support communication development, and if a screening assessment has identified a target area to work on, more specific strategies can/ should be used e.g., use of the WellComm big book of ideas, or resources available from the SLT service.

- A business case for a proposed Occupational Therapy Sensory Assessment Service has been created and approved by the SEN/D Joint Commissioning Group. This will now proceed to be considered by the ICB as part of the contracting round for 2024/25.

- Developmental Coordination Disorder diagnosis is not always a smooth process in Dudley and parents have expressed their frustration. Occupational Therapists have met with Community Paediatricians to look at developing a better process for identifying children who may have Developmental Co-ordination Disorder (DCD) and for diagnosis to be given where appropriate. As the numbers of children are fairly small, we have agreed to use slots at the end of existing Multi-Disciplinary Teams (MDT’s) clinics with the Paediatrician to discuss/review children, benchmark against criteria and diagnose if appropriate. However, as we cannot refer directly to the paediatricians, we are having to request that the General Practitioner (GP) does this which is not time or cost effective and is a barrier for children and their families.
- There is a Black Country Wide review of Neuro-Developmental (ND) Assessments Service provision and process which commenced in Autumn 2023. This will review the demand, capacity and process of assessment, diagnosis, and support for families with children with ND presentations.
- We will drive forward the Family Hubs Programme which is currently funded up until March 2025. We will be creating accessible provision for children, young people and families and developing increased locality knowledge. The aim is to ensure that Family Hubs becomes part of mainstream delivery once the initial funding ends.
- We will ensure Targeted Early Help improves data collection on children and young people with SEN support and EHCP’s. This will be delivered through increased functionality and case recording on our Liquidlogic system.

## 2. CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES ARE INVOLVED IN DECISION-MAKING ABOUT THEIR INDIVIDUAL PLANS AND SUPPORT.

What and how we know about the impact of our arrangements for children and young people with SEND

- Family conversation is now embedded into the EHCP statutory assessment process. Feedback from parents who have been part of the family conversation has been positive from initial surveys. Further work will be undertaken to monitor the impact and ensure this remains a key priority.
- Revised annual review documentation was developed and a feedback survey was created. Training has been delivered to case officers and schools to further ensure children, young people and families views are accurately recorded in the annual reviews. This training has also been recorded and is available on YouTube for new staff and SENCO's. <https://youtu.be/AFAztlquiYU>



- We advise all SENCOs at annual review training and via our SEND networks that children and young people are encouraged to attend their annual review. If they are not able or choose not to attend, we try to ensure their views are represented at the meeting.
- The views of children, young people and their families are gathered by Education Psychology Service during the EHCN assessment process. This forms an integral part of us establishing a holistic view of the child.
- Social Care EHCNA template has been developed to better gather views, needs of children young people and their families to include joint creation of family plans for new EHCNA. Our findings showed that the first version of the template provided too much detailed information therefore we are reviewing and redesigning the template to ensure it is reflective of balanced and appropriate information. This is currently being piloted and we will share evidence once we have built up a repository.
- Dudley is one of the only Local Authorities to still provide a Connexions Service for children and young people. We continue to develop opportunities to support Preparing for Adulthood which is a key workstream of our DBV program. We provide statutory destination data for young people post 16.

- Children's Autism Assessment Service (CAAS) - action plans are written together with parents and are reviewed throughout the assessment process. Parents are consulted on any changes that occur with the CAAS team, for example a parent sat on the interview panel for our new Specialist Health Visitor role. Feedback from parents and carers was included in the 2022/2023 service audit in 2022/2023.
- The Speech and Language Therapy team include parents, carers, and children/young people in the formulation of their therapy goals. The SLT team are embedding the use Therapy Outcomes Measures (TOMS) to log and track impact/progress in several areas including impairment, activity, participation, and wellbeing.
- Occupational Therapy as standard care use the Canadian Occupational Performance Measure (COPM) which is an evidence-based measure. This ensures that the service remains occupation and child focussed. The measure has been adapted to make it more child friendly by using picture symbols and emojis to help the children to identify and monitor their goals also supporting them to self-rate both their performance and satisfaction.
- The 'Jigsaw Clinic' is Multi-disciplinary team (MDT) clinic for children with cerebral palsy. This is jointly run by Occupational therapy (Black Country Healthcare) and Physiotherapy (Dudley Group NHS Foundation Trust.) Children, young people and families are provided with a traffic light questionnaire providing insight into health, functioning and wellbeing prior to them attending clinic. This is discussed at the start of the clinic appointment allowing the child and their family to raise the issues that are most important to them. The MDT are currently carrying out service evaluations with paediatricians from Dudley Group NHS to benchmark care and pathways against National Institute for Health and Care Excellence (NICE) guidelines. Feedback has been gained via parent questionnaires and a focus group with parents. The plan is to use the results from this to improve services through coproduction.
- Cerebral palsy (CP) clinics with Occupational Therapists in special schools review all children with CP diagnosis annually to review upper limb joint measurements, splints, and have discussion with parents and child re: thoughts/priorities/any occupations they need help with. If the child and family identify occupations they would like to work on, they will jointly set goals and work out a treatment plan. Occupational Therapy feedback is gained after every completed block of group sessions, e.g., bike ability, football, high school readiness to inform future groups/shape services. Children set their own goals and self-rate performance and satisfaction. Consequently, children and young people are more engaged in their therapy sessions. Our performance against this - was Commissioning for Quality and Innovation (CQUIN) - achieved at least 70% of goals set.





- CAMHS are introducing and embedding of the Assess, Plan, Implement, review process with the use of Goals Based Outcomes to drive child/family centred goals for treatment. The process includes a seven-session repeat review of the child/young persons or family's aims for treatment, to ensure that the service is appropriate and meeting those goals. Risk assessment and risk management is a collaborative process within CAMHS Services. The purpose of the approach is to mitigate against the risk of an 'expert' service disempowering children, young people, and families when it comes to their mitigation of the risks posed by mental ill health.
- Continuing Care - Joint Personal Budget (PB) support plans for children and young people eligible to work with their keyworker (CC Assessor/ social worker etc) to develop a personalised care plan which addresses and meets the health and care outcomes important to the children and young people. PBs have demonstrable impacts on children, young people and their families whereby health and care services can be tailored to meet the needs at the time that the children and young people and their family need them. The PB can be used flexibly and does not have to be used to provide traditional care in the home. Examples include salt caves, gym passes, sensory spaces. PBs have enabled children and young people to remain at home well, instead of of multiple admissions to hospital, and they have been able to access school/respite.



Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND.

- Dudley values its close relationships working alongside community groups to capture the voices of Children and Young People. Our 4 Cornerstones work has provided us with a coproduction framework, and this will form the basis of a co production charter we are developing alongside our Child Friendly Dudley program of work. We will be working closely with our PCF colleagues to develop the next SEND Strategy and define our strategic priorities.
- Preparation for Adulthood will be a key focus for us over the next 12 months. We want to ensure pathways are clear for our young people and as such this work will be monitored by our DBV programme. In Dudley we aim to Increase the range and number of learning and personal development options available post 16 and post 19.
- The Local Offer Working Group has been reestablished and the current position is being evaluated.



- We will increase the direct support offered by the Connexions Services rather than signposting and develop a feedback process to measure impact of the advice given.
- We will ensure children and young people's voices are captured in the EHCP Annual Review Process to inform their planning and provision with a particular focus on transition. This will also capture the voices of the Parent Carers and ensure all views are taken into consideration to inform future plans.
- Through increased coproduction and provision of Early Support we want to ensure children, young people and families build resilience which will lead to less need for professional services. We are doing this through development of our graduated approach to ensure needs can be met at the earliest opportunity.
- CAMHS will establish assessment and treatment planning and risk management. This will be centred around co-producing an episode of care with the child/young person/family. CAMHS are continuing to increase coproduction within the service. CAMHS seek to co-produce at a more strategic level with YP in forums to review and participate in how CAMHS service provision is offered. Being able to consider the Black Country as a whole, offers a scale to listen to the voices of young people and families in what is working for and not working for them in the delivery of care.



- Occupational Therapy and Physiotherapy are completing the Cerebral Palsy pathway service evaluation. The results will be used to make improvements which will be coproduced with families.
- Continuing care will continue to identify how the Personal Health Budget (PHB) process can be facilitated in a more flexible and responsive manner whilst meeting regulatory requirements.
- A member of the Speech and Language Therapy team will be participating in training to become tutor in 'Talking mats' (to provide children and young people with communication difficulties to be able to communicate effectively about things that matter to them). Once trained the therapist will cascade the training to therapists and assistants within the SLT team to ensure that children and young people are included in their therapy decisions.



### 3. CHILDREN AND YOUNG PEOPLE RECEIVE THE RIGHT HELP AT THE RIGHT TIME.

What and how we know about the impact of our arrangements for children and young people with SEND

- At the point of a need being identified there are a range of services currently available. The OAIP work will aim to make these services more accessible. All of our Specialist Inclusion Services have been reviewed and a new coproduced service offer will be in place by September 2024. This will enhance and support the ordinarily available inclusive provision.
- The developments of the Inclusion Hubs and Family Hubs will increase the availability of opportunities for joined up working and increase support for parents on their parenting journey. The Early Identification Pathway including Targeted Early Help is under review.
- Early Help Services have embedded a graduated response, supporting children, young people and their families at the earliest possible opportunity to prevent escalation of need. This continuum allows children and young people and their families to move up and down services.
- The Dynamic Support Register (DSR) for children and young people with a diagnosed Learning Disability and/or autism spectrum disorder, provides a means of ensuring inappropriate admission to mental health inpatient care is avoided and appropriate care provided in the community in the least restrictive way. The DSR supports the professionals around the child/Young person to work as a system sharing risk management and accountability along with ensuring alignment of support from all professionals and teams supporting the child/young person. This can also lead to referral for the 'Keyworkers' and 'Intensive Support Team' (IST) to further support the right help at the right time.
- Occupational Therapy (OT) "Get Moving" is delivered in schools and pre-schools by the setting staff. OT special schools service have no waits with support offered quickly and staff are trained in key areas to support in respect to sensory processing, developing independence with self-care. Referrals are prioritised according to need e.g., head injury, neonatal follow up, complex neurological conditions are seen quickly, within a couple of weeks. If children have previously been seen by the service and have been discharged, they can re-REFER themselves directly back to the service when they need help.

CAMHS single point of access (SPA) has been in place to support access to all mental health and wellbeing service across Dudley. SPA is to make it simpler for those referring children and young people for mental health support. It is particularly important where there are multiple needs or when the most appropriate service to address a child's needs is not clear. Professionals can also contact the SPA for advice. WYSA (mental wellbeing app) has been purchased to support secondary school age child with the mental wellbeing.

- The Speech and Language Therapy Service now has a website which includes universal strategies to support the development of speech, language, and communication skills along with signposts families to the SLT services available within the Black Country if they require further support. The Children's Speech and Language Therapy service has an open referral system meaning families and schools can refer/re-refer directly when they may need help. There is a triage system for school aged children requests into the SLT team, supporting a quicker response to requests. The SLT team provide a range of free training for Education, Health, and practitioners enabling them to identify, and support identified Speech, Language and Communication Needs universally and highlight if a referral to SLT service would be helpful.

- There is a Single Point of Access (SPA) referral panel for all referrals for children with developmental delays and behavioural issues under the age of 5 years in Dudley. This is linked to the Community Children's Autism Assessment Service (CAAS) team so that the children can be accepted for an autism assessment by the CAAS team as well as by the paediatricians at the same time, reducing their autism assessments by 12-18 months.





Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND.

- We will improve how the Local Offer is communicated by improving current content using a local partnership approach. Work on the Local Offer is being coordinated through a steering group.
- All partners will ensure that information and process changes are shared between them in a timely manner to ensure that families access provision at the right time.
- We will work with our schools to ensure they are clearly and consistently delivering agreed Ordinarily Available Provision. This will be made available via our Local Offer.
- The redesign of our specialist services in conjunction with development of the OAIP will ensure a clear graduated pathway of support to ensure the earliest help is available for children in Dudley.

- We will continue to promote the Family Hub Offer to raise awareness with partners and Local Communities.
- We will create a Facebook page around promotion of CAMHS SPA and to the wider professional community.
- A business case for a proposed Occupational Therapy Sensory Assessment Service has been developed and approved by the SEN/D Joint Commissioning Group. This will now proceed to be considered by the ICB as part of the contracting round for 2024/25.
- The SLT service will ensure wider promotion of the website and new online resources such as videos of recommended strategies. SLT are currently considering how to develop a co-production group, with parents and young people, to guide future service developments. SLT are aiming to increase joint working with the Local Authority, particularly in School age children.



## 4. CHILDREN AND YOUNG PEOPLE ARE WELL PREPARED FOR THEIR NEXT STEPS AND ACHIEVE STRONG OUTCOMES.

What and how we know about the impact of our arrangements for children and young people with SEND

- Our children and young people with SEND have improving academic outcomes (as evidenced in the data on page 8).
  - We have an Inclusive Pathways Team that support schools to prevent permanent exclusions this works across primary and secondary. (as evidenced in the data on page 10).
  - Collaborative working between health and education speech and language services. We know this is having an impact as it supports children and young people to remain in their local mainstream provisions.
  - Commissioning of a new build at Pens Meadow Special School which will lead to improved facilities for SEND children and young people and some increased capacity.
- Our SEND children and young people have access to Information advice and support via the Connexions service. This is a focus of the DBV programme to ensure consistency in enabling young people to make clear plans for their future.
  - Matrix funding system has been in place since September 2021 to support mainstream schools to use their funding in flexible ways and meet the individual needs of children and young people.
  - Care assessment undertaken for eligible children and young people
  - Within the PCF annual survey (2023) 5 out of 14 health services received 50% or more good/very good ratings in relation to quality of service. This is an improvement on the 2022 survey where 3 services received this rating.





- The Ready steady go transition tool is being used in Physiotherapy and Occupational Therapy to support young people to start preparing for next steps and transition into adult services. OT have good links with adult services and special schools have a transition pathway to the Adult Learning Disability Team. OT offer a school readiness group for high schools so that young people have the practical skills to be as independent and as prepared as they can.
- The SLT team trialled new processes/pathways for preschool to school age transition this academic year. Speech & Language Therapy team have close links with adult services (Dudley Rehabilitation Service and the Learning Disability team) to support transition for children and young people. CAMHS work closely with adult mental health teams to transition support as needed. SLT are building links with the LA to support transition, especially from preschool to School
- Co-production of goal and care planning includes self-management beyond CAMHS intervention.
- Children's Autism Assessment Service team are developing some parent support and education groups inspired by the early bird programme.



Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND.

- Health and the Local Authority will work closely over the next 12 months to improve and monitor the quality of advice provided as part of statutory assessment and annual review processes.
- We will review the quality assurance systems for EHCP's to further improve the experiences of our children and young people with the focus on impact, transition, and outcomes. We will continue to review the impact of the amended paperwork for EHC and annual review processes. This will be done with consideration of the ongoing national EHCP template pilot.
- We will establish the EHCP Annual review system and practice within the local area to ensure reviews are timely and robust.
- WYSA App has been purchased by Black Country Healthcare Trust to support secondary school age children and young people with their mental wellbeing. It is supporting in increasing health literacy and increase resilience. This has also been put in place as a CAMHS waiting list initiative. Feedback from the PCF has been feedback to Black Country Healthcare regarding accessibility for the SEND populations.

- We will establish Health Passports and embed them in practice as part of cerebral palsy pathway service evaluation. This will be discussed with children, young people, and families as part of focus groups with an aim of using more consistently.
- OT and physiotherapy staff are reporting that the Ready Steady Go tool is helping to highlight areas that previously may not have been considered enabling more signposting and independence work to take place over the next 12 months.



## 5. CHILDREN AND YOUNG PEOPLE ARE VALUED, VISIBLE AND INCLUDED IN THEIR COMMUNITIES.

What and how we know about the impact of our arrangements for children and young people with SEND

- Young people with SEND can now access the HAF programme following a change in provider. There is also an improvement in the signup system, this results in more children and young people with SEND being able to access community activities in the holidays.
- Children in Care Council are involved in the recruitment of all Childrens Services staff through a dedicated young people's panel.
- Young people's voices have been reflected through the Growing Up in Dudley Survey. This has created a number of priorities for action going forward.
- It is important to the Children, Young People and Family Health Services (CYPF) that children and young people lead their own care, driving the goals for treatment, and enabling a realistic expectation about what services offer and the steps towards wellness. Work is ongoing to ensure the consistency and understanding that coproduction is central to individualised child and family-centred goal setting.
- Occupational Therapy, bike, and football groups are conducted in the community with external agencies like Bikeability and Stourbridge Football Club, potentially leading to children and young people joining local football clubs/groups.
- Speech and Language Therapy are advocating that families and education settings should use all means to communicate, including objects, photos, signing systems (such as Makaton), and symbols. This is referred to as a 'Total Communication Approach' and supports in meeting children's communication needs. Training is offered to schools covering a range of Speech, Language and Communication Needs (SLCN) and ideas to provide a communication friendly environment supporting children and young people to communicate, which is fundamental to accessing all other social and learning aspects of their development.



## FOCUS ON PRACTICE

Muhammed is a 10-year-old boy who has very complex health needs with severe seizures and respiratory needs as a result of a congenital disorder.

Muhammed was assessed and found eligible for NHS Continuing Care and parents wanted to explore a PHB because they wanted to make sure they were able to make memories as a family following the sad and untimely death of Muhammed's sibling who had the same diagnosis.

Muhammed also suffers with high resting anxiety levels which has an impact on his respiratory needs and increased his admissions to hospital.

Continuing care - The PHB enabled care and support in line with what the family want - for it to be a less clinical environment.

The parents employed extended family as PAs so that Muhammed was able to continue to take part in family outings, which they couldn't do with his sibling.

The familiarity of his family being his PAs helps to reduce that anxiety, which in turn reduces his respiratory needs and admissions.

Muhammed is now more able to attend his special school.

Muhammed is a young boy who likes cuddles, tickles and gentle music and is making memories, while relaxed in the company of family.



Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND.

- We will finalise our Inclusion Strategy in Dudley building on the significant amount of engagement already with schools and Alternative Provision (AP) providers.
- We will explore Integrated Budgets (Health/Care and Education) and how these can be used appropriately within an EHCP.
- Speech & Language Therapy will encourage the use of the Speech, Language and Communication Framework (SLCF) within education settings.
- The Integrated Care Board (ICB) will consider the results of the children and young people survey around health services and develop appropriate actions to make improvements.



## 6. LEADERS ARE AMBITIOUS FOR CHILDREN AND YOUNG PEOPLE WITH SEND.

What and how we know about the impact of our arrangements for children and young people with SEND

- As a multiagency partnership, Dudley has a range of multiagency panels to ensure we provide the right support in the right place at the right time. These include a two-part EHCNA panel, early years panel, and tripartite panel.
- The development of mainstream bases has ensured that more children and young people have been provided a needs-led environment to support them in accessing mainstream provision.
- We have a multiagency SEND Strategic Partnership Board that provides overarching governance for SEND developments across Dudley.
- SMART outcomes for pupils are improving. Settings work hard to ensure children and young people achieve against set targets, and the SEND team expectation is that Case Officers challenge when these are not met.
- We increased staffing within the SEND case officer team so that caseloads are smaller, allowing for more joint working with young people and their education providers.
- SEND is well resourced within the ICB with a dedicated Designated Clinical Officer (DCO), SEND Senior Programme Lead and an Administrator which supports strong governance arrangements.
- Strong leadership is evident in health with the ICB having an Executive Lead for SEND who is the Chief Nursing Officer and Deputy Accountable Officer. Each provider Trust has recently been asked to nominate an Executive Lead for SEND within their own organisations. This will ensure that the status of SEND within our health organisations is fully recognised and considered to make improvements. The ICB's Dudley Managing Director Co-Chairs the SEN/D Partnership Board, the SEN/D Joint Commissioning Group, and the Children and Young People's Partnership Board.
- The CAMHS referral form asks for SEND to be identified to support reasonable adjustments as required and indicated. In addition, changes have been made to the Electronic Patient Record to enable services to monitor on an individual and population level, the efficacy of service provision for SEN families.
- SPA (CAMHS) shows strong multidisciplinary working across the whole of Dudley. Children are seen by the correct service at the correct time.



Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND.

- We will update our SEND Strategy in 2024 with a keen focus on the identified areas as part of this SEF alongside the APP and DBV work programmes.
- The SEND Employment forum project will aim to double children and young people in supported internships by 2025 and support LAs to produce targeted action plans.
- With the introduction of the OAIP, the redesign of the specialist services, and the development of the sufficiency strategy, we will ensure that our area has a joined-up and coordinated approach. Children and young people will receive the right support at the right time and have access to the right provision for them within their local area.
- We will embed the SEND Lead Practitioner role and the SEND & Additional Need Officers to improve quality and access to support for young people at the earliest time across Dudley Schools.
- We will listen and respond to the views of parent carers as identified in the annual parent carers survey.
- Dudley will have an improved Preparing for Adulthood pathway as part of the DBV programme.



## 7. LEADERS ACTIVELY ENGAGE AND WORK WITH CHILDREN, YOUNG PEOPLE AND FAMILIES.

What and how we know about the impact of our arrangements for children and young people with SEND

- The PCF is represented at all Strategic Boards and Steering Groups. They are also involved in specific commissioning projects across Dudley reflecting our strong approach to coproduction.
- Children and young people's panels are part of all recruitment across children's services. Within SEND, PCF are also included in the recruitment process.
- As a local authority, we are committed to listening to feedback and consult directly with our children, young people and families to inform and improve our service delivery. Dudley is committed to the principles of being a "child friendly" borough.
- CAMHS use children and young people and families feedback of their service experience along with complaints analysis to inform and improve their service.
- Occupational Therapies feedback is gained following the delivery of parent workshops, special school's service evaluation, cerebral palsy pathway service evaluation. All this feedback is used to drive forward service development. OT service also use Tell Us How We Did: a child friendly feedback form that has been developed and piloted in conjunction with Physio and Trust Patient Experience team. Feedback is gained from children and young people following individual sessions and attendance at groups.
- Within the SLT team the use of Care Opinion is encouraged, along with the Tell Us How We Did surveys - which included the child-friendly version created by the Trust.
- Children's Autism Assessment Service involve parents/ carers in changes to service - Care Opinion and Tell Us How We Did surveys are used, and parental/carers give feedback as part of yearly audit plans.

## Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND

- We will gather more regular feedback from children and young people in order to inform ongoing service developments
- Regarding the CP pathway service evaluation, questionnaires and focus groups have taken place with parents. We plan to engage young people as well, to gain their views.
- We will develop a co-production group with parents, children and young people, to guide future service developments within Speech and Language.
- CAMHS will review the effectiveness of GOAL Based Outcomes



## 8. LEADERS HAVE AN ACCURATE, SHARED UNDERSTANDING OF THE NEEDS OF CHILDREN AND YOUNG PEOPLE IN THEIR LOCAL AREA.

What and how we know about the impact of our arrangements for children and young people with SEND

- Synergy reporting has improved across SEND with dedicated resource in place to update reports and monitor quality assurance.
  - Revised Inclusion Strategy (including AP) has been developed and is in draft format.
  - A Health Early Notification Form is in place to alert the LA to a potential SEND need/s for a child.
  - SEND Strategic Partnership Board, Schools Forum and PCF share information and have multiagency representation at regular meetings. Along with a monthly SEND Health Steering group to provide co-produced actions to further improve services for SEND.
  - Regular learning from practice through Child Safeguarding Practice reviews. Recent cases include children and young people with SEND.
- We have a strong data dashboard in place outlining SEND Services demand and outcomes as well as local trends.
  - We develop and publish a Joint Strategic Needs Assessment and other associated needs assessments that provide information about the needs of children and young people locally, which helps to inform on the design and development of internal and commissioned services. This includes but is not limited to the following assessments and publications:
    - All About Dudley Borough Joint Strategic Needs Assessment website
    - Early Years Needs Assessment March 2023
    - Children and Young Person's Needs Assessment March 2023
    - Growing up in Dudley Report May 2024



## Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND

- We will establish an Emotionally Based School Avoidance (EBSA) pathway. The pathway will link to OAIP, screening tools, training, and interventions available through the local authority, health and voluntary sector partners.
- We will continue to commission resource bases (particularly around secondary schools) over the next 12 months.
- We will enhance our health data dashboard incorporating key performance indicators such as the 6 weeks return of health advice, GP LD Health checks and Annual Reviews and waiting time information etc. Once complete this will inform commissioning decisions.
- We will actively encourage schools to participate by offering action plans, Ofsted support, and a charter mark to work towards. The information gathered will allow us to streamline the support we offer and pinpoint schools that need the most assistance. It will inform our decision-making and target funding appropriately.
- We will be creating a method of supporting children and young people who have not been awarded a plan but have completed all stages of the assessment process, along with those children who are to be stepped down from a SEND support plan. This will be developed in collaboration with the new SEND advanced practitioner when she is in post. It will involve utilising the evidence and advice gathered, as well as signposting to appropriate services to offer support into adulthood.
- We will embed the SEND Network as this will be a major route to supporting workforce development, highlighting the importance of SEND consistency and expanding the SEND community within our mainstream schools.



## 9. LEADERS COMMISSION SERVICES AND PROVISION TO MEET THE NEEDS AND ASPIRATIONS OF CHILDREN AND YOUNG PEOPLE, INCLUDING COMMISSIONING ARRANGEMENTS FOR CHILDREN AND YOUNG PEOPLE IN ALTERNATIVE PROVISION.

What and how we know about the impact of our arrangements for children and young people with SEND

- The SEND team works alongside the commissioning team to identify children and young people who need a new placement in an educational setting with SEND support and ensure new providers are assessed appropriately to ensure a quality standard of provision is met. We do this through due diligence checks, contract management meetings and through quality assurance monitoring visits. During annual reviews, we capture the views of children and young people in the setting.
- We are currently undertaking an Alternative Provision review in consultation with local AP Providers, primary and secondary schools. Refreshed “Pathways Strategy” to be drafted by end of this calendar year. Consultation sessions finished in November 2023. This work is ongoing, but the impact will be felt across Dudley as it will offer a more consistent approach.
- Dudley Council and ICB have agreed a joint way of working that will ensure children in Early Years settings have access to specialist seating to enable them to access nursery provision in Dudley in a timely way. This way of working has meant that children have been able to access Early Years provision locally, with the right equipment for their needs.
- We have improved engagement with parent carers, for example, through the design of our short breaks offer. Parent carers are members to our decision panel that allocates small bids funding to community providers to develop short breaks offers.
- We have a varied short breaks offer in Dudley which includes overnight short breaks, holiday activities, sensory swimming and leisure activities, and after school activities, for example. We have also ensured the Holiday Activities Fund offer meets the needs of children and young people with SEND. Case studies below demonstrate examples from families about the impact of these services.



- We jointly commission a range of services for children and young people, including:
  - 0-19 service including health visitors, Family Nurse practitioners, School Health advisers, School Nursing and SALT services
  - Residential short breaks
  - Other short breaks including daytime and leisure short breaks (such as swimming)
  - Equipment including specialist equipment to meet the needs of children and young people at home, in the community and in education settings
  - Care packages
  - Personal budgets
  - SENDIASS
  - Voluntary Sector Development Worker
  - Young Carers
  - Young Health Champions
  - Dad's Worker
- We have opened new primary hubs (SEND resource bases) in 2023, meaning that children are now able to access mainstream provision in a smaller and more nurturing environment, close to home.
- We have opened 5 Early Years Hubs to enable us to better support children and their families to prepare for education and to better understand their needs at an early age, particularly where they may need an EHCP in the future.
- We are adopting a more data and intelligence driven approach to commissioning. Work has been undertaken to enable us robust oversight of all of our placements that support children and young people as well as emerging needs through the development of an Early Notification Form. Work like this enables us to project demand for services over the coming years and to design services based on our understanding of the needs of children and young people.
- Sensory differences OT service is exploring screening/ intervention resources to support parents and schools and avoid unnecessary referrals.
- Speech Language Communication Needs are being identified earlier. As identified within the PCF report there has been a reduction in families rating the SLCN within the 'poor to very poor' range which may be due to the impact of the earlier identification support in place.



## Young Health Champions

- We worked with 48 students across 4 pilot schools to complete a training programme, empowering the students to be health champions within their school and community.
- We supported the 48 students to focus on specific projects focussing on areas that have an impact on health and wellbeing such as the impact mental health can have on sleep in which they created artwork, decorative pillows that contain positive messages, a booklet with sleep tips and have signposted to mental health organisations
- They have visited primary schools and presented the importance of health to pupils.
- They have produced a booklet for all future Health Champions which places importance on raising awareness in certain areas of health such as physical health, mental health, environmental health, sexual health, and emotional wellbeing, plus seeking opportunities to link with other organisations such as Here4Youth and CHAAD to explore bespoke packages to support targeted needs.
- The DYHC have also looked at the Izone platform and are working to redesign this following peer and lived experiences feedback such as how inaccessible areas are for people with visual impairment.



# FOCUS ON PRACTICE

## KID'S Orchard Play Scheme

“The staff are amazing. They have taken a lonely and isolated young man and got him out of his shell more. My son had no friends and stayed in his room 24/7 but now he loves to go to the group. He has made lots of new friends and I am so thankful for all that KIDS have done for him. From the bottom of my heart Thank you so much.”



“They know my name and status and are very aware of and sensitive to the family dynamic.”

“They have become almost an extended family. Invaluable to us.”

“KIDS is like a second family - supported my son from 5 - 19 years. He loves going. Thank you!”

“KIDs provide a safe environment for my disabled daughter to thrive in. She is able to socialise and interact with her peers and improve her communication skills. All the activities are well thought out and personalised for your child's ability. There's always lots of fun and engaging things to engage in such as cookery, messy play, art and crafts as well as water play and computer games.”

## Residential Short Breaks

A's mother and her partner feel [RSB] has had an amazing impact on A and the family. A has very good relationships with staff and comes home happier and calmer. They have also benefited from staff suggestions to respond to behaviour and below is an illustration of the impact this has had.

In March 2023, A achieved an award from his overnight short break provider - staff were able to work with A over a period of several months to transition him to eating a meal at the table. Mealtimes were particular stressful in a range of settings including home, school and when in the community. Success was achieved and A will now go to the kitchen and fetch his dinner and take this to the table independently and eat at the table with no issues.



# FOCUS ON PRACTICE

## Personal Budgets

“Having a child with additional needs is hard work and very challenging. You think you could do everything, and don’t need any help. When help was offered it was too much to consider that someone will help you look after your special child. Finding PAs was the hardest part - who to trust, and whether they’d be reliable? This was why I chose family, because you can always trust them. At the start it was very hard for me to let go and would just watch them but today I just let them do what they have to do knowing that the PAs provide the same care that I would do. I thank [PHB Nurse] and her team for providing me with this opportunity and helped me to let go a little bit and spend time with my other child. Getting help has taken some weight off my shoulders, and I really appreciate it. I would recommend this to any parent with a child/ children to get PAs. Even superhero’s need rest.”

“Before T had a PHB he was limited at what he could do. He would have to wait for a family member to be available for him to access activities. T has now grown in confidence and has become a young man full of life and humour. Having Personal Assistants funded through the PHB has allowed him to make independent decisions as well as them attending to all his health needs. Due to his uncontrollable epilepsy, the Pulse Guard has again allowed him to have some autonomy on his decisions and independence as it allows the family and PAs to be confident in understanding his seizures throughout the day.”

“We were first given a personal health budget when S was just 3, and she has been spending lengthy amounts of time in hospital. Our whole families’ lives had been turned upside down by S’s sudden change in health needs and we had a lot to get our heads around both emotionally and practically. We have employed the same PA for S since this time (nearly 5 years ago) and I don’t know what we would have done without her. It has allowed us to spend valuable time with her siblings when S has not been well enough to come out with us and we have peace of mind that S is being well cared for. We would not be able to function as a family without having this support and it’s genuinely changed our lives and made everything feel so much more manageable. It also allows S’s sisters to have more of a ‘normal’ life and gives us the chance to have more time, care and attention with someone trained and experienced in meeting her complex needs.”

## Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND

- We will improve our understanding and ensure that children who access a part time timetable receive high quality education.
- We will establish a comprehensive offer for Alternative Provision and ascribes clear roles and responsibilities for local area partners. This in turn ensures that children and young people's holistic needs are considered and met effectively.
- To guarantee a fully collaborative multi agency approach we will further develop collaborative working between the ICB and Local Authority.
- We will be commissioning a provider to work with the Local Area in order to create a sufficiency strategy for Dudley. This will form part of our DBV programme.
- Work will be completed on a clear pathway to ensure children, young people and their families understand the thresholds and processes for the CDT Team, short breaks, direct payments, overnight respite and carers assessments. We will ensure this is clearly communicated so that it is understood by children, young people and their families.
- We will further establish our preparation for adulthood work for young people aged 19+. We will need to capture the impact of the plans and pathways we have put in place.
- We will better capture the views of children, young people and families in the design of services and the outcomes and expectations of these services as well as through tender evaluation. To enable this, we will take a Child Friendly approach to commissioning in Dudley.
- We will better capture the views of children, young people and parent carers in our quality assurance and monitoring reviews of services that they draw on. We intend to do this through the development of a Quality Assurance Framework.
- We are commissioning additional SEND resource bases to enhance the provision in mainstreams schools. We hope that this will mean that children and young people are supported to access education in mainstream settings, avoiding the need for special school places. We intend to better monitor the outcomes of this provision through understanding how this is impacting the education of children and young people.
- Although we have great examples of families drawing on short breaks, we recognise that this isn't the experience for all families in Dudley. We recognise a need to make available more opportunities for children and young people to access a break without their parent carers. Over the coming year, we will work with regional colleagues to deliver a holistic short break offer.
- We will work more closely with the SENDIASS and mediation services to understand the reasons that families are accessing them, to enable us to improve conversations with families and avoid the need for mediation. We will monitor this through reviewing our spend on these services.
- We will create better policies and procedures as well as clarity on thresholds to enable children, young people and families to access offers such as direct payments, overnight respite and carers assessments, for example.
- We will improve the way we share information with families about the services we commission locally so that they know what SEND services are available to them through the Local Offer.



# 10. LEADERS EVALUATE SERVICES AND MAKE IMPROVEMENTS.

What and how we know about the impact of our arrangements for children and young people with SEND

- Individual service reviews, contract, and quality monitoring processes are in place across all service areas
- In May 2024 Social Care amended their internal audit process to include specific consideration of assessments completed on children and young people with an EHCP. This data will be used to assess methodology and approaches to best meet need.
- A SEND conversation with families pilot is being carried out in the Family Hub arena to increase information shared in Section D of EHCP's. If the pilot is a success it will lead to an increased number of EHC plans having a 'care' element within them. Data will be collected to evidence progression.
- Dudley has a joint commissioning group in place which identifies key areas of need and procurement of services.
- Service redesign is underway for the Learning Support Service and Specialist Inclusion Service. This will seek to enhance and compliment the therapeutic offer within Dudley.
- The DSCO role supports the joining up of all services for children, young people and families to reduce siloed working. Development of a virtual SEND champion team across all Childrens Services will begin to upskill peers, and work on development of process to close identified gaps.
- Agenda of the SEND Health Steering Group is set so that parent/carer feedback is the first item on the agenda. This ensures that we can routinely consider feedback monthly and any associated actions monitored by the Steering Group.
- Regular and consistent case file audits across all Children Services files to identify areas of good practice and required development. Social Cares CPP team have a robust audit process in place which sees monthly auditing completed on a dip sample of children/young people who have been assessed in the Social Care/Targeted Early Help arena. Identified learning from all audits are published across Childrens Services to support continued improvement.

- Leaders from BCHFT have taken onboard feedback from parent carer forums, as well as feedback from the populations accessing these services. CAMHS have and continue to review and audit processes with regards to quality and compliance, to include outcome measures, record keeping and risk assessments. BCHFT are also looking to embed the iThrive model across Dudley CAMHS to provide a provision that delivers ‘the right help, care, and treatment, at the right time by the right people’. There is ongoing engagement with the wider system in Dudley by CAMHS leadership to ensure an understanding of the ‘iThrive model of understanding children’s needs and service provision. This includes engagement with CAMHS workforce and Parent Carer Forums.
- CAMHS Single Point of Access (SPA) has been in place to support access to all mental health and wellbeing service across Dudley. SPA is to make it simpler for those referring children and young people for mental health support. It is particularly important where there are multiple needs or when the most appropriate service to address a child’s needs is not clear. Professionals can also contact the SPA for advice. The SPA will also provide a single view of the mental health needs of Dudley’s children and young people and whether there are gaps in capacity.
- Currently undertaking Cerebral Palsy pathway service evaluation. All groups are evaluated, and changes made. Service is benchmarked against relevant NICE guidelines, Royal College of Occupational Therapy (RCOT) guidelines, and other research to make improvements. Occupational Therapy completed special schools service evaluation, parental and school staff views, questionnaires and focus groups. Report completed and action plan in place.
- Ongoing data analysis to inform service development and prioritise areas for potential change. Increased promotion of service user feedback channels, e.g., Care Opinion, Tell Us How We Did within the Speech and Language Team.
- Children’s Autism Assessment Service audit of sensory and selective eating workshops last year supported the development service improvements. This year’s audit regarding SPOA will also use parental feedback.



## Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND

- The Local Authority Management information Team will create a data dashboard to give a comprehensive view of SEND in the local area which will improve analysis and inform service development and commissioning across the area.
- Once there is a sufficient sample of audits which include children and young people with an EHCP, CPP will produce a themed learning document which will be sent across the directorate to evidence our learning and indicate future improvements.
- Occupational therapy: Complete Cerebral Palsy service evaluation. We will review actions/audit in 12 months to ensure they are in place and evaluate progress. We will also complete the actions highlighted from special school's service evaluation.
- SLT will establish a co-production group with parents and young people to guide future service developments and will use the NHS Allied Health Professionals job planning tool.
- CAAS is planning an autism conference for 2024 aimed at pre-school and primary school age professionals which will help to increase awareness of autism and differential diagnosis.

- Assess, plan, implement and review along with Goal Based Outcomes, are used within CAMHS episodes of care. It will be more feasible to measure the impact of services once compliance is high enough with the Goal Based Outcomes to offer further insight. The incident and complaints processes offer opportunity to learn and improve quality and decrease risk in an ongoing basis.
- Continuing Care will evaluate PHB process to gain the views of parents/carers and PAs. Some families have reported difficulty finding PAs who can support them with care once the PHB has been awarded.



# 11. LEADERS CREATE AN ENVIRONMENT IN WHICH EFFECTIVE PRACTICE AND MULTI-AGENCY WORKING CAN FLOURISH.

What and how we know about the impact of our arrangements for children and young people with SEND

- 4 Cornerstones training rolling out across the partnership to include PCF, health, education, voluntary sector and children's services. This work will further establish the benefits and expectation of co-production in Dudley, ensuring a child friendly Dudley approach.
- Redesign of Specialist Services in Dudley will align services within SEND and will enhance our partnership with health and education services.
- We have strong multiagency governance arrangements via the SEND Strategic Partnership Board. This collaborative approach sets the foundation for joint working, and coproduced and codesigned approaches across Dudley.
- Our PCF are active joint partners, and this is demonstrated through a collective commitment and joined up approach in key strategic boards and in operational delivery.
- We are ensuring continued commitment to CPD across SEND. This includes the NASEN Case Officer Award.
- PFA Pathway meetings with special schools are being held regularly.
- OT and Physio's Jigsaw feeding clinics is benchmarked against NICE guidelines. We will regularly review evidence and feedback to inform support service improvements. Team appraisals are annually, with 6-month reviews allowing common aims to be set jointly across OT and physiotherapy.
- CAAS - all under-5 autism assessments follow the National NICE guidance working as a multidisciplinary team therefore all professionals involved with the child will be invited to the MDT diagnosis meeting and the diagnosis decision and support is developed in a multidisciplinary way. We have monthly liaison meetings with the under 5s CAMHS team.
- SPOA offers a multidisciplinary panel regarding children under 5 with developmental and behavioural issues. This is a non-diagnostic services and support under 5s who have experienced adverse childhood cases and/or who have significant behavioural needs.
- Schools can link in with social care and health to discuss and plan appropriate pathways for their learners with EHCPs, with the aim of supporting post 16 and 18 transition and reducing NEET figures.
- Representatives from Childrens Services and the wider professional community work together to ensure effective decision making to best meet the needs of children and young people - Right Service at the Right Time.



## Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND

- We will be working alongside Genuine Partnerships and the PCF to refresh our Memorandum of understanding and create a Local Area coproduction charter.
- SLT will explore inconsistencies in how information is shared between different professionals e.g., with regards to service updates, criteria, and processes. We will embed more efficient ways of processing information where issues are identified.
- CAAS: increased referral rate and impact of long waiting times for over 5s. We will establish the pathway and look at different ways of working, moving forward.





# OUR PRIORITIES THAT WILL MAKE A DIFFERENCE FOR CHILDREN WITH SEND IN DUDLEY

## 1. Continue to grow capacity and improve practice.

- We will reframe our Ordinarily Available Inclusive Provision (OAIP).
- We have codesigned our Specialist Services and delivery models to increase capacity and meet needs within settings.
- We will establish and implement a sufficiency plan (planning cycle) that ensures children and young people have the right local educational provision for the next 5 years and beyond.
- We will ensure our communication is relevant, accessible, comprehensive, timely and easy to understand.
- We will launch a revised Early Notification of SEND form and pathway for Dudley health services.

## 2. Deliver an efficient, effective and well managed SEND system

- We will have mechanisms in place to hear families' experiences and voices (to include PCF Surveys & learning from complaints)
- We will embed a comprehensive QA framework across education, health and care services to ensure the quality of EHCNA's, annual reviews and the child's journey through multiple services.
- We will involve children and young people in providing feedback on the design and delivery of services
- We will establish the PFA Pathway to ensure there are a range of options available for children and young people within Dudley. This information will be accessible and widely promoted.

# OUR PRIORITIES THAT WILL MAKE A DIFFERENCE FOR CHILDREN WITH SEND IN DUDLEY

## **3 Ensure coproduction is at the heart of all of our planning and delivery to improve the experiences of children, young people and their families**

- We will embed 4 Cornerstones coproduction model and the codesigned coproduction charter across the partnership.
- We will continue to gather and analyse feedback from new EHCNA's and Annual reviews and implement service improvements based on this feedback.
- We will empower parents and carers to participate in decision making through engagement with the Dudley PCF and other local parent/carer networks.
- We will investigate and explore with children and young people how we establish effective coproduction to improve experiences and outcomes for children and young people.

## **4 Enabling lasting change through intelligence, data and strategic commissioning**

- We will design, develop, and implement a SEND partnership wide data dashboard to monitor and evaluate the impact of our SEND improvement work.
- We will use the SEND and AP Sufficiency Strategy to inform the commissioning of local educational provision for children and young people.

# GLOSSARY OF ACRONYMS

ABA - Applied behavioural analysis

ADD - Attention Deficit Disorder

ADOS - Autism Diagnostic Observation Schedule

ADHD - Attention Deficit and Hyperactivity Disorder

AET - Autism Education Trust

AP - Alternative provision

APD - Auditory Processing Disorder

APDR - Assessment, Plan, Do, Review

AR - Annual Review

AS - Asperger Syndrome

ASC - Autistic Spectrum Condition

ASD - Autistic Spectrum Disorder

ASW - Advanced Social Worker

AWM - Autism West Midlands

BCHFT - Black Country Healthcare NHS Foundation Trust

BAS - British ability scales

CAAS - Childrens Autism assessment Service

CAMHS - Child and Adolescent Mental Health Service

CBT - Cognitive Behavioural Therapy

CDT - Children with Disabilities Team

CFD - Child Friendly Dudley

CIN - Child in Need

CLA - Child Looked After

CiC - Child in Care

CME - Child missing education

CoP - Code of Practice

COPM - Canadian Occupational Performance Measure

CP - Child Protection

CPD - Continued Professional Development

CCP - Centre for Professional Practice

CPM - Costed Provision Map

CQUIN - Commissioning for Quality and Innovation

CYP - Children & Young People

CYPF - Children, Young People and Family

DBV- Delivering Better Values

DCD - Developmental Co-ordination Disorder (Dyspraxia)

DD - Disability Discrimination

DfE - The Department of Education

DLA - Disability Living Allowance

DSCO - Designated Social Care Officer

DSR - Dynamic support register

DWP - Department for Work and Pensions

EAL - English as an additional language

EBSNA - Emotionally Based School Non-Attendance

EHE - Elective home education

EOTAS - Educated other than at school

EYFS - Early Years Foundation Stage

EHC - Education, Health and Care

EHCNA - Education, Health and Care Needs Assessment

EHCP - Education, Health and Care Plan

EP - Educational Psychologist

EPS - Educational Psychology Service

EWO - Education Welfare Officer

FAS - Foetal Alcohol Syndrome

FE - Further Education

FH - Family Hubs

FSM - Free School Meals

FSW - Family Support Worker

GP - General Practitioner

GSP - Graduated Support Plan

HAF- Holiday Activities Fun

HE - Higher Education

HV - Health Visitor

HI - Hearing Impairment

HLTA - Higher Level Teaching Assistant

HWBB -Health and wellbeing board

ICB - Integrated care board

ICP - Integrated care partnership

IEYS - Integrated Early Years Service

IFSW - Intensive Family Support Worker

IP - Inclusive Practice

JSNA - Joint Strategic Needs Assessment



KS - Key Stage

LA - Local Authority

LO - Local Offer

LSA - Learning Support Assistant

MDT - Multi-Disciplinary Team

MH - Mental health

MLD - Moderate learning difficulties

MPFT - Midlands Partnership NHS Foundation Trust

ND - Neuro-Developmental

NICE - National institute for Health and Care Excellence

NTAS - National training and advisory service

OAIP - Ordinarily Available Inclusive Provision

OCD - Obsessive Compulsive Disorder

ODD - Oppositional Defiant Disorder

OT - Occupational Therapy / Occupational Therapist

PCF - Parent Carer Forum

PB - Personal budget

PCA - Person Centred Approaches

PD - Physical Disability

PDA - Pathological Demand Avoidance

PEP - Personal Education Plan

PFA - Preparing for Adulthood

PHB - Personal Health Budget

PIP - Personal Independence Payment

PMLD - Profound and Multiple Learning Difficulties

PP - Pupil Premium

PRU - Pupil Referral Unit

RCOT- Royal College of Occupational Therapy

RIPE - Reduction in Pupil Entitlement (Part-time timetable)

SALT - Speech and Language Therapy

SC - Social Care

SEMH - Social emotional and mental health

SEN - Special educational needs

SEND - Special educational needs and / or disability.



SENDIASS - Special Educational Needs & Disability Information, Advice and Support Service

SENDIST - Special Educational Needs and Disability Tribunal

SENCO - Special Educational Needs Co-ordinator

SI - Sensory Impairment

SI - Supported internship

SIS - Sensory Inclusion Service

SLCF - Speech Language and Communication Framework

SLCN - Speech Language and Communication Needs

SLD - Severe Learning Difficulties

SLT - Senior Leadership Team

SPA- Single Point of Access

SpLD - Specific Learning Difficulties

SLT - Speech and Language Therapy / Therapist

SSW - Senior Social Worker

SW - Social Worker

TA - Teaching Assistant

TAC - Team around the child

TAF - Team around the family

TEH - Targeted Early Help

TOMS - Therapy Outcomes Measures

VI - Visual Impairment (loss of sight)

YJS - Youth Justice Service

YP - Young People / Young Person