



# Reading Area

## Special Educational Needs and/or Disabilities (SEND) STRATEGY

2022-27



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## Vision

Our strategy for SEND is rooted in our vision for Reading's children and young people, it reflects the outcome of the June 2021 local area inspection and the key areas for development identified through that report:

*All children and young people with SEND will be supported through the provision of the right support at the right time to be as independent as possible and have their emotional, social and physical health needs met. They will have choice and agency in adult life and be able to access and navigate services to lead rich and fulfilling lives and flourish in a healthy, thriving and inclusive borough.*

We will do this by ensuring:

- **SEND is everybody's business**, embedded in the practice of all those that work with children, young people and families
- **"Co-production"** happens at every level -"working with" families not "doing to". Co-production at the heart of what we do: changing the way in which we work together with families operationally and strategically.
- We deliver **the right support in the right place at the right time**, ensuring the availability and development of high quality universal and specialist provision to meet needs locally.
- We **improve outcomes for children and young people**. We focus on working together to identify and assessing needs early, and through transparent and evidenced based decision making, ensuring equitable resource allocation to meet agreed outcomes and support aspirations.
- And unlocking all the resources in the borough of Reading

The strategy is driven forward by the work of the workstrands. These operationalise the strategy and enable it to be embedded in our work. The strands are:

- **Strand 1: Improving communication (BFFC Lead Fiona Tarrant, Head of Corporate Communications and Marketing)**
- **Strand 2: Early intervention through to specialist provision (BFFC Lead Debs Hunter, Principal Child & Educational Psychologist and Mental Health Lead)**
- **Strand 3: Consistent approaches to emotional wellbeing (BFFC Lead Debs Hunter, Principal Child & Educational Psychologist and Mental Health Lead)**
- **Strand 4: Preparing for adulthood (RBC Adult Social Care to lead)**
- **Strand 5: Support for families / short breaks (BFFC Lead Claire Lewis, Service Manager – Childrens Disability Service)**
- **Strand 6: Capital and School Places (BFFC lead Mandie Barnes, Education and SEND commissioner with support from Paul Gresty, Education Strategic Lead and RBC assets)**
- **Strand 7: Funding and finance (BFFC Leads Nikki Stevens, Head of SEND and Steph Heaps, Schools & DSG Business Partner)**

As part of our commitment to ensuring families are at the heart of all we do, representatives of parent/carers forums are active participants in all the workstrands.

Our strategy is data driven and reflects our current performance and our ambition to be one of the best areas in the country for SEND. The strategy will be revised once the outcome of the Government's SEND review is known to ensure it meets governmental and local priorities.

## Developing the strategy 2022-2027

Following a consultation exercise in the Spring 2021, the development of the strategy has ensured that it is both data driven and focused on Key Performance Indicators and that the lines of accountability for delivering on each strand are clear. It is hoped that each work strand will have a strategic performance indicator (where will we be by 2027) to sit alongside the annual action plans.

The SEND Strategy will be delivered through **7 Key Strands** set out in the strategic framework set out below. Each strand will be supported by a workstream which will set out specific yearly action plans to deliver the priorities identified through the Self Evaluation and data analysis, and include key performance indicators (KPIs), timescales and intended impact/outcomes. All workstreams will ensure that the work is coproduced and informs opportunities for joint commissioning. The delivery of the actions will be kept under regular review, reporting progress and recommendations to the SEND Strategy Group.

The SEND Strategy delivery will be supported by an overarching communication plan that:

- communicates data and information to inform all partners actions
- provides a summary of feedback received from parent / carers and young people
- communicates progress of different strands of work and its impact

## Alignment with other key strategies

The draft SEND strategy 2022-2027 has been developed with reference to:

### 1. Joint local area SEND inspection in Reading – July 2021



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LASEND Final PDF (00

### 2. The BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY (HWBS) 2021- 2030 Health and Wellbeing Strategy:



HWB Strategy  
2021.pdf

### 3. Brighter Futures for Children Year 3 Business Plan 2021-2022



BFFC Year Three  
Business Plan 2021-2.

The alignment between these strategic documents is shown below:

Joint Local Area Inspection	HWBS 2021-2030	Brighter Futures for Children Business Plan -2021-2022
<p>Areas of development-</p> <ul style="list-style-type: none"> <li>• The early identification of children with complex needs under the age of two is not as strong as it is for older children because health services are not working as closely together as they could. As a result, opportunities to identify additional needs and plan early intervention are missed.</li> <li>• Some pathways to health services are not clear enough and can be confusing</li> <li>• Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD.</li> <li>• Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND,</li> <li>• and are not confident that social care services fully consider their children’s needs. Some parents are not confident that the local authority is willing to meet their children’s needs.</li> <li>• The very youngest children and their families in Reading do not benefit from shared focused priorities as seen across the other age groups. Opportunities to use shared models of support and co-production are missed.</li> <li>• Quality of health and social care contributions to EHC plans require improvement</li> <li>• The number of adults with learning difficulties in meaningful activity or paid employment needs to</li> </ul>	<p>Priorities:</p> <ol style="list-style-type: none"> <li>1. Reduce the differences in health between different groups of people</li> <li>2. Support individuals at high risk of bad health outcomes to live healthy lives.</li> <li>3. Help children and families in early years.</li> <li>4. Promote good mental health and wellbeing for all children and young people</li> <li>5. Promote good mental health and wellbeing for all adults.</li> </ol>	<ul style="list-style-type: none"> <li>• <b>Priority 4:</b> Implement and embed the Early Help approach securing active commitment of community partners</li> <li>• <b>Priority 5:</b> Support education providers to give our children and young people the best start and to promote excellent teaching and learning, especially for those with SEND.</li> </ul>

Joint Local Area Inspection	HWBS 2021-2030	Brighter Futures for Children Business Plan -2021-2022
<p>increase. Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities. There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support.</p>		



## Conclusion

The draft strategy is attached as appendices 1 to 7. The strategy will 'go live' from January 2022 and the responsibility for ensuring and monitoring progress will rest with strand leaders reporting to the monthly SEND strategy group. The action plans will form the basis for the annual SEF update and the annual reports to Schools Forum and the Health and Well Being Board. Our over-riding key performance indicator for the new strategy is that any local area inspection in the future rates Reading as 'outstanding' and **one of the best local areas in the country for children and young people with SEND and their families.**

## Workstrand 1 Improving Communications

### What does the data tell us?

Data on its own does not provide the key indicator for improved communications with parent carers of children and young people with SEND, professionals working in this field or, indeed, for young people with SEND.

The key indicator is feedback from parent carers and young people on whether they can find the right information, at the right time and in the right place.

Therefore, the key focus for SEND Strategy workstrand 1 has been to revisit the information and communication 'as is' and to make improvements working in partnership with parent carer representatives.

This workstream's responsibility is to ensure there is readily accessible information on services provided and that this is communicated in a clear and accessible way.

The better the information available and improvements in the way that information is communicated will improve confidence. That confidence can be measured by surveys but also in parental feedback (and feedback from children and young people) in SEND local area inspections. Feedback from the 2021 local area SEND inspection in Reading recognises improvements in communications in recent years but we recognise there is still much more to be done and the narrative provided gives scope for many further improvements, all of which need to be communicated to the children, young people and their families who access these services.

The reputation of the partner agencies involved in the provision of SEND in Reading will improve if there is better access to information and help for parent carers on where to go and how to find help at different stages of their child/ren's development.

This is where improved access to information and better communication of it will shine. The action plan for 2022/23, detailed below, may change as work is completed and further improvements identified during 2021/22 but the key aims are the same.

### What did the inspection say?

#### Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND. This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people
- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been

waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

**Strengths – Communication**

- Many professionals work well together and this is leading to better and earlier identification of children with SEND. Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children’s needs in a timely way.
- Improvements to services are planned and delivered in genuine partnership, with parents and young people included as standard
- Leaders have identified that some families do not take up the offer of free early years places for their two-year-old children. This is making it difficult to ensure that the needs of all children are identified early. Leaders identified this issue through their routine data analysis, finding that 12% of children had not attended provision before they started school, with the majority of this group having a black and minority ethnic background. As a result, there is now a coordinated plan to address this issue, with staff and volunteers in place, leaflets translated into the 11 most commonly used languages and a social media awareness campaign
- Schools and early years settings are well supported by professionals from both education and health services. This support, together with the good range of training available, is helping practitioners to more quickly spot children who may need some extra help.
- There are examples of leaders acting swiftly during the COVID-19 pandemic to address specific issues. For example, the local area adapted an existing programme of support for families and young people struggling with anxiety into an accessible online course to help families to support their young people during the pandemic.
- Increasingly, young people are centrally involved in the design of services. For example, those accessing CAMHS are involved in designing the environment and information about the service and are routinely participating in interview panels. As a result, services are more likely to be responsive to the needs of young people
- Increasingly, working with families and young people is seen as an essential aspect of the development of services. For example, in the commissioning of an autism service, children and young people and their parents were involved from the start, from their involvement in tendering for a service to evaluating bids for a contract and setting key performance indicators that include ‘I feel’ statements, to measure successful outcomes.
- Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first. As part of this plan, schools have increasing access to regular support and advice from specialists. Examples of this approach include the regular mental health discussions and the SLTs linked to every school. Providers and parent representatives like the fact that they drive this work; it is not a distant project organised by leaders, and they are in the driving seat
- EHC plans are produced in a timely fashion, with the vast majority being produced within the expected 20 week period. There is a consistent format that provides clear information about children and their needs. Practitioners say that these are useful documents. The views of children and young people and their parents are sought and plans are well informed by professional advice.

- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met.

#### **Areas of Development- Communication**

- Some parents are not confident in leaders' ability to resolve the current issues. Many remain very concerned about the long waits for ASD and ADHD appointments. Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.

#### **Key performance indicators – where will we be by 2027**

It is anticipated that year-on-year improvements to information about SEND services and better communication about how to access them will mean that, by 2027, this will be – if there was a SEND inspection rating – 'outstanding' in Reading.

Commitment from all partner agencies involved to make improvements in the way services are communicated already exists. The expectation is that complaints about communication will reduce and that, as the partnerships in Reading strengthen, processes and channels set up will mean excellent communication will be the norm.

## CLASSIFICATION: OFFICIAL

### Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Ongoing publicity campaign on 9 month and 2.5 year health checks by all agencies in Reading	Social media interaction stats, visits to websites, increase in booked appts (shared KPI with operational leads)	March 2023	Increased awareness of the checks, where to access them, why they're important	Health comms, with co-operation across the Work strand 1 Comms Group
Amend Terms of Reference for Work strand 1 to become a permanent working group		March 2022	Improved communication and information as ongoing	BFFC Head of Communications
Improved information and comms with parent carers while awaiting an ADHD or ASD assessment	Increased visibility of information on ADHD and ASD assessments. Website and social media data on engagements with information provided	March 2023	Less stress for parent carers, greater awareness of process, improved knowledge of conditions and/or future steps, fewer complaints during waiting time	Health comms, with co-operation across the Work strand 1 Comms Group
Increase in co-production of collateral and website information	Website and social media data on engagements with information provided. Increased and improved feedback from parent carers via Local Offer annual surveys	March 2023	More information, which is more accessible and informative for parent carers and young people.  Increased parent carer confidence in services	BFFC Head of Communications, with co-operation across the Work strand 1 Comms Group

**CLASSIFICATION: OFFICIAL**

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
			provided and how to access them	
Increased publicity campaign on free early years places	Increase in applications (no starting data, so can't apply a KPI)	March 2023	Greater engagement with messaging and increased clicks to website to apply	BFFC Head of Communications, with co-operation across the Work strand 1 Comms Group
Improve accessible information for parent carers and young people on preparing for adulthood and transition to adult services from children's services	Survey feedback via Local Offer/FIS surveys and quarterly reports	Sept 2022	Less anxiety about the transition process and future provision, greater awareness of key transition stages	Chair of Workstream 1 and Chair of Workstream 4, with co-operation and input across both workstreams
Improve readily available mental and physical wellbeing resources and information for parent carers and young people on Local offer, FIS, with stronger signposting from partner websites and strengthening of engagement with ReadingYoungPeople Instagram	Website and social media data on engagements with information provided.	March 2023	Reduction in escalation of mental health cases, earlier access to support, greater engagement with young people in Reading	FIS/Local Offer Manager and BFFC Head of Communications, with co-operation across the Work strand 1 Comms Group

**CLASSIFICATION: OFFICIAL**

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Rollout of EHCP comms strategy and engagement with all partner agencies, particularly schools	More appropriate referrals, better engagement with correct processes	Sept 2022	Better partnership working, clarity of roles and responsibilities	BFFC Head of Communications, with co-operation across the Work strand 1 Comms Group
Update of SEND Comms strategy, in line with action plans for all other SEND Strategy workstreams	Hard to identify a KPI for this one, although this will form the majority of workstream 1's workload	April 2022	Better communication about improvements made by all workstreams. Greater parent carer confidence in actions being taken and progress made	BFFC Senior Communications Officer, with co-operation across the Work strand 1 Comms Group
Establish a SEND communications protocol across all relevant partners in Reading	Increase in visits to relevant FIS and Local Offer web pages and engagement with information provided	May 2022	Information streamlined so other partners' websites aren't updated. Establish single source for key information and others signpost their website visitors to it	BFFC Head of Communications, with co-operation across the Work strand 1 Comms Group
Ongoing communication with parent carers about new SEND school places in Reading	Website and social media data on engagements with information provided	March 2023	Fewer complaints, increase in early resolution of disputes taken to IASS. Greater parent carer confidence	BFFC Senior Communications Officer, with co-operation across the Work strand 1 Comms Group

## SEND Communications Work Group Terms of Reference

Work strand 1 of the SEND Strategy Group

**November 2020. Updated March 2021**

### Purpose

The primary purpose of the SEND Communications Working Group is to be a short-term group (no more than 12 months) to establish a good working partnership and clear communication channels to help promote and communicate the effective delivery of the SEND Strategy.

This group will ensure that SEND children, young people, parent carers and service providers have improved information to be able to access services and ensure their needs are met.

A key part of this will be co-production - ensuring that parents/carers and partner agencies develop the communication strategy together.

The Reading Families' Forum, the Local Offer team and IASS will feedback young people and parent carer views back to the working group, which will ensure collateral produced is objective reviewed and is right for the audiences it serves.

### Scope

The working group will focus on collateral and communication methods outlined in the BfC SEND Communications Strategy and associated action plan.

The working group will agree and sign off the strategy and action plan and will ensure the work is on track and on target, in terms of messaging and accessibility.

The working group will monitor the development and delivery of communication and marketing collateral and will encourage the exploration of innovative approaches to improve communication of SEND services.

The working group will not cross over into operational areas or the delivery of SEND services.

### Core Functions

- View drafts and approve collateral
- Develop effective solutions to current barriers to communication in delivering the SEND Strategy.
- Approve approaches and innovative ideas on ways to communicate SEND services
- Suggest new approaches, offer ideas and contribute to the strategy
- Encourage and promote a culture of continuous improvement and a collegiate approach.



## Features of the work group

### Meetings

The work group will meet bi-monthly, initially for a year, after which it will be reviewed. Meetings will be via Teams, chaired by the Head of Communications & Marketing.

### Membership

Invited membership of the work group is as follows:

**Fiona Tarrant**, BfFC Head of Communications & Marketing [fiona.tarrant@brighterfuturesforchildren.org](mailto:fiona.tarrant@brighterfuturesforchildren.org)

**David Millward**, BfFC Senior Communications Officer [david.millward@brighterfuturesforchildren.org](mailto:david.millward@brighterfuturesforchildren.org)

**Lesley Chamberlain**, Reading IASS Manager [lesley.chamberlain@brighterfuturesforchildren.org](mailto:lesley.chamberlain@brighterfuturesforchildren.org)

**Maryam Makki**, Manager of Reading's Family Information Service and SEND Local Offer  
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**TBC**, SENCO representative

### Quoracy

A quorum shall be at least 6 members.

The working group may invite any BfFC employees or agency to attend and/or provide information to support its work.

The working group will assess its own effectiveness, including its Terms of Reference, every year.

As part of the working group's assurance process, it will routinely report on its activity and progress to the BfFC Board, BfFC Senior Leadership Team and SEND Board, via reports from the Head of Communications & Marketing.

## Workstrand 2: Early intervention through to specialist provision –

### What does the data tell us?

The National context as outlined in key data sets (SEND2 return) June 2021 highlights key findings

- The total number of EHC plans has continued to increase
- The number of new EHC plans has increased each year since their introduction in 2014.
- Pupils with special educational needs (SEN) increased to 1.37 million pupils in 2020.

In Reading we know that in January 2020, the number and percentage of pupils with SEND in all Reading schools<sup>1</sup> was 15.3% and this has increased each year, since 2016.

	2014	2015	2016	2017	2018	2019	2020
<b>Reading</b>	4,237	3,819	3,229	3,368	3,499	3,766	4,025
<b>Reading %</b>	18.5	16.1	13.1	13.5	13.7	14.6	15.3
<b>Statistical Neighbours %</b>	19.0	16.5	15.2	15.0	15.3	15.4	15.4
<b>England %</b>	18.0	15.5	14.4	14.4	14.6	14.9	15.5
<b>South East %</b>	18.1	15.3	14.2	14.2	14.5	14.9	15.6

- Of these pupils, 19% with SEND had an EHC plan in Reading schools compared to 81% identified as receiving SEND support.
- At January 2020, the percentage of pupils with an EHC plans in Reading schools increased slightly from 2019. The same is true of our statistical neighbours, the South East and England. Reading schools have a higher proportion of pupils identified as requiring SEND support and a lower percentage of pupils with EHC plans however for the first time in January 2020, the South East had a higher proportion of funded EHC plans than Reading, England or statistical neighbours.

### Type of need

In Reading, the majority of children and young people have a primary need of autism (roughly 50% ASD and/or speech language and communication needs) lower than some of our statistical neighbours and in line with the South East average. Boys are over-represented in this autism and SLCD primary need cohort with over 50% of boys with plans having this as their primary need (this is similar to the South East average). For girls, the comparison figure is 39%.

Figures show a likely over-representation of Asian pupils in the cohort with a primary need of ASD and SLCN (19% compared with a South East average of 7%).

<sup>1</sup> Source: School Census, School Level Annual School Census (SLASC) and General Hospital School Census 2011-2019 (at January each year). Percentage of pupils with SEND (SEND support and a statement or EHC plan), based on where the pupil attends school at January, and expressed as a percentage of the total number of pupils on roll. All schools includes all academies, including free schools, maintained and non-maintained special schools, middle schools as deemed, all through schools, city technology colleges, university technology colleges, studio schools and general hospital schools, and excludes nursery schools, independent schools and pupil referral units.

Breakdown of Maintained EHC Plans at 14th January 2021 by Primary Need Type/%													
	Social, Emotional and Mental Health	Communication and Interaction Needs		Cognition and Learning Needs				Sensory and/ or Physical Needs				Other	Total
		ASD	SLCN	SPLD	MLD	SLD	PMLD	PD	HI	VI	MSI		
Reading	19.60	35.80	14.60	0.60	14.30	2.80	4.00	4.8	2.0	1.9	0.0	0.0	1436
South East	18.30	32.80	16.80	2.90	14.20	5.10	1.80	4.3	1.7	1.1	0.2	1.0	56241

SEND Benchmarking Data 2021

On 1 July 2021, out of 1450 EHC plans with Reading named as the home LA:

- 522 had a primary need of ASD registered (36%).
- 275 had a primary need of SEMH registered (19%)
- 213 had a primary need of MLD registered (15%)
- 207 had a primary need of SLCN registered (14.2%)
- 70 had a primary need of PD registered (5%)
- 58 had a primary need of PMLD registered (4%)
- 41 had a primary need of SLD (2.8%)
- 28 had a primary need of VI (1.7%)
- 28 had a primary need of HI (1.7%)
- 8 had a primary need of SPLD (0.6%)

There are an additional 59 EHC plans, where Reading is the funding LA but the EHC plan is maintained by another LA; the majority of these children and young people are children looked after with a high number in specialist provision:

- 29 have a primary need of SEMH (49.9%)
- 9 have a primary need of ASD (16%)
- 7 have a primary need of MLD (12%)
- 6 have a primary need of SLCN (10.2%)
- 3 have a primary need of SLD (5.1)
- 2 have a primary need of PD (3.4%)
- 1 has a primary need of PMLD (1.7%)
- 1 has a primary need of SPLD (1.7%)

Breakdown of Maintained EHC Plans at 14th January 2021 by Primary Need Type/%													
	Social, Emotional and Mental Health	Communication and Interaction Needs		Cognition and Learning Needs				Sensory and/ or Physical Needs				Other	Total
		ASD	SLCN	SPLD	MLD	SLD	PMLD	PD	HI	VI	MSI		
Reading	19.60	35.80	14.60	0.60	14.30	2.80	4.00	4.8	2.0	1.9	0.0	0.0	1436
South East	18.30	32.80	16.80	2.90	14.20	5.10	1.80	4.3	1.7	1.1	0.2	1.0	56241

## Characteristics

### Gender

Reading has a higher ratio of boys to girls who have EHC plans in comparison to the South East and England.

Gender and SEN Support and EHC plans in Reading, SE and England							
		SEN Support			EHC Plan		
		2018-19	2019-20	2018-19	2019-20	2018-19	2019-20
<b>Reading</b>	Boys%	64.9	64.6	62.8	76	77.3	78
	Girls%	35.1	35.4	37.2	24	22.7	22
<b>South East</b>	Boys%	65	64.3	63.8	73.5	73.3	73.2
	Girls%	35	35.7	36.2	26.5	26.7	26.8
<b>England</b>	Boys%	64.9	64.6	64.2	73	73.1	73.1
	Girls%	35.1	35.4	35.8	27	26.9	26.9

Totals include state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Does not include independent schools

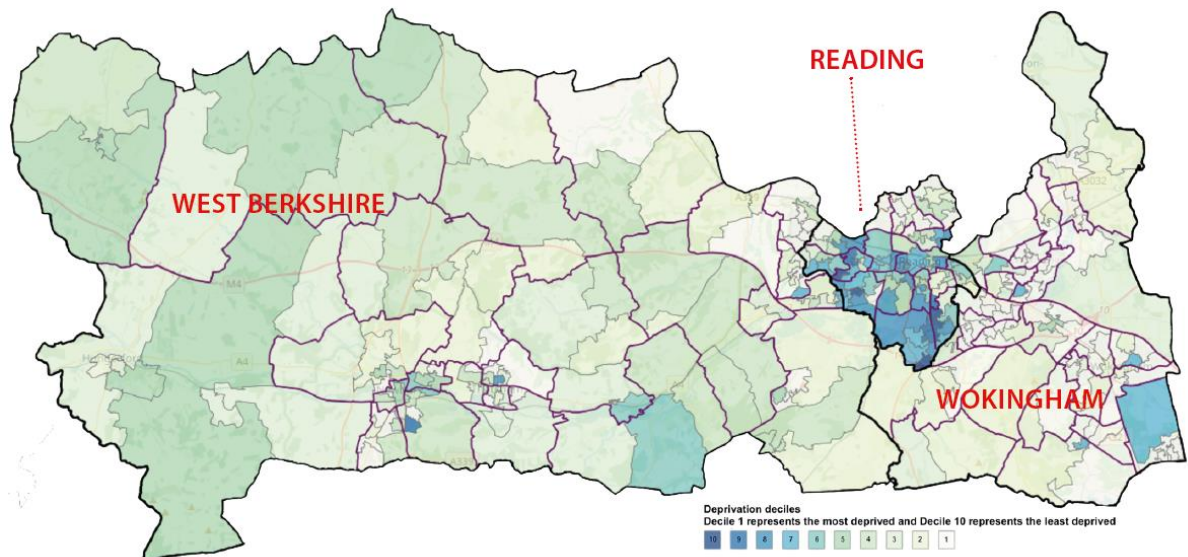
### Free school meal eligibility

Nationally pupils with special educational needs are more likely to be eligible for free school meals. Reading is an outlier compared to geographical neighbours but in line with statistical neighbours.

Free School meal % eligibility and SEN Support and EHC plans in Reading, SE and England						
Area	SEN Support			EHC Plan		
	2018-19	2019-20	2020-21	2018-19	2019-20	2020-21
% eligible for free school meals						
<b>Reading</b>	26.7	29.6	33.3	30.6	33.7	39.7
<b>West Berkshire</b>	15.6	17.9	22.7	21.6	21.9	27.5
<b>Wokingham</b>	13.8	15.7	17.6	20.5	20.4	21.1
<b>South East</b>	22	24.8	29.2	27	28.4	32.3
<b>England</b>	27.3	29.9	34.3	32.8	34.6	38
<b>Sheffield</b>	37.5	40.1	44.8	42.7	44.8	47.7
<b>Milton Keynes</b>	24.3	27.5	32.1	27.7	29.5	33.8
<b>Bedford</b>	23.1	25.4	29.3	29.9	32.4	34.8
<b>Brighton and Hove</b>	27.9	31.7	34.9	34.2	36.3	40.5
<b>Bristol</b>	32.4	35.5	39.8	42.4	44.8	47.9
<b>Southampton</b>	35.7	40.1	45.8	41.0	41.7	46.3
<b>Derby</b>	30.7	33.7	39.4	36.1	38.0	42.8

Totals include state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Does not include independent school

This is reflected in the Index of Multiple Deprivation (IMD) of Berkshire West, below, with bluer areas showing the most deprived and green areas showing the least deprived areas.



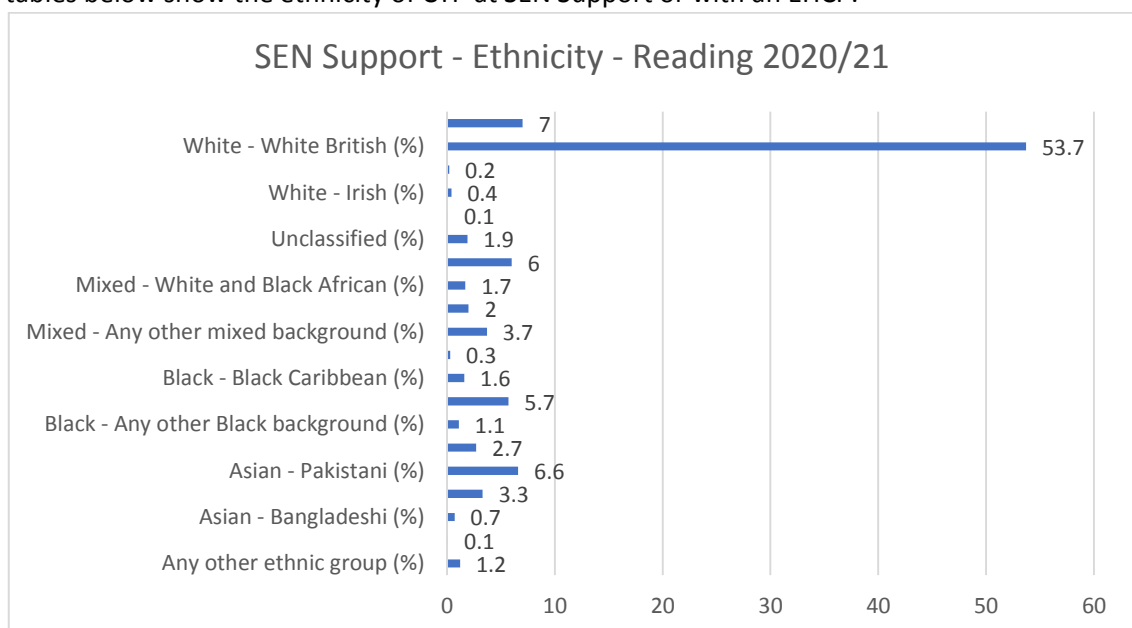
English as a first language

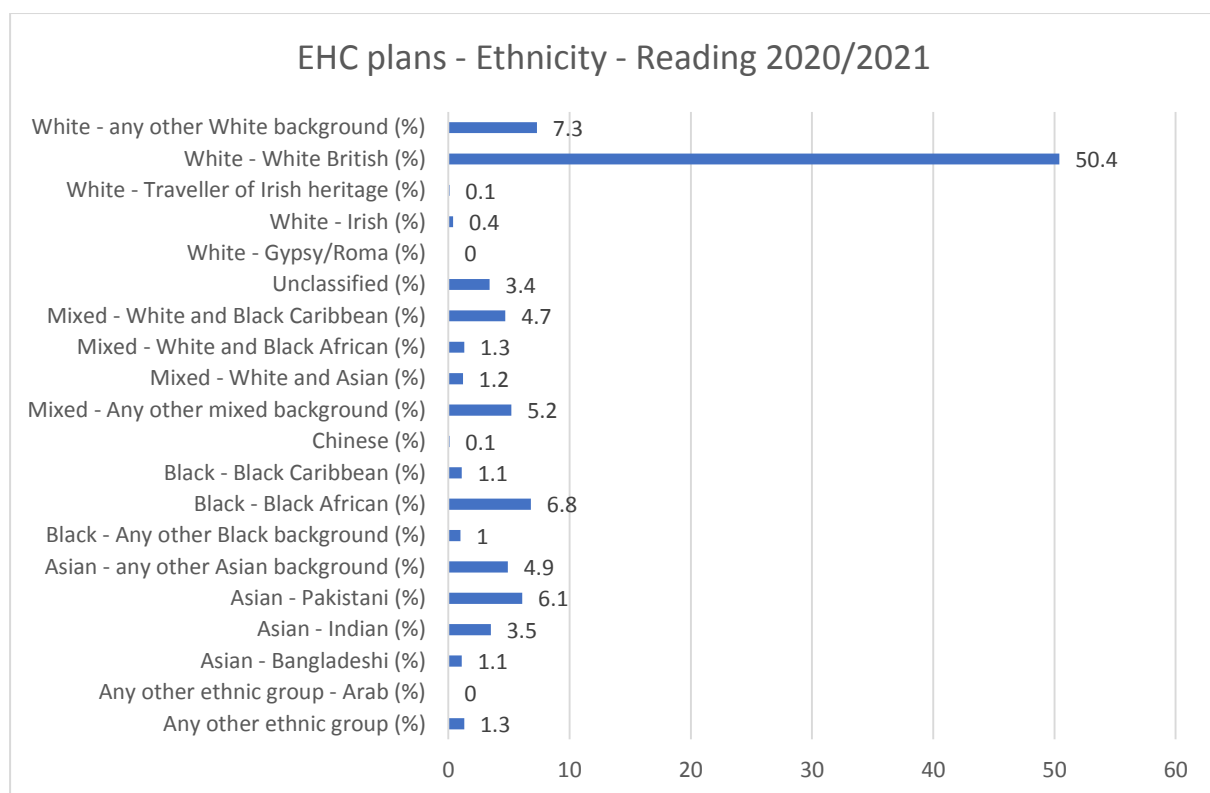
CYP with SEND and first language English/not English – Reading 2020-2021		
		2020/21
<b>SEN Support</b>	First language known or believed to be English %	77.9
	First Language known or believed to be not English %	21.4
<b>EHC plans</b>	First language known or believed to be English %	76.9
	First Language known or believed to be not English %	22.1

Totals include state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Does not include independent schools

Ethnicity

The tables below show the ethnicity of CYP at SEN Support or with an EHCP.





#### Types of school

The majority of pupils in Reading, in January 2021 with EHC plans, attended a maintained mainstream school, academy or free school. The percentage attending resourced base provision, was 6.1%, significantly higher than compared to the South East or England.

In January 2021, 28.8% of pupils with EHC plans attended a special school. This is a slightly lower percentage compared to England or the South East. However, the percentage of children with EHC plans attending Independent Non-Maintained schools with a Reading EHC plan is significantly lower (2.9%) compared to England (4.1%) and the South East (5.5%). This will have a positive impact on the High Needs Block in relation to the total spend on high cost placements and has been the result of our SEND strategy to reduce out of borough placements and increasing mainstream resource units. A number of these placements have been awarded post tribunal.

% of CYP with an EHC Plan maintained at 14th January 2021, by Placement					
			Reading	South East	England
Non-maintained EY settings in the private and voluntary sector			0.4	0.4	0.5
Mainstream School	LA Maintained	School	20.6	16.1	17.3
		SEN Unit	0.0	1.4	0.9
		Resourced Provision	5.0	1.7	1.5
	Academy	School	11.2	13.8	16.2
		SEN Unit	0.0	1.5	1.0
		Resourced Provision	2.1	1.5	1.4

	Free School	3.8	0.8	0.7
	Independent School	0.0	1.2	1.1
Special School	LA Maintained/Foundation	13.5	21.0	19.5
	Academy/Free	15.3	9.1	11.2
	Non-maintained	0.4	1.6	0.9
	Independent	2.9	5.5	4.1
PRU AP	LA maintained	0.0	0.2	0.4
	Academy or Free School	1.7	0.2	0.3
Post-16	General FE colleges/HE	17.4	14.4	13.2
	Other FE	0.0	0.6	1.2
	Sixth form college	0.0	1.3	0.6
	Special Institutions	0.0	1.6	1.6
Other	Other Arrangement LA	2.0	1.4	1.0
	Other Arrangement Parent	0.0	0.2	0.2
No Placement	Excluded on Census day	0.1	0.0	0.3
	Awaiting Placement	2.8	1.7	1.3
	NEET	0.0	1.7	2.5
	Other	0.0	0.22	0.5

SEN Benchmarking data – 2021

% CYP with Maintained Statements/ EHC Plans at 14th January 2021 Placed in Independent/ Non-Maintained Special Placements*					
	2017	2018	2019	2020	2021
Reading	5.7	5.5	4.5	3.1	3.3
South East	8.5	7.8	8.7	9.3	9.9
England	7.4	7.2	7.4	7.6	7.7

SEN Benchmarking data – 2021- \*includes independent Mainstream Schools, Non-maintained Special Schools, Independent Special School and Independent post-16 provision.

Reading’s previous SEND strategy has focused on the right provision in the right place at the right time; meeting needs locally; building skills and confidence in mainstream schools for children with complex needs. The emphasis on securing appropriate provision continues in this strategy and forms part of Workstrand 6. The chart below shown the gap between demand and supply for places.

### Elective Home Education (EHE) and Alternative Arrangements

**Reading** has a lower proportion of children and young people in elective home education in comparison to England and the South East. Reading saw an increase in demand for EHE in 2020 – Jan 2021, which reflects the national trend, but the total figure remains under the national percentage.

For children and young people with EHC plans awaiting provision/placement, Reading has increased the use of “other arrangements” (alternative provision) between 2020 and 2021.

Elective Home Education (EHE) and Alternative Arrangements												
		England		Reading		Wokingham		West Berks		South East		SN range
		2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	20- 21
Elective home education	Number of EHC plans	2,983	3,660	6	10	6	11	12	18	602	719	8-25
	Percentage of EHC plans	0.8%	0.8%	0.4%	0.7%	0.6%	0.9%	1.2%	1.7%	0.9%	1.0%	0-1.4 %
Alternative Provision / arrangements by LA	Number of EHC plans	3,984	4,284	11	29	3	7	0	0	662	1029	
	Percentage of EHC plans	1.0%	1.0%	0.8%	2.0%	0.3%	0.6%	0.0%	0.0%	1.0%	1.4%	0-1.6%

In Reading, Education Welfare Officers have active involvement with those children with EHCPs who are not attending (currently 26 pupils out of 350 active cases – May 2021).

Using our Young Carers Screening Tool, we have identified 15 young carers who are supporting a sibling with a physical or learning disability (and have an EHCP).

### Early years

In Reading the percentage of children aged under 5 with an EHC plan has increased since 2017.

% EHC plans, under 5s Jan 2017-Jan2021					
	2017	2018	2019	2020	2021
Reading	2.8%	2.6%	3.7%	3.3%	3.7%
South East	4.1%	3.6%	3.9%	4.0%	3.7%
England	4.0%	3.9%	4.0%	3.9%	3.8%

In Reading, the early help service uses a multi-agency assessment to identify children in the early years sector. This assessment gathers information from a range of agencies who know the child and includes health needs including physical, emotional and social needs. The outcomes are then recorded in the mosaic system to enable those children with an EHCP to be supported. In April 2021, 9% of the active cases within Early Help had an EHCP (50 cases), the majority of these were being supported by family workers.

24 staff in the private, voluntary and independent sectors have completed a level 3 special needs co-ordinator course to support their settings in identifying need. This is complemented by 10 settings who have completed the early years SEND inclusion award. Children with emerging needs also receive 2year funded places.

The number of children who are children looked after or on Child Protection has remained steady over the last five years apart from 2018 when there was a spike (CP-36% and CLA- 40% increase) whereas the number of Early Years children registered as Child in Need has decreased significantly.



Early Years Children in Reading Subject to Children in Need (CiN), Child Protection (CP) and Children Looked After (CLA) at January 31<sup>st</sup> each year

	2016	2017	2018	2019	2020
<b>Children Looked After</b>	49	47	59	51	48
<b>Child Protection</b>	69	83	94	68	66
<b>Child in Need</b>	360	347	309	260	227

### Looked after children and children in need with SEND – prevalence and characteristics

In Reading – of the 71 children with an EHC plan who were CLA on 1 July 2021:

- 13% of children were in receipt of SEND support and 3% of children were undergoing statutory assessment (May/June 2021). Of the children who have an Education Health Care Plan 57.6% have a primary need of Social, Emotional Mental Health needs of which 16 are in an independent non maintained school, home or hospital. 17% of Cognition and Learning needs, 17% of Communication and Interaction needs and 8.4% of Physical and Sensory needs.
- The number of children looked after has fallen over the last three years by 19% and the number of children in need has fallen by 28% although the number of children designated as requiring protection has decreased by 30%. During this same time frame the overall under 5 population is estimated to have fallen by 5%.
- In Reading, the wards with the highest percentage of children with social care involvement are Whitley, Southcote and Minster.

### Attainment of children and young people with SEND in Reading Schools

The data provides a mixed picture of attainment of children and young people with SEND across Reading:-

- Key stage 2 pupils have significantly improved in achieving expected level of attainment
- However, progress scores in reading, writing and maths in Key stage 2 for those with SEND have decreased
- In Key stage 4 progress and attainment for SEND pupils is good
- All School Standards work is focused on quality of curriculum & fully embedding principles of instruction, supporting shared model of learning.

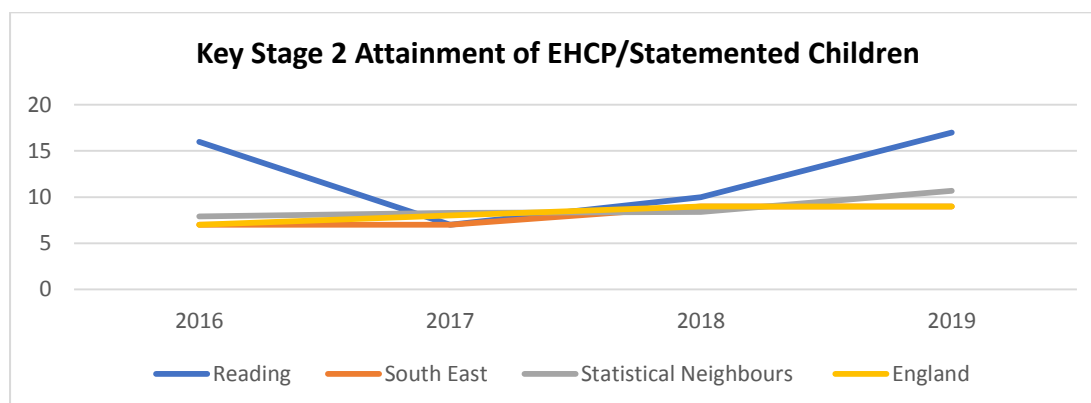
### Attainment at Key Stage 2: Quartile Banding A (12-50%), National Rank 6

The performance of children with SEND at Key Stage 2 is strong and some of the best performance of any local authority in the country.

Significant improvement since 2017 at KS2 for children supported with EHC Plans achieving the expected level, with 17% of children achieving this in 2019 (up from 7% in 2017), and against the South East average of 9% (2019), statistical neighbours average of 10.7% (2019) and England average of 9% (2019).



Between 2018 and 2019, school performance increased seven times above the South East average and more than three times the national average. The 2019 result ranks Reading as sixth and the top quartile nationally for performance in this metric.



### Progress Scores at Key Stage 2 for children with SEND

Reading’s performance for progress is not as strong as attainment at Key Stage 2. Reading is in the bottom quartile and ranks one of the lowest local authorities in the county.

LAIT DATA: Quartile Banding D (up to -4.48%), National Rank 143

A pupils' progress score is the difference between their actual KS2 result and the average result of those in their prior attainment group. If Emily, for example, received 102 in reading at KS2 and the average KS2 reading score for her prior attainment group was 101 - her progress score would be +1. Average scores for reading has fallen since 2017 and significantly since 2018 at KS2 for SEN pupils, with a drop of -0.5.1 in 2017, a drop of -4.6 in 2018, and a drop of -6 in 2019. This is against the South East average of -3.9 (2019), statistical neighbours average of -3.3 (2019) and England average of +0.2 (2019).

Between 2018 and 2019, in Reading schools, there was decreased performance of more than 1.5 times compared to the South East average and the national average. The 2019 result ranked Reading – 143, and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN pupils- Reading				
	2017	2018	2019	Change from previous year
<b>Reading</b>	-5.1	-4.6	-6	-1.4
<b>South East</b>	-3.9	-4.0	-3.9	-0.1
<b>Statistical Neighbours</b>	-4.13	-4.59	-3.3	1.29
<b>England</b>	-3.7	-3.8	-3.6	0.2

### Progress Scores at KS2 by SEN pupils – Writing



**LAIT DATA: Quartile Banding D (up to -5.38%), National Rank 120**

Between 2018 and 2019, in Reading schools, there was a decrease in performance more than twice the South East average and more than four times the national average. The 2019 result ranks Reading 120 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN pupils- Writing				
	2017	2018	2019	Change from previous year
<b>Reading</b>	-4.3	-4.8	-5.7	-0.9
<b>South East</b>	-5.1	-4.4	-4.8	-4.0
<b>Statistical Neighbours</b>	-5.02	-4.28	-4.01	0.27
<b>England</b>	-4.3	-4.1	-4.3	-0.2

**Progress Scores at KS2 by SEN pupils – Maths**

**LAIT DATA: Quartile Banding D (up to -1.6%), National Rank 125**

Performance in Maths is in the bottom quartile and is some of the poorest in the country. Between 2018 and 2019, the performance in Reading schools was roughly in line with the South East, but nearly twice as poor as our statistical neighbours and the national average. Our 2019 result ranks Reading 125 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN pupils- Maths				
	2017	2018	2019	Change from previous year
<b>Reading</b>	-1.30	-2.50	-1.90	0.60
<b>South East</b>	-2.00	-1.60	-1.80	-0.20
<b>Statistical Neighbours</b>	-1.06	-1.04	-1.06	-0.02
<b>England</b>	-1.10	-1.00	-1.00	0.00

**Progress Scores at KS2 by SEN support pupils -Reading**

Average progress scores for reading at key stage 2 have fluctuated between 2017 and 2019, although 2019 performance is higher than in previous years (-1.5 average score). This is lower than the South East (average of -1.4 (2019), statistical neighbours (average of -0.84, 2019) and England average of -1 (2019).

Between 2018 and 2019, performance in Reading schools improved the average score by +0.6 which is significantly higher than its statistical neighbours (improvement of +0.1) and the South East and national average, both which did not change from the previous year. The 2019 result ranks Reading 107 and the third quartile nationally for performance in this metric.

Progress Scores KS2 by SEN SUPPORT pupils-Reading				
	2017	2018	2019	Change from previous year
<b>Reading</b>	-1.80	-2.10	1.50	0.60
<b>South East</b>	-1.50	-1.40	-1.40	0.00
<b>Statistical Neighbours</b>	-0.81	-0.94	-0.84	0.10
<b>England</b>	-1.20	-1.00	-1.00	0.00

### Progress Scores at KS2 by SEN support pupils –Writing

Reading is in the bottom quartile for performance in writing. Average progress scores for writing at by pupils at Key Stage 2 have fluctuated between 2017 and 2019, although 2019 performance is higher than in previous years (-2.3 average score). This is equal to the South East (2019), but lower than both statistical neighbours (average of -1.94, 2019) and England average of -1.7 (2019). In Reading, between 2018 and 2019, the average score improved by +1.4 which is significantly higher than its statistical neighbours (dropped -0.07) and the South East (+0.3) and national average (+0.1). The 2019 result ranks Reading 112 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN SUPPORT pupils-Writing				
	2017	2018	2019	Change from previous year
<b>Reading</b>	-2.60	-3.70	-2.30	1.40
<b>South East</b>	-3.20	-2.60	-2.30	0.30
<b>Statistical Neighbours</b>	-2.14	-1.87	-1.94	-0.07
<b>England</b>	-2.20	-1.80	-1.70	0.10

### Progress Scores at KS2 by SEN support pupils – Maths

Reading is in the bottom quartile for progress and ranked 125 out of 152 local authorities. Average progress scores for maths at KS2 by pupils with SEN support have fluctuated between 2017 and 2019, with an average score of -1.9 in 2019. This is a little lower than the South East (-1.8, 2019), and lower than both statistical neighbours (average of -0.02, 2019) and England average of -1 (2019).

However, between 2017/18 and 2018/19, BfC improved its average score by +0.6 which is significantly higher than its statistical neighbours (dropped -0.02) and the South East (-0.2) and national average (no change). The 2019 result ranks Reading - 125 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN SUPPORT pupils-Maths				
	2017	2018	2019	Change from previous year
<b>Reading</b>	-1.30	-2.50	-1.90	0.60
<b>South East</b>	-2.00	-1.60	-1.80	-0.20
<b>Statistical Neighbours</b>	-1.06	-1.04	-1.06	-0.02
<b>England</b>	-1.10	-1.00	-1.00	0,00

### Attainment 8 Scores at KS4 by pupils with an EHCP

At Key Stage 4, Reading young people with SEND perform well with Reading ranked 25 out of 152 local authorities.

A student's Attainment 8 score is calculated by adding up their points for their eight subjects and dividing by 10 to get their Attainment 8 score. Students don't have to take eight subjects, but they score zero for any unfilled slots.

Attainment 8 scores at the end of KS4 for pupils with an EHCP trended downwards between 2016 and 2018, improving in 2019 and significantly improving in 2020, with an average score of 19. This is higher than the South East (16.3, 2019), statistical neighbours (15.8, 2019) and England (15.2, 2019). Between 2019 and 2020, BfFC improved its average attainment 8 score by 4.8 which is considerably higher than its statistical neighbours (increased by 2.66) and the South East (increased by 2.10) and more than three times the national average (increased by 1.5). Our 2019 result ranks us 25 and the top quartile nationally for performance in this metric.

Attainment 8 Scores - KS4, pupils with an EHCP						
	2016	2017	2018	2019	2020	Change from previous year
<b>Reading</b>	17.50	15.60	13.60	14.20	19.00	4.80
<b>South East</b>	17.50	14.20	13.90	14.20	16.30	2.10
<b>Statistical Neighbours</b>	16.43	13.26	13.26	12.52	15.18	2.66
<b>England</b>	17.00	13.50	13.50	13.70	15.20	1.50

### Attainment 8 Scores at Key Stage 4 for SEND support pupils

For young people with SEND support, Reading is also performing in the top quartile at Key Stage 4. A student's Attainment 8 score is calculated by adding up their points for their eight subjects and dividing by 10 to get their Attainment 8 score. Students don't have to take eight subjects, but they score zero for any unfilled slots.

Attainment 8 scores at the end of KS4 for pupils with SEN support have consistently improved in Reading since 2017, reaching 39.2 in 2019. This is higher than the South East (36.5, 2019), statistical neighbours (36.99, 2019) and England (36.40, 2019).

Between 2019 and 2020, BfFC improved its average attainment 8 score by 4.2 which is higher than its statistical neighbours (increased by 3.8) and the South East (increased by 3.7) and national average (increased by 3.8). Our 2019 result ranks us 35 and the top quartile nationally for performance in this metric.

Attainment 8 Scores - KS4, pupils with at SEN Support						
	2016	2017	2018	2019	2020	Change from previous year
<b>Reading</b>	35.00	31.70	32.00	35.00	39.20	4.20
<b>South East</b>	36.50	32.10	32.70	32.80	36.50	3.70
<b>Statistical Neighbours</b>	36.51	32.59	32.85	33.19	36.99	3.80
<b>England</b>	36.20	31.90	32.20	32.60	36.40	3.80

**Progress 8 Scores at Key Stage 4 by pupils with an EHCP**

Reading is in the third quartile for performance for young people with an EHCP at Key Stage 4 for Progress 8.

The Progress 8 score is based on pupil’s performance score across 8 subjects – this performance score is known as the “Attainment 8” score. Attainment 8 is a measure of a pupil’s average grade across a set suite of eight subjects.

Between 2016 and 2019, Progress 8 scores at the end of KS4 for pupils with an EHCP have fluctuated, with an average score of -1.31 in 2019. This is lower than South East (-1.19, 2019), statistical neighbours (-1.24, 2019) and national averages (-1.17, 2019).

Between 2018 and 2019, BfFC improved its average progress 8 score by +0.17 which is higher than its statistical neighbours (decreased by -0.1), the South East (decreased by -0.12), and the national average (decreased by -0.08). Our 2019 result ranks us 102 and the third quartile nationally for performance in this metric.

Average Progress 8 score per pupil at end of Key Stage 4 for pupils with SEN Statement/EHCP					
	2016	2017	2018	2019	Change from previous year
<b>Reading</b>	-1.27	-0.76	-1.48	-1.31	0.17
<b>South East</b>	-1.02	-1.05	-1.07	-1.19	-0.12
<b>Statistical Neighbours</b>	-1.08	-1.15	-1.15	-1.24	-0.10
<b>England</b>	-1.03	-1.04	-1.09	-1.17	-0.08

**Progress 8 Scores for Key Stage 4 for young people with SEND support**

Performance against this metric has remained relatively static.

Between 2016 and 2018, Progress 8 scores at the end of KS4 for pupils with SEN support were fairly static and significantly lower than South East, statistical neighbours and national averages. The significantly improved in 2019, improving by +0.36 to reach -0.38. This is higher than the South East (-0.49, 2019), statistical neighbours (-0.41, 2019) and England (-0.43, 2019).

Between 2018 and 2019, BfFC improved its average progress 8 score by +0.36 which is significantly higher than its statistical neighbours (decreased by -0.03) and the South East (decreased by -0.02). The national average remained unchanged between 2017/18 and 2018/19. Our 2019 result ranks us 64 and the second quartile nationally for performance in this metric.

Average Progress 8 score per pupil at end of Key Stage 4 for pupils at SEN Support					
	2016	2017	2018	2019	Change from previous year
<b>Reading</b>	-0.75	-0.79	-0.74	-0.38	0.36
<b>South East</b>	-0.39	-0.49	-0.47	-0.49	-0.02
<b>Statistical Neighbours</b>	-0.35	-0.45	-0.38	-0.41	-0.03
<b>England</b>	-0.38	-0.43	-0.43	-0.43	0.00

Post-16 – attainment by age 19

National Data: 30.0% of pupils identified with SEND in year 11 achieved Level 2 (equivalent to 5+ A\*-C/ 9-4 at GCSE) including English and mathematics (GCSEs only) by age 19 in 2019/20, which is 44.6 percentage points lower than pupils without SEN (74.6%).

Statutory Assessments

In Reading the percentage increase in new EHC plans is 56% since 2014 and a 5.2% increase in 2020 (10.4% in England and 10.11% South East).

	2014	2015	2016	2017	2018	2019	2020	Jan-21	Percentage increase 2014-Jan 2021
<b>Reading</b>	919	963	998	1071	1173	1282	1364	1436	<b>56%</b>
South East	38817	39843	42828	48883	54630	60860	67602	74438	91.77%
England	237,111	240,183	256,315	287,290	319,819	353,995	390,109	430,687	81.6%

In Reading there was a 9.2% decrease in requests for statutory assessment by December 2020 although there has been a 21% percentage increase in the academic year 2020-2021 overall.

	2016	2017	2018	2019	2020	Decrease on initial RSAs between 2019 and 2020
England	55,235	64,555	72,423	82,329	75,951	8.39%
<b>Reading</b>	176	226	262	296	271	<b>9.2%</b>
South East	9,628	12,304	12,860	14,265	13,869	2.85%

The percentage of initial requests for assessment for an EHC plan that were refused during the calendar year 2020, was below the South East percentage, at 24.4 %.

		2015	2016	2017	2018	2019	2020
England	Initial requests for an EHC plan	z	55,235	64,555	72,423	82,329	75,951
	Initial requests for assessment for an EHC plan that were refused	10,935	14,795	14,586	17,890	18,755	16,406
	Percentage of initial requests for assessment for an EHC plan that were refused during the calendar year	z	26.8%	22.6%	24.7%	22.8%	21.6%
Reading	Initial requests for an EHC plan	z	176	226	262	296	271
	Initial requests for assessment for an EHC plan that were refused	48	50	38	52	91	66
	Percentage of initial requests for assessment for an EHC plan that were refused during the calendar year	z	28.4%	16.8%	19.8%	30.7%	<b>24.4%</b>
South East	Initial requests for an EHC plan	z	9,628	12,304	12,860	14,265	13,869
	Initial requests for assessment for an EHC plan that were refused	1,722	2,738	2,835	3,742	3,826	3,554
	Percentage of initial requests for assessment for an EHC plan that were refused during the calendar year	z	28.4%	23.0%	29.1%	26.8%	25.6%

In Reading, the proportion of EHC plans issued within 20 weeks has significantly increased. In 2020, Reading was operating at 85.9% (excluding exceptions). This was also a significant improvement from 49.4% in 2019.

		2014	2015	2016	2017	2018	2019	2020
England	EHC plans excluding exceptions	1,177	19,712	30,942	36,702	45,145	49,519	54,175
	EHC plans excluding exceptions issued within 20 weeks	757	11,675	18,140	23,805	27,111	29,895	31,446
	EHC plans including exceptions	1,359	24,624	36,019	41,250	48,543	53,327	59,097
	EHC plans including exceptions issued within 20 weeks	836	13,451	20,045	25,302	28,178	31,313	32,863
	Rate of EHC plans excluding exceptions issued within 20 weeks	64.3%	59.2%	58.6%	64.9%	60.1%	60.4%	58.0%
	Rate of EHC plans including exceptions issued within 20 weeks	61.5%	54.6%	55.7%	61.3%	58.0%	58.7%	55.6%
Reading	EHC plans excluding exceptions	0	68	70	151	193	172	185
	EHC plans excluding exceptions issued within 20 weeks	0	62	67	142	143	85	159
	EHC plans including exceptions	0	79	91	159	201	174	190
	EHC plans including exceptions issued within 20 weeks	0	68	69	142	143	85	160
	<b>Rate of EHC plans excluding exceptions issued within 20 weeks</b>	z	91.2%	95.7%	94.0%	74.1%	49.4%	85.9%
	<b>Rate of EHC plans including exceptions issued within 20 weeks</b>	z	86.1%	75.8%	89.3%	71.1%	48.9%	84.2%
South East	EHC plans excluding exceptions	199	2,615	5,545	6,333	7,882	8,792	9,166
	EHC plans excluding exceptions issued within 20 weeks	65	1,485	2,390	3,344	4,021	4,164	4,465
	EHC plans including exceptions	235	3,779	6,168	7,047	8,324	9,281	9,614
	EHC plans including exceptions issued within 20 weeks	68	1,779	2,624	3,602	4,171	4,303	4,600
	Rate of EHC plans excluding exceptions issued within 20 weeks	32.7%	56.8%	43.1%	52.8%	51.0%	47.4%	48.7%
	Rate of EHC plans including exceptions issued within 20 weeks	28.9%	47.1%	42.5%	51.1%	50.1%	46.4%	47.8%

## What did the inspection say?

### Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND  
This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people



- Effective joint working can also be seen in the area's work to ensure that the requirements of an education, health and care (EHC) plan can be met if parents choose elective home education
- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

### **Strengths**

- Many professionals work well together and this is leading to better and earlier identification of children with SEND.
- Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way e.g.
  - A well-established system in the neonatal unit ensures that babies who may have additional needs are referred promptly to the integrated therapy team
  - Each school has regular contact with a link speech and language therapist (SLT), enabling a quick response to requests for support.
  - A dedicated SLT and child and adolescent mental health services (CAMHS) provision in the youth offending service provide a specialist view at an early stage.
- Schools and early years settings are well supported by professionals from both education and health services
- Leaders have identified that some families do not take up the offer of free early years places for their two-year-old children. This is making it difficult to ensure that the needs of all children are identified early. Leaders identified this issue through their routine data analysis, finding that 12% of children had not attended provision before they started school, with the majority of this group having a black and minority ethnic background. As a result, there is now a coordinated plan to address this issue, with staff and volunteers in place, leaflets translated into the 11 most commonly used languages and a social media awareness campaign.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. The levels of referral for SLT and CAMHS have increased significantly following the lockdowns. SLT drop-in sessions stopped during the pandemic and were replaced with a telephone advice line. This resulted in waits of up to 12 weeks. A small number of children and young people have experienced long waits for CAMHS support as a result of the bulge in referrals following the last lockdown. Leaders have clear plans in place to deal with the backlog as quickly as possible
- EHC plans are produced in a timely fashion, with the vast majority being produced within the expected 20 week period. There is a consistent format that provides clear information about children and their needs. Practitioners say that these are useful documents. The views of children and young people and their parents are sought and plans are well informed by professional advice.

- The shared commitment of professionals in Reading is leading to improved support for children with less complex SEND. Staff in schools and early years settings appreciate the support and guidance they get from health professionals and the local authority. This is helping them to better support children and young people. For example, the early years SEND advisory service provided by Brighter Futures for Children has been strengthened and is leading work to further improve the support that young children receive. Almost all schools have participated in a free project to train staff in trauma-informed approaches, provide every school with a mental health worker and offer regular consultations on how best to support children and young people's emotional well-being. As a result, staff have a greater awareness of the emotional needs of children and young people who are upset and distressed. This is improving outcomes for children and young people and reducing the likelihood of those with SEND being excluded.
- A number of schools have collaborated to ensure that their curriculum supports all pupils to learn, including those with SEND. This work focuses on making it as easy as possible for pupils with SEND to learn, stressing the importance of sequencing learning, early reading and the development of language and communication. A wide range of curriculum support and training has been provided by local area partners to support this development. This is leading to pupils with SEND being able to learn more and remember more, and so make greater progress. Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first. As part of this plan, schools have increasing access to regular support and advice from specialists. Examples of this approach include the regular mental health discussions and the SLTs linked to every school. Providers and parent representatives like the fact that they drive this work; it is not a distant project organised by leaders, and they are in the driving seat.
- The local area is improving outcomes for children and young people with SEND. This can be seen most clearly in the success of multi-agency efforts to improve behaviour and reduce the number of pupils being excluded from school. This success has been led by adoption of a therapeutic approach now being delivered in most schools. Not only is this work reducing the likelihood of exclusion but it is also increasing the quality and speed of support for children and young people with social and emotional difficulties. Good examples of this can be seen in the effectiveness of support in place to enable a pupil at risk of exclusion to succeed in school, often by supporting the school staff to know how to achieve this. Also that some health professionals measure the difference their work makes for children and young people to monitor how outcomes have improved for those they are working with.
- Children and young people do well in school in Reading. Outcomes for pupils with SEND in year six have improved over the past three years. In secondary school, pupils with SEND attain well, although not all pupils make as much progress as they could. The recent joint working to successfully reduce exclusions has enabled children and young people with SEND to attend school for longer and achieve better results. In many schools, the principles of this approach now successfully underpin aspects of their curriculum. The success of this work is informing the next stage, to develop a more consistent approach to supporting children and young people with ASD.
- Until recently, outcomes for some older young people were not as strong as for school-age pupils. This meant that too many 17-year-olds were not in education, employment or training. Also, too few young people with an EHC plan gained a level 2 or 3 qualification that included English and mathematics. Over the past few years, the options for school leavers have improved. Work has been carried out to ensure that the needs of young people with SEND can be met closer to home. Also, pre-work opportunities are given to students to enable greater success when they leave and take up work once they have completed their courses. Recent figures indicate that this work is leading to more young people staying in employment for longer.

- There is evidence in Reading of a wide range of options being developed to enable young people with SEND to be supported into work from the age of 16. The 'Ways into Work' project began in November 2020 and partnership with the Department for Work and Pensions at Reading Youth Hub is expanding opportunities for young people. This is aimed at increasing the number of young people with SEND who are in education, training or employment.

#### Areas of development

- **The needs of vulnerable young children are not being consistently identified by health professionals.** The early identification of children with complex needs under the age of two is not as strong as it is for older children because health services are not working as closely together as they could. As a result, opportunities to identify additional needs and plan early intervention are missed. For example:
  - the health check on offer to all two to two-and-a-half-year-old children is not always identifying speech, language and communication difficulties in a timely manner
  - health visitors are not always notified when families move into the area
  - too few pregnant women receive an antenatal contact and of those that do, many of them are seen in a group.
- **Some pathways to health services are not clear enough and can be confusing.** For example, health visitors are not able to directly refer to the paediatrician or occupational therapist but they can refer directly to SLT and the neurodevelopmental pathway. This adds delay and inconsistency to accessing services.
- **Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD.**
- **Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, and are not confident that social care services fully consider their children's needs.** Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- **Some aspects of the EHC plan process could be strengthened:**
  - findings from the audit process should result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement
  - contributions from social care are too rare and often lack sufficient detail
  - plans do not routinely include consideration of preparation for adulthood outcomes
  - opportunities to coordinate statutory assessments with the EHC plan and annual review process for children looked after are sometimes missed, meaning that the often complex needs of these children and young people are not reviewed holistically.
- **The very youngest children and their families in Reading do not benefit from shared focused priorities as seen across the other age groups.** Opportunities to use shared models of support and co-production are missed.
- **The number of adults with learning difficulties in meaningful activity or paid employment needs to increase.** Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities. There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support.



## Key performance indicators – where will we be by 2027

By 2027, all key performance indicators will be in the top quartile and any local area inspection will rate Reading as one of the best areas in the country for children and young people with SEND.

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
<p>1. Ensure the needs of vulnerable pre-school children are being consistently identified by health professionals.</p> <p>This work is being led by the One Reading Partnership EY strategic group (Corinne Dishington) Regular updates to Strand 2</p>	<ul style="list-style-type: none"> <li>the health check on offer to all two to two-and-a-half-year-old children identifies speech, language and communication difficulties in a timely manner and improve the take up checks.</li> <li>health visitors are notified when families move into the area clarify who should do this</li> <li>pregnant women receive an antenatal contact</li> <li>better take up of 2yr old funding – Corrine leading on this?</li> </ul>	<p>March 2023</p>	<p>identify additional needs and plan early</p>	<p>Corinne Dishington, Early Help</p>
<p>2. EY: Develop shared priorities, models of support and co-production for the very youngest children and their families in Reading</p> <p>The ORP EY strand is coproduced, with EY families represented.</p> <p>The transition workstream develops shared framework for supporting children moving into primary school – Aimee Trimmer</p>	<p>Shared models of support and co-production are clear and evidenced multi-agency working will be improved in EY</p>	<p>March 2023</p>	<p>The identification and meeting needs of EY children with SEND benefits from shared focused priorities across families and partners Children are better prepared for primary school</p>	<p>Corinne Dishington</p>

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Action	Key performance indicator	Date of completion (of action)	Impact	Lead
SALT communication pathway development is in place				
3. Liaise with Berks West SEND JIG to produce clear pathways to health services for children with and without an EHCP (CCG funding currently determines the system – different providers).  (Schools would like to refer to SALT/OT/Physio as well as Health Visitors. Education settings can with EHCPs but not SEND support.)	Clear pathways are in place. Health visitors and Education settings are able to directly refer to the paediatrician, physiotherapist & occupational therapist (in addition to existing agreement for referrals to SLT and the neurodevelopmental pathway).	March 2023	Reduce delay and inconsistency to accessing services. Parents/carers are confident in pathways and access to services.	Deb Hunter
4. Liaise with Berks West SEND JIG re reducing the wait for a diagnostic appointment for ADHD and ASD.  Strand 2 has regular updates on waiting lists.	Waiting times decrease. Parents report satisfaction with needs led support services.	March 2023	Reduce waiting time for an efficient diagnostic service, whilst ensuring needs led services & support.	Deb Hunter
5. EY SCD Resources in Blagdon, Norcot & Snowflakes	Monitor costs, impact & demand for the SCD EY resource bases Produce reports & recommendations for the SEND Strategy Group	July 2022		Vikki Lawrence
6. Monitor and update the development of satellite classes;	Ensure clear communication of plans and vision			Debs Hunter

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
	Produce reports & recommendations for the SEND Strategy Group			
7. Implement the Alternative Provision procurement framework	The AP report gives recommendations to ensure there is sufficient AP to meet needs Children are offered AP if necessary to ensure as soon as possible if out of school.	January 2022	Children and young people’s needs are met locally in appropriate settings	Warren Manning
8. Strengthen the health and social care aspects of the EHC plan process	<ul style="list-style-type: none"> <li>▪ evidence of findings from the audit process result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement to Strand 2 report three times pa.</li> <li>▪ contributions from social care are reliable and of good quality</li> <li>▪ plans include consideration of preparation for adulthood outcomes</li> <li>▪ develop SOPs on the coordination of statutory assessments with the EHC plan and annual review process for children looked with a pep and MHEW reviews.</li> </ul>	July 2022	The complex needs of these children and young people are reviewed holistically.	Nikki Stevens
9. The number of adults with learning difficulties in meaningful activity if unable to work needs to increase.	Increased options and places within adult social care for meaningful activities for young people with very complex disabilities.	March 2023	Increased opportunities for young people with complex needs unable to work	Clare Martin

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Action	Key performance indicator	Date of completion (of action)	Impact	Lead
<p>Preparation for working life and other options are discussed as early as possible together with independence skills.</p> <p>Annual Review at Year 9 should focus on this but work should start asap.</p> <p>Link with Strand 4 for commissioning of day care options for those unable to work.</p>	<p>EHCP includes plans for after college are in place in a timely manner</p>			
<p>10. Tackle Persistent Absence by ensuring caring responsibilities are addressed in Annual Reviews SEND team in conjunction with young carers' manager EOTAS with EHCP being reviewed</p>	<p>Children with EHCPs are attending school/college and that they have the support they need with any caring responsibilities</p>	<p>July 2022</p>		<p>Education Welfare Service</p>
<p>11. Roll out and embed Autism Growth project.</p>	<p>Schools take up training; networks are established; parents &amp; CYP involved</p>		<p>CYP with autism have a more positive experience of education; lower MH needs in CYP with autism; schools feel supported and knowledgeable about recognising and supporting needs</p>	<p>Alice Boon and Debs Hunter</p>
<p>12. Ensure girls with neurodiversity are identified early</p>	<p>Schools understanding of all CYP with neurodiversity will improve as a result of</p>	<p>July 2022</p>	<p>Ensure robust assessment processes</p>	<p>Debs Hunter and Alice Boon</p>



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Action	Key performance indicator	Date of completion (of action)	Impact	Lead
	<p>the Autism Growth Project, including girls &amp; those without a diagnosis.                      Link more closely with the Autism Board, CAMHS pathway, PSC, &amp; Autism Growth.                      Coproducing guidance with parents for schools on masking.                      Schools listening to parents.</p>		<p>are in place to support early identification of need to ensure that right children are accessing SEN support or statutory assessment if appropriate.</p>	
<p>13. Review all primary need for children and young people with plans.</p>	<p>All primary needs will have been reviewed and updated.                      Examine the updated data on primary needs</p>	<p>July 2022</p>	<p>Confidence in and understanding of primary needs informs placement planning &amp; services</p>	<p>Nikki Stevens</p>
<p>14. School standards team to provide support and challenge to school leaders to help them improve the quality of their curriculum so that SEND children make better progress across each Key Stage.                      Support the SENDCO network to further develop and implement effective teaching and learning techniques that improve SEND progress in their schools</p>	<p>Improve progress for children with SEND and EHCPs at KS2 in reading, writing and maths within locally maintained schools</p>	<p>July 2022</p>		<p>Alice Boon</p>
<p>15. SEMH is identified as an area of need – continue TTS &amp; Trauma Informed Approached                       Link to strand 3 &amp; ORP Consistent approaches</p>	<p>Networks, champion schools, are established and lead with partners and parents</p>	<p>July 2022</p>	<p>Schools feel supported and skilled to help CYP with SEMH needs be successful in school, in a</p>	<p>Alice Boon</p>

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Action	Key performance indicator	Date of completion (of action)	Impact	Lead
			holistic range of areas. CYP benefit and have a positive experience of educational settings.	
16. Review the workstrand once the Government's SEND Review is known and amend in line with Governmental priorities	Refreshed workstrand reflecting changed priorities	July 2022		Deb Hunter

## Workstrand 3 – Consistent approaches to emotional well being

### What does the data tell us?

Berkshire West Health and Wellbeing strategy (2021-2030) has a key focus on mental health and well being. This is highlighted in Priority 4: Promote good mental health and well being for all children and young people.

Their data shows:

- Mental health problems are a leading cause of disability in children and young people, and can have long-lasting effects; 50% of those with lifetime mental illness experiencing symptoms by age 14.

Mental health problems further widen health inequities with children from households in the poorest areas of Berkshire West four times more likely to experience severe mental health problems than those from the richest areas.

Besides social factors, other important contributors to mental health and wellbeing amongst children and young people include general health and physical activity. Inequalities in the rates of mental illness observed across ethnicities and sexual orientations of children and young people also warrant urgent attention. Mental health conditions that start at a young age often persist into later life and limit children and young people's opportunities to thrive in both education and in the job market. Closing the gap in mental health and wellbeing in Wokingham, Reading and West Berkshire will therefore be key to ensuring all children and young people have the best chance of making the most of the opportunities available to them and fulfilling their potential.

- The three key issues affecting the mental and emotional welfare for local children and young people are:
  - 1) Limited resources, service cuts and the closure of the community hub and cut in the services and community hub as a result of the lockdown;
  - 2) Limited access to mental health education and services to support children and young people and prevention services;
  - 3) The waiting time to access child and adolescent mental health services (CAMHS).

The results from Berkshire's survey on health and well being showed over 70% of people 45 years or younger and about 50% of all respondents considered good mental health and wellbeing for all children and young people an extremely important issue. However, the respondents raised concerns about insufficient support in schools and the struggles faced by many families.


## What did the inspection say in the June 2021 Local Area SEND Inspection?

### Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND  
This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people
- Effective joint working can also be seen in the area's work to ensure that the requirements of an education, health and care (EHC) plan can be met if parents choose elective home education
- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

### Strengths

- Many professionals work well together and this is leading to better and earlier identification of children with SEND. Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way...a dedicated SLT and child and adolescent mental health services (CAMHS) provision in the youth offending service provide a specialist view at an early stage. This helps professionals to decide what further information will be needed and to prioritise the young person's needs in the system.
- Schools and early years settings are well supported by professionals from both education and health services. This support, together with the good range of training available, is helping practitioners to more quickly spot children who may need some extra help. This early identification of children and young people with less complex needs is, in turn, improving the recognition of children with more complex needs. The prompt detection and support provided by schools and early years settings frees up specialist practitioners to see pupils with more complex needs more quickly.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. The levels of referral for SLT and CAMHS have increased significantly following the lockdowns. SLT drop-in sessions stopped during the pandemic and were replaced with a telephone advice line. This resulted in waits of up to 12 weeks. A small number of children and young people have experienced long waits for CAMHS support as a result of the bulge in referrals following the last lockdown. Leaders have clear plans in place to deal with the backlog as quickly as possible. There are examples of leaders acting swiftly during the COVID-19 pandemic to address specific issues. For example, the local area adapted an

- 
- existing programme of support for families and young people struggling with anxiety into an accessible online course to help families to support their young people during the pandemic.
- There is evidence of a commitment to co-production and joint working at a strategic level to meet the needs of children and young people with SEND. This is leading to some examples of very effective co-production, such as the approach to mental health support offered across the area.
  - Increasingly, young people are centrally involved in the design of services. For example, those accessing CAMHS are involved in designing the environment and information about the service and are routinely participating in interview panels. As a result, services are more likely to be responsive to the needs of young people
  - Senior leaders across health, education and care have worked together to agree what they want to achieve for children and young people with SEND. These shared priorities are ensuring the majority of the commissioning of services is strong. Groups who make decisions about the needs of children and young people with SEND include a range of professionals across education, health and care. This multi-agency approach allows for all aspects of a child's needs to be considered when making a decision. Increasingly, working with families and young people is seen as an essential aspect of the development of services. For example, in the commissioning of an autism service, children and young people and their parents were involved from the start, from their involvement in tendering for a service to evaluating bids for a contract and setting key performance indicators that include 'I feel' statements, to measure successful outcomes.
  - Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met. Children with the most complex needs benefit from effective multi-agency working. Community children's nursing and specialist school nursing teams are co-located and work regularly with school staff to ensure children's needs are identified and met effectively
  - The shared commitment of professionals in Reading is leading to improved support for children with less complex SEND. Staff in schools and early years settings appreciate the support and guidance they get from health professionals and the local authority. This is helping them to better support children and young people. For example, the early years SEND advisory service provided by Brighter Futures for Children has been strengthened and is leading work to further improve the support that young children receive. Almost all schools have participated in a free project to train staff in trauma-informed approaches, provide every school with a mental health worker and offer regular consultations on how best to support children and young people's emotional well-being. As a result, staff have a greater awareness of the emotional needs of children and young people who are upset and distressed. This is improving outcomes for children and young people and reducing the likelihood of those with SEND being excluded
  - Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first. As part of this plan, schools have increasing access to regular support and advice from specialists. Examples of this approach include the regular mental health discussions and the SLTs linked to every school. Providers and parent representatives like the fact that they drive this work; it is not a distant project organised by leaders, and they are in the driving seat.
  - The local area is improving outcomes for children and young people with SEND. This can be seen most clearly in the success of multi-agency efforts to improve behaviour and reduce the number

of pupils being excluded from school. This success has been led by adoption of a therapeutic approach now being delivered in most schools. Not only is this work reducing the likelihood of exclusion, but it is also increasing the quality and speed of support for children and young people with social and emotional difficulties. Good examples of this can be seen in the effectiveness of support in place to enable a pupil at risk of exclusion to succeed in school, often by supporting the school staff to know how to achieve this. Also, that some health professionals measure the difference their work makes for children and young people to monitor how outcomes have improved for those they are working with

#### **Areas of development**

- **The needs of vulnerable young children are not being consistently identified by health professionals.** The early identification of children with complex needs under the age of two is not as strong as it is for older children because health services are not working as closely together as they could. As a result, opportunities to identify additional needs and plan early intervention are missed. For example:
  - the health check on offer to all two to two-and-a-half-year-old children is not always identifying speech, language and communication difficulties in a timely manner
  - health visitors are not always notified when families move into the area
  - too few pregnant women receive an antenatal contact and of those that do, many of them are seen in a group.
- **Some pathways to health services are not clear enough and can be confusing.** For example, health visitors are not able to directly refer to the paediatrician or occupational therapist, but they can refer directly to SLT and the neurodevelopmental pathway. This adds delay and inconsistency to accessing services.
- **Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD**
- Some parents are not confident in leaders' ability to resolve the current issues. Many remain very concerned about the long waits for ASD and ADHD appointments. Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- Children and young people do well in school in Reading. Outcomes for pupils with SEND in year six have improved over the past three years. In secondary school, pupils with SEND attain well, although not all pupils make as much progress as they could. The recent joint working to successfully reduce exclusions has enabled children and young people with SEND to attend school for longer and achieve better results. In many schools, the principles of this approach now successfully underpin aspects of their curriculum. The success of this work is informing the next stage, to develop a more consistent approach to supporting children and young people with ASD

### **Key performance indicators – where will we be by 2027 (data)**

See action plan below

Action Plan 2022/23

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update	
<b>1: Promoting resilience, prevention and early intervention</b>							
1.1	Set up a 2 <sup>nd</sup> MHST that covers 17 schools in the South & East of Reading	Improving Children and Young People’s Mental Health in Schools and Colleges	Staff full recruited and trained, delivering clinical activity, training and consultation - receiving referrals and delivering outcomes for CYP (Sept 2022)	By end of first quarter of activity - X referrals received, y consultation meetings held in schools and first MHSDS data flow indicates outputs and outcomes (Q3 22/23). <ul style="list-style-type: none"> <li>•500 annual clinical contacts for CYP with mild to moderate mental health needs and their parents across the 16 project schools annually.</li> <li>•CYP report progress using ROMS.</li> <li>•Service user feedback shows positive impact.</li> <li>•Wait list of &lt;12 weeks.</li> <li>•Schools report improvements in their recognition &amp; interventions for MH.</li> <li>• Quarterly reports to NHS England and CCG.</li> <li>• Upload MHSDS minimum datasets monthly.</li> <li>• Annual feedback from parents, carers, CYP, schools.</li> <li>• Case audits &amp; learning.</li> </ul>	Deb Hunter	Sept 2022	

Strand 3: Mental Health & Emotional Wellbeing.

Action:		Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
1.2	<b>Develop MHST 1</b>	Improving Children and Young People's Mental Health in Schools and Colleges	MHST 1 offers comprehensive early intervention (Getting Support, Advice, and Getting Help in THRIVE model)	<p>By end of first quarter of activity - X referrals received, y consultation meetings held in schools and first MHSDS data flow indicates outputs and outcomes (Q3 22/23).</p> <ul style="list-style-type: none"> <li>•500 annual clinical contacts for CYP with mild to moderate mental health needs and their parents across the 16 project schools annually.</li> <li>•CYP report progress using ROMS.</li> <li>•Service user feedback shows positive impact.</li> <li>•Wait list of &lt;12 weeks.</li> <li>•Schools report improvements in their recognition &amp; interventions for MH.</li> <li>• Quarterly reports to NHS England and CCG.</li> <li>• Upload MHSDS minimum datasets monthly.</li> <li>• Annual feedback from parents, carers, CYP, schools.</li> </ul> <p>Case audits &amp; learning.</p>	Deb Hunter	Review qtlly & annually	Enter Qtly numbers here
1.3	<b>Continue Schools Link Mental Health project</b>	Offering training and support, school/college staff can recognise and support less severe mental health and emotional wellbeing	<ul style="list-style-type: none"> <li>- Mental health training modules</li> <li>- Develop modules for schools on adaptation of environments for good self-esteem and mental health.</li> <li>- Overcoming your child's anxiety workshops for parents</li> </ul>	<ul style="list-style-type: none"> <li>• Training – no. of participants</li> <li>• No. Schools participating</li> <li>• Training evaluations</li> </ul>		Training offer Sep 22	



Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
	issues in their pupils. A whole school approach to mental health.	<ul style="list-style-type: none"> <li>- Parent workshops planning underway for January 2021 onwards</li> <li>- Active signposting for CYP for self-care and resources.</li> </ul>	<ul style="list-style-type: none"> <li>• A comprehensive and responsive training offer has been shared with all settings</li> </ul> No. of school MH surgeries No. of CYP discussed in MH surgeries. MH Dash board Quarterly reports			
<b>1.4</b>	<b>Therapeutic Thinking Schools</b>	Schools respond compassionately to the emotional and mental health needs of children and staff.	Supporting schools in promoting wellbeing (Ofsted framework)  Include training on trauma informed approach in the schools training on therapeutic thinking.  Training modules to be recorded and circulated to participating schools.  Beacon School identified	Exclusion KPIs are met and show below national average rates of exclusion for all children and vulnerable groups  <ul style="list-style-type: none"> <li>• TTS audit show that schools who received training have attempted to implement the approaches</li> <li>• Identify and establish mechanisms for capturing parent and pupil views in schools where the approach is embedding</li> </ul> No. of Reflective Spaces & attendees. Included in Quarterly reports from data from the MH Dashboard	Alice Boon	Reviewed annually
<b>1.5</b>	<b>Senior MH Lead training</b>					
<b>1.6</b>	<b>Parent workshops and signposting to mental health</b>		Parents will report good support and information			

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
resources and self-care / self-help resources						
<b>Develop a Reading Wellbeing Charter Mark</b>	<p>Educational settings will achieve the Reading Wellbeing Charter Mark in recognition of their approach to MHEW.</p> <p>Combine with a Resilience or MHEW curriculum offer; workshops for CYP/P;</p> <p>Audits (incl Oxwell).</p>			Deb Hunter		
<b>Promote Kooth &amp; Qwell</b>	Provision of online tool for support and information on MHEW		<p>Continued growth in use of Kooth &amp; Qwell</p> <p>Kooth national survey &amp; local usage suggest we are targeting right areas including vulnerable groups, BAME, self-harm, anxiety, suicidal ideation.</p> <p>Kooth usage nationally CYP increase 42% &amp; 63% of CYP presented in the 'severe' category on CORE.</p> <p>Reading had 449 new registrants in Q4, 57% out of school hours in lockdown and 69% out of lockdown.</p>	Deb Hunter		
<b>Develop our pre-school MHEW offer</b>	Improving pre-school children's emotional	Training modules are written and offered to pre-school settings.	No. staff 7 settings attending training	Deb Hunter		First training offered.

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
	wellbeing, and the abilities of pre-sch staff and parent / carers to recognise and respond.					
<b>2 Support settings and communities in being trauma informed.</b>						
2.1	<b>Continue to work with schools to ensure trauma informed approach becomes better understood and embedded in thinking and responses</b>	Promote schools that have embraced the trauma informed approach. Set up a TIA Schools Network and Sharing Platform. The Trauma Informed approach is implemented across all strategies including Early Help and SEND, Health, partners, Families and communities.		Increase number of schools using TIA, undertaking training, and attending networks.	Deb Hunter	July 2022
<b>3.0 Identify &amp; provide services for targeted populations i.e. the most vulnerable children &amp; young people</b>						
	Learning Disabilities (& autism)	Understand the MH needs of our vulnerable populations and commission/ provide targeted support accordingly based on identified need; to provide early intervention, management and Crisis	Learning Disabilities ~scope level of need not currently being met through existing services ~review other examples of targeted support. ~proposal for new/enhanced offers. Work with The Avenue special school with CYP with LDD and / or neurodiversity to develop offer of mental health support	Specialised training offered (3 modules) Advice & support for adaptations to curriculum. Invite The Avenue to offer training to schools on managing self-regulation.	Deb Hunter	July 2022

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
	offers which is fit for all CYP and which caters for all ages, including adolescents to young adults (16-25) and diversities, such as CYP from diverse ethnic backgrounds, learning disabilities and from the LGBTQ+ communities	<p>Training for The Avenue being written &amp; dates will be arranged shortly</p> <p>School link EP is offering training modules to the school staff March 21</p>				
Autism	As above	<p>Autism Growth Project: AET &amp; Portsmouth ND Profile (see strand 2) CPD and links to universities Promote the voices of CYP with neurodiversity Support Special United with their blog/ Vlog on being autistic. Support the setting up of adult mentors/ role models for CYP with neurodiversity. Work with PSC &amp; Autism Berkshire in their programme of support for CYP with autism and ADHD. Early intervention – work alongside CYP.</p>	<p>AET training quotas met for Year 1 Autism offer developed (S2) Universities contacted. Reading University have expressed interest in possibly offering awards (modular Masters degrees). AB &amp; PSC joining with this offer.</p>	Deb Hunter	July 2022	
LGBTQI+	As above	<p>"LGBTQ+ ~co-produce action plan to raise profile and access arrangements to help and support. Models of interventions are compared and local data analysed in order to make strategic decisions.</p>	<p>Run minimum of 2 information events or workshops with local LGBTQI+ groups in the next 6 months.</p>	Deb Hunter	July 2022	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
Diverse ethnicities	Asset-based community development involves working with communities and focusing on their strengths and the contributions they can make, rather than the problems they face. It is underpinned by theories and practices which focus on the roots of health and wellbeing, factors and resources (or 'assets') which enhance individual and community wellbeing, and community resilience, independence, involvement and empowerment (Rippon & Hopkins, 2015).	Ethnic minority groups ~review current access ~co-produce action plan to raise profile and access arrangements to help and support. Contact Alafia (Acre) and faith group leaders; Close contacts within the BAME communities are made and training and workshops are agreed.	Run minimum of 4 information events or workshops with our faith and community groups in the next year. Contact Birmingham City Council and Lewisham Council on how they developed their offer for young black men. Investigate Youth & Theatre Companies.	Deb Hunter	July 2022	DH sent further email to Shagufta in Acre March 21
Young men's group	As above	Group run at Reading College	<ul style="list-style-type: none"> <li>Restart Young Men's groups at Reading College in Autumn term 2021.</li> </ul>	Deb Hunter	July 2022	
Develop the new CLA MHEW service	There is an improved service offer for CLA – either within BfC or through a Berks West CLA service. CYP who are CLA feel supported and know how to access services,			Deb Hunter	July 2022	-Workshops with BfC staff have been held to establish model of MH support for CLA. -Monthly EWB workshops for social workers are in place by EPS & PMHT

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update	
		support and help when they need it.					
IFA	Foster carers and social workers have a regular service offer to identify and support EWB and MH needs; they feel supported and know how to access services, support and help when they need it.		<ul style="list-style-type: none"> <li>Have therapeutic support in place for the IFA.</li> </ul>	Deb Hunter	July 2022	-Focus groups held with staff in BFFC who work with CLA to illicit the model of support they feel is needed.	
Children on child protection plans and Children in Need.	As above	A systemic model of therapeutic support and advice is available to social care for CYP who are CiN or have CP plans		Deb Hunter	March 2023		
Children not engaged in education							
<b>4.0 Data &amp; performance monitoring for MHEW services in BFFC</b>							
4.1	Develop shared mental health dashboard for BFFC MHEW services	To have a tool that enables oversight of all MHEW provision & KPIs, in order to improve services for CYP/F.	MH Dashboard -Continue to develop accurate and robust data information and interrogation for informing outcomes and strategic developments	MH dashboard developed for: <ul style="list-style-type: none"> <li>EPs, PMHW;</li> <li>IFA;</li> <li>EH&amp;P</li> </ul> MH dashboard now shows 'live' data and is informing Qt reports. May: working on MH data from CLA and adding to the dashboard.	Deb Hunter	March 2023	Developed for EPS & PMHW; measures agreed for IFA but not yet collated.
<b>5.0 Coproduction and communication</b>							
	Clear system of communication of our local MHEW offer.	CYP/F know how to easily find advice & support	Clear pathways/ single point of access? Promote self-care, self-help for schools, CYP and parent/carers		Deb Hunter	March 2023	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
Start CYP and parent advisory groups	Provide mental health support that children and young people and their families want to access where and when they want it ie options for within schools and colleges, community, online, at home.	Contact Oxford Mind for support/ ideas.	<ul style="list-style-type: none"> <li>•Meet regularly (at least 3 times over next 8 months) with Special United to see their views.</li> <li>2 CYP reports being responded to.</li> <li>Regular meetings with RFF re mental health.</li> <li>You Said, We did responses to CYP/F's views.</li> <li>Help CYP in Reading have a louder voice on mental health.</li> <li>High positive user feedback for all MH services.</li> </ul>	Deb Hunter	March 2023	
Purchase the Oxwell mental health survey for 2021. Put in place OxWell 2020 report recommendations (received Jan 2021):		<ol style="list-style-type: none"> <li>1. Identifying the specific factors that contributed to lower wellbeing and happiness, increased loneliness and poorer sleep quality during lockdown for upper secondary age pupils</li> <li>2. Encourage physical activity amongst school students, especially those in older year groups, the populations reporting the least amount of exercise</li> <li>3. Provide online resources to promote the wellbeing of both primary and secondary school pupils</li> </ol>		Deb Hunter	January 2022	
<b>Local Transformation Plan</b>						
Update Plan with the CCG, partners, schools and CYP and parent/carers.		<ul style="list-style-type: none"> <li>- Schools attend the Health &amp; Wellbeing Board</li> <li>- Schools know of the JSNA, LTP &amp; commissioning plans</li> <li>- Papers and resources on mental health are widely shared and promoted</li> </ul>		Deb Hunter	October 2021	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
<b>Develop MHEW services within BfC &amp; across partners</b>						
Continue to develop good relationships between schools and other partners such as CAMHS, social care, voluntary organisations, to establish joint working arrangements, referral pathways, share skills, knowledge and expertise, and train and learn from each other.	THRIVE	<p>Early identification work to reduce urgent cases: enable MHST, school nurses and other early intervention services to work with schools and families to seek help as appropriate.</p> <p>There are three layers to the work:</p> <ul style="list-style-type: none"> <li>- Whole school work for all pupils,</li> <li>- Targeted work in school for some children with extra needs and</li> <li>- Individual, therapeutic support.</li> </ul> <p>The therapeutic support can be in the form of staff consultations, group work, individual support or family consultations.</p>		Deb Hunter	September 2022	
<b>CYP MHEW Transformation Plan across Berkshire West</b>						
<b>9 priorities identified – see separate Action Plan.</b>				Deb Hunter	Dates in line with plan	
Building a formal delivery partnership arrangement						
Create a single access and decision-making partnership arrangement						



Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of completion (of action)	Progress update
Tackling the waiting times in both specialist/ Core CAMHs						
Meeting the Eating Disorder waiting times for response to referrals						
Mobilising a Community Home treatment offer 24/7 access standard for Crisis cases						
Mobilising 2 further Mental Health Support Teams						
Meeting the COVID surge demand as it arises (tied to 3 &5)						
Addressing gaps in access and service offer due to inequalities						
Strengthening our adolescent to young adulthood offer (16 – 25)		Adolescent (16-25) pilot evaluated and recommendations made				

## Workstrand: 4: Preparation for Adulthood (RBC lead Katie Laws)

### What does the data tell us?

#### Local Data in relation to National Data

Quality performance SEND 16-24 Data	Cohort	Proportion engaged in:			Total	NEET	Current activity not known	NEET and NK%
		Mainstream education and training	ISPs	Supported Internships				
<b>September 2020</b>								
England	134,191	34.2%	0.7%	0.5%	35.4%	8.4%	54.9%	63.4%
South East	22,650	<b>29.3%</b>	0.2%	0.6%	30.1%	6.7%	62%	68.7%
<b>Reading</b>	393	<b>50.4%</b> <b>(198)</b>	0.0%	0.0%	50.4%	6.1% (24)	41.2% (162)	47.3% (186)
<b>December 2020</b>								
England	131,562	49.4%	1.3%	0.6%	51.3%	9.3%	38%	47.3%
South East	22,393	44.2%	0.5%	0.6%	45.3%	8.1%	45.3%	53.5%
<b>Reading</b>	397	<b>67.5%</b> <b>(268)</b>	1% (4)	0.0%	<b>68.5%</b> (272)	8.8% (35)	18.1% (72)	<b>27%</b> <b>(107)</b>
<b>March 2021</b>								
England	129,293	54.5%	1.5%	0.5%	56.5%	9.3%	32.7%	42%
South East	22,830	50.4%	0.6%	0.5%	51.4%	8.2%	39.1%	47%
<b>Reading</b>	396	69.9% (277)	1% (4)	0.0%	71% (281)	11.9% (47)	9.8% (39)	<b>21.7%</b> <b>(86)</b>

#### Data reporting for September 2020 demonstrates that:

- Out of a cohort of 393, 16-24 young people with EHC plans in Reading, 50.4% were engaged in mainstream education and training in comparison to 29.3 % in the South East. However, with 24 registered as NEET, a key challenge identified was the high SEND unknown picture, highlighting that nearly half of the cohort's situation was not known.
- A more robust tracking process was implemented, and closer working with the SEND Casework Team, has resulted in the reduction of unknowns by 31.4% (123 YP) by March 2021.
- This tracking exercise has positively impacted on Reading's SEND participation rates, rising to 71% (281 YP) engaged in education or training however it has also caused a rise in the number of SEND NEET, the numbers increasing by 5.8% (23 YP) at the end of March 2021, with a total of 47 SEN YP registered as NEET.
- However, SEND participation in education and training in Reading is higher compared to the South East and nationally. In Reading, a transition project has now been developed to ensure our work on transition to adulthood is robust and secure. The key aims for the project include:
  - Preparing for Adulthood Service evaluation and implementing key recommendations
  - Early identification of need through embedding the joint transitions process from 14+ for young people with SEND
  - Providing support and advice for providers participating in the co-commissioned accommodation and support pilot

A Preparing for Adulthood policy covering young people from age 14 to 25 has now been implemented. As part of this, a Preparing for Adulthood panel has been established to deliver training, collate feedback and ensure the creation of 'safe spaces' across Reading for young



people with SEND. This panel has developed our Child Sexual Exploitation protocol (CSE) and a monthly meeting is held to assess those young people at risk of CSE.

- e) At the end of March 2021 Reading’s “Not Known” performance was nearly 30% lower than South East LAs and just over 20% lower nationally. Better identification and individual case management has allowed for earlier improved engagement with young people.
- f) To ensure ongoing accuracy, a data cleansing activity is underway where the SEND EHCP open and closed data is cross referenced and updated on the DFE NCCIS database.

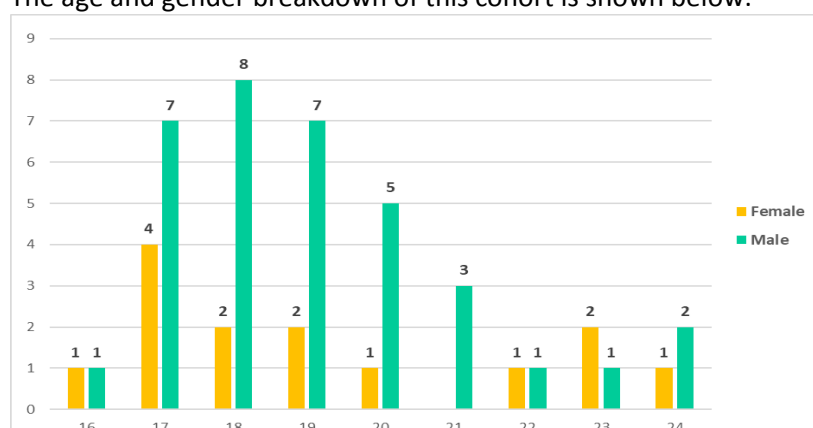
As of 10 May 2021, there were 389 young people with SEND, aged 16-25 years, with an open EHCP, living in Reading registered on the NCCIS database. Of these 79.9% - 311 young people with SEND are engaged in education, employment or training:

- 17.5% are attending sixth form School or Special School (Year12, 13, 14, 15)
- 1% are attending specialist post 16 education provision
- 47.3% are attending Further Education (encompasses various courses of study –i.e. BTECs, Foundation programmes, Traineeships, Supported Internships)
- 0.5% have progressed onto a Higher Education course
- 1% engaged in an Advanced or Intermediate Apprenticeship
- 3.3% are engaged on a Study/Work Programme
- 2.1% are participating in reengagement programmes
- 1.3% are engaged in Traineeships
- 0.5% are engaged in formal education through their custodial sentence
- 4.4% are in employment with no formal training
- 1% are engaged in work based-voluntary opportunities

As of 10 May 2021, there were 12.6% - 49 young people with SEND 16-24, registered as NEET with an open EHCP:

- 8% are NEET available to labour market
- 4.6% are NEET not available to labour market due to various reasons such as illness, disengaged, complex barriers, anxieties.

The age and gender breakdown of this cohort is shown below:



- An analysis of the previous provider/destination attended prior to becoming NEET shows that a significant majority (57%) of this cohort have previously been in further education.
- 80% of this cohort have Entry Level 1 or below qualifications.

## What did the inspection say?

### Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND  
This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

### Strengths

- Many professionals work well together and this is leading to better and earlier identification of children with SEND.
- Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way.
- Increasingly, young people are centrally involved in the design of services. For example, those accessing CAMHS are involved in designing the environment and information about the service and are routinely participating in interview panels. As a result, services are more likely to be responsive to the needs of young people.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. The levels of referral for SLT and CAMHS have increased significantly following the lockdowns. SLT drop-in sessions stopped during the pandemic and were replaced with a telephone advice line. This resulted in waits of up to 12 weeks. A small number of children and young people have experienced long waits for CAMHS support as a result of the bulge in referrals following the last lockdown. Leaders have clear plans in place to deal with the backlog as quickly as possible
- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met.
- Until recently, outcomes for some older young people were not as strong as for school-age pupils. This meant that too many 17-year-olds were not in education, employment or training. Also, too few young people with an EHC plan gained a level 2 or 3 qualification that included English and mathematics. Over the past few years, the options for school leavers have improved. Work has been carried out to ensure that the needs of young people with SEND can be met closer to home. Also, pre-work opportunities are given to students to enable greater success when they leave and take up work once they have completed their courses. Recent figures indicate that this work is leading to more young people staying in employment for longer.

- There is evidence in Reading of a wide range of options being developed to enable young people with SEND to be supported into work from the age of 16. The 'Ways into Work' project began in November 2020 and partnership with the Department for Work and Pensions at Reading Youth Hub is expanding opportunities for young people. This is aimed at increasing the number of young people with SEND who are in education, training or employment.

#### Areas of development

- **Some pathways to health services are not clear enough and can be confusing.** For example, health visitors are not able to directly refer to the paediatrician or occupational therapist but they can refer directly to SLT and the neurodevelopmental pathway. This adds delay and inconsistency to accessing services.
- **Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD.**
- **Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, and are not confident that social care services fully consider their children's needs.** Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- **Some aspects of the EHC plan process could be strengthened:**
  - **findings from the audit process should result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement**
  - **contributions from social care are too rare and often lack sufficient detail**
  - **plans do not routinely include consideration of preparation for adulthood outcomes**
  - **opportunities to coordinate statutory assessments with the EHC plan and annual review process for children looked after are sometimes missed, meaning that the often complex needs of these children and young people are not reviewed holistically.**
- **The number of adults with learning disabilities in meaningful activity or paid employment needs to increase.** Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities.
- **There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities.** There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support.
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#### Key performance indicators – where will we be by 2027 (data)

To be developed.

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
1) Exploratory work to understand the needs of the 4.6% of NEET that are not available and identify what support the families would require	Target to improve outcome for 4.6% NEET	September 2022	Sufficient and appropriate support is provided for families	SEND Team Preparing for Adulthood Team Managers
2) Identify and engage with the remaining young people whose “current activity not known”	Target to reduce 9.8% to 0%	April 2022	Improve SEND participation rates engaged in education or training	SEND Team
3) Establish and promote pathways between the Preparing for Adulthood Team and Mental Health Social Care Team so that no young people with a disability and/or mental health need falls through the net and joint working is undertaken where appropriate	Produce and launch practice guidance document for staff  Update the Preparing for Adulthood Policy	April 2022	The needs of young adults with disability and/or mental health needs are met by the appropriate team in adult social care	Assistant Director DACHS
4a) Identify local services that provide post-employment support for SEND, undertake gap analysis and take action to address gaps  b) Share information about available support via FIS / RSG / voluntary sector/ IASS	Increase proportion of young adults in supported employment in line with national average (currently 0%)	June 2022	Increase in number of young adults with SEND in meaningful employment.  Mechanisms to support for young adults is in place when the contract with Ways Into Work ends.	Assistant Director DACHS – supported by an Officer

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
<p>5a) Information sharing and training to improve knowledge about the EHCP process and expectations on staff</p> <p>b) Actions to be identified to develop shared understanding and commitment across Children’s and Adult Social Care and Health about attendance and participation at EHCP reviews</p>	<p>All staff to attend EHCP workshop led by SEND team</p> <p>All staff to attend EHCP workshop led by SEND team</p>	April 2022	Improved contributions by Health and Social Care to the EHCP process so that young people’s aspirations are captured and outcomes are tangible. This will inform commissioning intentions and help to scope and shape the market.	SEND Team
<p>6a) Embed the Preparing for Adulthood policy and process to enable the Preparing for Adulthood Team to undertake much earlier planning for young people with complex needs</p> <p>b) Seek feedback from families to ensure planning is being undertaken from age 14</p>	All young people with SEND will have Preparing for Adulthood outcomes identified on their EHCP’s from Year 9 review	Jan 2022	Earlier planning for children with very complex needs. This will inform commissioning intentions.	Assistant Director DACHS
7a) Needs analysis to be undertaken for the current cohort of young people aged 18-25 years. Joint planning to be undertaken with the Commissioning Team to see ensure all information is captured that would help inform service development and commissioning	100% of 18 – 25 year olds with SEND will have a needs analysis undertaken	Jan 2022	The needs of people aged 18-25 years are understood, and used to inform service development and commissioning intentions for them now and in the future	Katie Laws on behalf of PFA Team, and DACHS Commissioning Team

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
b) Findings to be shared with Adults Commissioning Team and used to inform commissioning intentions for this cohort now and in the future				
8a) Undertake survey on day services availability and capacity.  b) Information to be shared with Commissioning Teams and used to inform commissioning intentions and service development		June 2022	Increase in availability of day service activities	Reading Mencap and DACHS Commissioning Team
9) identify actions to expand and promote the role of occupational therapy in independence planning		June 2022	Young people are supported by occupational therapists to maximise their independence	Lead OTs in Children's and Adults' social care



## Workstrand 5: Short Breaks and related family support

### What does the data tell us?

The national data published in August 2021 shows the following:

<https://www.gov.uk/government/publications/childrens-homes-providing-short-breaks/childrens-homes-providing-short-breaks> -

- As at 31 March 2020, there were 167 short-break-only homes in England.
- A third of all local authorities (LAs) (51, 34%) had no short-break-only homes within their boundaries.
- Of the 100 LAs that had short-break-only homes within their boundaries: 64 had 1 home, 21 had 2 homes and 15 had 3 or more, including in some of the geographically largest LAs.
- Most short-break-only homes were LA- or voluntary-sector owned. This was different from children’s homes, which were mostly privately owned.

**Table 1: Regional breakdown of number of short-break-only homes and the number of places provided, as at 31 March 2020**

Ofsted region	Number of short-break-only homes	% of short-break-only homes	Number of places	% of places
North East, Yorkshire and Humber	34	20	227	23
North West	27	16	135	13
South East	25	15	171	17
West Midlands	22	13	115	11
East of England	19	11	119	12
South West	19	11	99	10
London	11	7	72	7
East Midlands	10	6	70	7
Total	167	100	1,008	100

Around half of all short-break-only homes (87 homes, 52%) were located in predominantly urban areas. A further 39 homes (23%) were in areas defined as ‘urban with significant rural’ parts. A quarter of all short-break-only homes (41, 25%) were in predominantly rural areas.

As urban areas are more densely populated, homes in these areas are likely to be locally accessible to a greater number of children and their families. The majority of densely populated areas were well served by short-break-only homes, though there are exceptions. However, there were only 41 short-break-only homes in rural locations across the whole of England. It is possible that disabled children who live rurally may have to travel long distances to access short breaks, or go without them entirely.



Distribution of Short -break-only homes in comparison to statistical Neighbours:

Local authority in which the home is located	Local authority	Voluntary	Private	Health authority	Urban/rural classification	Number of short-break-only homes
Reading	0	1	0	0	Urban with city and town	1
Barnet	0	1	0	0	Urban with city and town	1
Bedford	1	0	0	0	Urban with significant rural	1
City of Bristol	2	0	0	0	Urban with city and town	2
Derby	1	0	0	0	Urban with city and town	1
Milton Keynes	1	0	0	0	Urban with city and town	1
Sheffield	3	0	0	0	Urban with minor conurbation	3
Southampton	0	1	0	0	Urban with city and town	1

Nationally the provision of short-break care for children in their early years (0 to 4 years) was the least extensive. Only 24 homes (14%) were able to provide care to this age group. However, the number of homes that can provide children aged 5 to 7 with short breaks increases substantially. As at 31 March 2020, just over two thirds (114 homes, 68%) of all short-break-only homes offered care to children within this age bracket. The number of homes increases even further for children aged 8 to 10. All short-break homes can accommodate this age group. There were 17 homes that did not indicate the youngest age group that they can accommodate.

There was a lot less variation in the upper age limit for short-break-only homes. Almost all homes (155 homes, 93%) were able to provide care for children up to the 16 to 18 years old range. An additional 9 homes offered care into early adulthood (19 years and above), subject to the majority of short breaks being taken by children under 18.

- In Reading we have Cressingham Short Breaks provision that provides overnight Short Breaks for children 8-18 years old. Cressingham is a 6-bed residential provision that is open all year round with the exception of Christmas and New year bank holidays. Cressingham is rated 'outstanding' following its inspection August 2021 and is registered with Ofsted to provide Short Breaks for children with learning disabilities, physical disabilities and sensory impairment

#### Reading data shows:

- 1,466 Children with an EHCP living in Reading
- 600 children named on the Reading Disabled Children's Register
- 1528 children aged 5 - 18 years receiving Disability Living Allowance (DLA) or Personal Independence Payments (PIP) living in Reading.
- 533 children with SEND open to Childrens Social Care
- 164 children open to CYPDT
- 42 children accessing a Direct Payment

Based on attendance figures for children attending short breaks in May/June 2021 we had 177 spaces taken up by Reading children, attending one or more sessions per week. Covid had a big impact, regarding capacity of provision and also the confidence of parent carers to access short breaks. Also, children with complex needs may be more likely to have been clinically extremely vulnerable and not accessing short breaks as a result.

Booking of short breaks in preparation for the school summer holidays started July 2021. Make sense theatre had already taken bookings for 216 spaces for the summer program by the end of July 2021, Reading Football Club were also having a great response to their multi-sports programme.

Based on attendance figures for children attending targeted short breaks funded by BFFC through the school summer holidays 2021;

- Reading football club provided sport-based activities for children aged 7-17 years old over 5 weeks. On average 16 children attended 15 sessions. Totalling 240 children. The sessions had catered for 20 children showing there were a further 60 spaces available.
- Chance to Dance provided dance/action-based activities for children aged 5-17 years old over 5 weeks. On average 14 children attended 10 sessions. Totalling 140 children. The sessions had catered for 15 children showing there were a further 10 spaces available.

- Make sense provided theatre-based activities for children aged 5-17 years old (awaiting data at time of writing)

There has been less provision offered for children with complex needs due to the closure of Mencap Saturday Club and Challengers.

We forecast going forward Post Covid, we could expect to fill 200-250 spaces per week across the groups.

Age groups have ranged from 7yrs to 17yrs across the groups. There is a demand for an increased provision for children 4-8yrs. This area is currently identified as a priority area of unmet need as is those with complex needs esp. those under 12.

CYPD Resource and Short Breaks panel is holding a waiting list for children assessed as requiring overnight Short Breaks Foster carers. The waiting list currently has 7 children who have been waiting between 3-6 months.

## What did the inspection say?

### Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND

This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people

- Effective joint working can also be seen in the area's work to ensure that the requirements of an education, health and care (EHC) plan can be met if parents choose elective home education
- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services.

### Strengths - Support for families/Short Breaks

- Many professionals work well together and this is leading to better and earlier identification of children with SEND. Co-production and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. Leaders have clear plans in place to deal with the backlog as quickly as possible. There are examples of leaders acting swiftly during the COVID-19 pandemic to address specific issues. For example, the local area adapted an existing programme of support for

families and young people struggling with anxiety into an accessible online course to help families to support their young people during the pandemic.

- Improvements to services are planned and delivered in genuine partnership, with parents and young people included as standard. A good example of this can be seen in the redesign of the equipment policy to ensure that children and young people get the equipment they need promptly and that it is suitable for their needs.
- Senior leaders across health, education and care have worked together to agree what they want to achieve for children and young people with SEND. These shared priorities are ensuring the majority of the commissioning of services is strong. Groups who make decisions about the needs of children and young people with SEND include a range of professionals across education, health and care. This multi-agency approach allows for all aspects of a child's needs to be considered when making a decision. Increasingly, working with families and young people is seen as an essential aspect of the development of services.
- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met. Children with the most complex needs benefit from effective multi-agency working. Community children's nursing and specialist school nursing teams are co-located and work regularly with school staff to ensure children's needs are identified and met effectively.
- Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first.

### Areas of development

- Some parents are not confident in leaders' ability to resolve the current issues. Many remain very concerned about the long waits for ASD and ADHD appointments. Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- Some aspects of the EHC plan process could be strengthened:
  - findings from the audit process should result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement
    - contributions from social care are too rare and often lack sufficient detail
  - plans do not routinely include consideration of preparation for adulthood outcomes
  - opportunities to coordinate statutory assessments with the EHC plan and annual review process for children looked after are sometimes missed, meaning that the often complex needs of these children and young people are not reviewed holistically.

- The very youngest children and their families in Reading do not benefit from shared focused priorities as seen across the other age groups. Opportunities to use shared models of support and co-production are missed
- The number of adults with learning difficulties in meaningful activity or paid employment needs to increase. Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities. There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support

### Key performance indicators – where will we be by 2027 (data)

What do we want to be measuring?

- Evidence of the positive impact co-production has made to Reading children accessing Short Breaks and parent carer and professionals understanding of Short Breaks.
- Readings ambition – for 60% of children with SEND to be able to access a Universal, targeted or Specialist eligible for Short breaks to be accessing a short break. This is above the national average of 47%
- An increasing offer for Reading children across all areas of need year on year until we can evidence needs are being met in line with legislative expectations.
- ensure that we have full data on numbers of children, including age, ethnicity and level of need in the next 12 months to inform commissioning.
- Diversity and inclusion – are short breaks accessible for all children with SEND across the diverse population in Reading? Use data regarding the demographic of Reading and compare to children accessing Short Break's.

How will BFFC ensure engagement with diverse groups who are currently considered 'Hard to reach groups' (English not first language/ non computer users)

- Satisfaction indicator – are families aware of SB's, and satisfied with the provision available

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
<p>Progress from spot purchasing to multi provider contract model for targeted short breaks.</p> <p>Ensure contracts are value for money</p> <p>This will require: Equality Impact assessment; eligibility criteria; Short Break strategy; Service model and specification; finance model.</p>	<p>Increase in number of children with SEND accessing short breaks to 40%</p> <p>Increase number of providers offering targeted short breaks</p> <p>Target gaps in short breaks rather than</p>	April 2022	Improved regulation of all commissioned short breaks	Claire Lewis/ Warren Manning/ Mandie Barnes
<p>Progress from multi provider contract model to lone provider contract model for targeted short breaks.</p> <p>Ensure contracts are value for money</p>	<p>Increase in number of children with SEND accessing short breaks to 50%</p> <p>Increase commissioning outcomes achieved – 80%?</p> <p>Added value to contracts</p>	April 2023	Improved regulation of all commissioned short breaks	Claire Lewis/ Warren Manning


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Action	Key performance indicator	Date of completion (of action)	Impact	Lead
<p>Identify gaps in SB provision and ensure these are filled where possible through local providers.</p> <p>Increase in provision of SB's for under 8's and over 13's.</p> <p>Increase in provision for children with complex needs.</p>	Data evidences increased number of children access short breaks by age.	October 2021	Greater variety of provision for all eligible children on a graduated continuum.	<p>Mark Hobson and RFF</p> <p>Mark Hobson</p> <p>Mark Hobson</p>
Co-produce refreshed Short Breaks Statement that includes eligibility criteria for specialist Short Breaks.	Short breaks statement available to access through the Local Offer and BfC website.	September 2021	Awareness raising of short breaks and how to access them.	Claire Lewis and RFF
Clear data is available regarding numbers and outcomes for services delivered. Also gaps/ waiting lists etc to evidence unmet need.	Increase in take up of SB's	October 2021	There is transparency of cost against numbers and outcomes that supports future development of short breaks.	Mark Hobson



Action	Key performance indicator	Date of completion (of action)	Impact	Lead
			Analysis of historical data and comparison to current data	
Work with partners to support recruiting volunteers and PAs	Increase in numbers of PA's and decrease on reliance on agency	January 2022	Consistent relationship for the YP with their PA and outcomes achieved.	Ben Boatman & Shaun Polley
Undertake a training needs analysis for PA's and provide a training offer for Childrens PA's.	Increase support for PA's	January 2022	Increase in quality and skills of PA's	Ben Boatman & Shaun Polley
Develop tool for collating and monitoring feedback from families on targeted provision and publish response on Local Offer quarterly.  Also need to hear from families that have not accessed a short break to find out what the barriers may be		December 2021	Raise awareness of quality of Short breaks and evidence changes made as a result of feedback	Mark Hobson RFF and Shaun Polley

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Development of provision of overnight Short Breaks  Cressingham  SB foster carers	Increase in numbers of children access specialist overnight short breaks	June 2022	Consistent overnight breaks for parent carers to prevent family breakdown	Helena Baptista, Seamus Jennings, Claire Lewis
Co-production to be built in as a principle for developing short breaks and support for families.		December 2021	Services that accurately reflect the needs of the community	Claire Lewis and RFF
Forecasting for beyond 2027. Use increasing data to forecast need beyond 2027		March 2026	Accurate budget and needs met for eligible children to access services	Claire Lewis, Mark Hobson & Maryam Makki
Target hard to reach groups/ within the Reading community  Use multiple forums and medias to communicate with families.	Increased numbers of children accessing short breaks from across Reading	November 2021	Children accessing short breaks from historically harder to reach communities	Mark Hobson, Maryam Makki, RFF, Fiona Tarrant



Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Liaise with Strand 1 regarding better communications and formatting for all identified documents that are produced regarding Short Breaks for service improvements (operational practice and wider circulation/ publishing).		August 2022	Fiona Tarrant to consider if inclusion in Strand 1 is required	Claire Lewis/ Fiona Tarrant

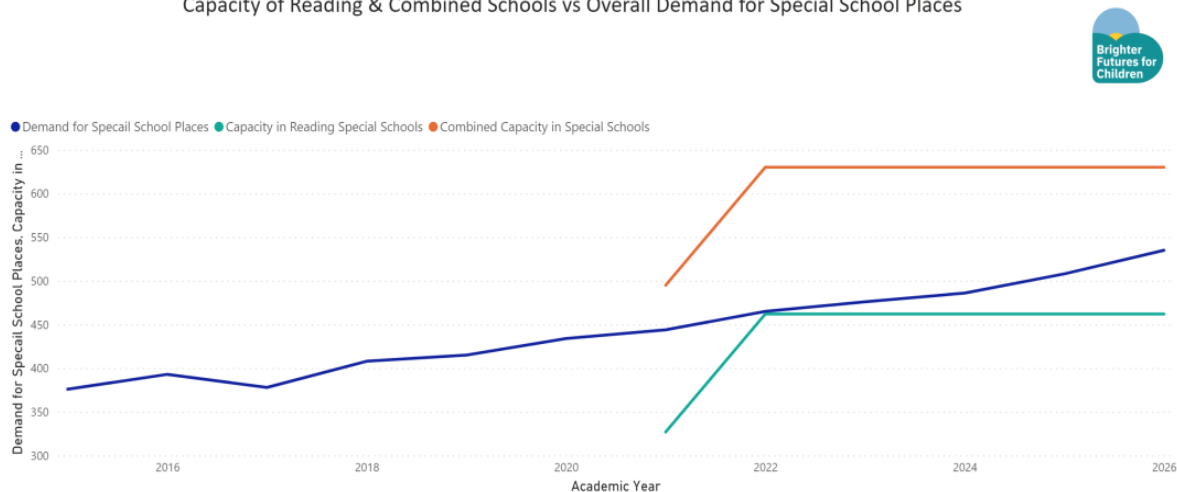
## Work strand: 6. Capital and school places

### What does the data tell us?

- Increasing numbers of children with EHCPs – rising at 7.6% per annum on average – current numbers 1500. Assuming the average increase continues, we would see an additional 827 pupils with plans by 2027. The majority of these children and young people would continue to be educated in mainstream schools.
- The additional 179 places to be delivered from September 2022 may not be sufficient to meet ongoing demand.
- Majority of needs are speech, language and communications difficulties/autism followed by SEMH (50% and 20% of all plans respectively)
- So roughly 1164 places are needed for SLCD/autism and 465 for SEMH if the current increase continues. Not all of these would require specialist provision and our mainstream schools should be able to offer places for the majority of children in line with our commitment to supporting schools in local provision
- Need for capital investment in short breaks to meet the needs of children and young people and their families

The chart below show the demand and supply of special school places. The orange line represents supply in the Greater Reading area (which sits outside of the Reading local area). The demand line shows only the demand within the Reading local area.

Capacity of Reading & Combined Schools vs Overall Demand for Special School Places



This graph shows historical and projected demand for special school places in Reading. The combined capacity shows the capacity of Reading schools plus the yearly average of places sent to near by special schools in Greater Reading. It is being assumed that these schools will be able to accommodate similar numbers of Reading pupils in the future. The new special school in Wokingham is included in these capacity projections assuming it opens as scheduled.

Note: The capacity doesn't account for the number of places that are occupied by children from other LAs.

### What did the inspection say?

The local area inspection highlighted the increasing investment in specialist places and the need to continue the good progress made to date.



## Key performance indicators – where will we be by 2027 (data)


By 2027, we will:

- Have increased places in for pupils with SLCD/autism and SEMH to meet demand with the majority of needs being met within mainstream schools.
- As a result, have decreased the placement of children out-borough and in independent settings and thereby reduced the deficit in the high needs block.

## Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Interrogate the data to ensure robust assumptions on likely demand for next five years.	JNSA accurately reflects likely demand	December 2021	Effective use of capital investment funding	Performance and Data team
Identify specific need and locality	Need is broken down into planning areas	March 2022	Effective meeting of need at a local level	DoE
Amend capital programme to reflect 'new' need	Capital programme has strand of SEND school places	March 2022	Effective meeting of need	DoE and RBC
Roll out of programme of capital investment	XX places created (number to be confirmed)	From March 2022 with view to opening from September 2022 onwards	Additional local places funded from DfE capital (£955k)	RBC
Those purchasing SEND placements to use the funding that is available to support children and young people with SEND to enable the provision of personalised, integrated, high quality support that delivers positive outcomes	Clear processes in place to secure individual placements.	March 2022	Effective use of funding	BFFC finance and DoE

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
from early childhood through to adult life.				
Harnessing the views of children and young people, their families and carers	Placements are based on evidence about which services provide the best support and which interventions are effective.	On-going	Improved outcomes	Education commissioner
Exploring integrated approaches towards key SEND pathways.	Identifying scope for working more efficiently together across these areas.	March 2022	Effective use of funding	BFFC finance and SEND team
Developing processes for joint review of SEND services.	<p>Closer monitoring (including reviewing EHCPs) of changing needs of the local population of children and young people with SEND in order to identify demand;</p> <p>Feedback from service users and families used to identify gaps in provision, and shape and change our</p>	March 2022	Sufficiency of the appropriate type of places	Education commissioner



Action	Key performance indicator	Date of completion (of action)	Impact	Lead
	commissioning priorities accordingly.			



## Strand 7: Funding and finance

### What does the data tell us?

- Increasing number of EHCPs which will need to be funded.
- Need to increase provision locally and reduce spending on out borough independent expensive placements
- Recovery plan in place for High Needs Block deficit - need to continue to monitor and ensure delivery
- Schools 'feel' underfunded for pupils with plans

### What did the inspection say?

- Building confidence in 'the system'
- Confidence in BfC's willingness to meet needs
- Improvements to quality of plans
- Sufficiency of specialist placements
- Transitions to adulthood / adult services
- Support for complex needs

### Key performance indicators – where will we be by 2027 (data)

By 2027, we will:

- Have a funding regime that appropriately supports children and young people with plans
- A consistent approach to funding academy and independent special schools with robust frameworks in place that are reviewed on an annual basis
- Responded to the Government's SEND review and realigned our funding regime if appropriate

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Bid for additional funding to support review of systems and processes	Review of systems completed	Autumn 2021	Greater capacity to review and implement positive and sustainable change, and measure impact	Richard Harbord
Briefing on Schools Funding to SENDCO Forum  SENDCO Forum workshop on SEND Provision Mapping		Annually  Spring Term 2022	Increased understanding of funding system, high needs funding guidance and pressures  Increased understanding of what 'efficient use of resources' means and how this is determined and evidenced across the whole of Reading, not just in individual settings  Improved transparency improves schools and parental confidence in the system	SEND Team Manager  Finance Business Partner

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Establish regular SENDCO and Headteacher attendance at EHC Panel		Jan 2022	<p>Increased understanding, partnership working, transparency and accountability re decision making</p> <p>Building confidence in the system</p> <p>School confidence will impact on parental confidence</p>	SEND Team Manager
<p>Review mainstream bandings – uplift costs for 21-22 pending outcome of Government’s SEND review, publication date unknown. Include benchmarking nationally and with stat neighbours.</p> <p>Ensure funding level is reviewed at every annual review</p>	School have greater understanding of the banding system	<p>Uplift from Sept 2021</p> <p>Review completed by XX?</p> <p>Decision taken on funding bandings from 2022 onwards XX?</p>	<p>Schools will be funded at a level that reflects rising costs and is in line with benchmarked national arrangements</p> <p>School confidence will impact on parental confidence</p> <p>Improved monitoring of provision and spend and improved analysis of impact on outcomes for CYP</p>	<p>DSG Finance Business Partner</p> <p>SEND Team Manager</p>

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Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Frequent monitoring of High Needs Block		Report to Schools Forum 5 times per year, with monthly oversight to Strand 7 meeting		DSG Finance Business Partner
<p>Review Health contributions to high cost placements and provision for children with EHCPs</p> <p>CHC / CCG referrals training for social care and education officers – annual</p> <p>Attendance at CHC panel – social care and SEND Team Manager</p>			<p>Reduced pressure on the high needs block</p>	<p>Led by Shenis Hassan / Deborah Glassbrook</p> <p>Adult Social Care</p> <p>Childrens Social Care</p> <p>SEND Team Manager</p>
Develop process and mechanism for consideration of, and, agreement to joint/tripartite funding			<p>Reduced pressure on the high needs block</p> <p>Clearer and more timely communication</p>	<p>Led by Shenis Hassan</p> <p>Adult Social Care</p> <p>Childrens Social Care</p> <p>SEND Team Manager</p>

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Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Negotiate INMSS / ISPs / Special academies costs for existing placements and future placements – consider block purchasing and SLAs with frequently used providers			Reduced pressure on the high needs block  Improved financial planning and projection	Education Commissioner  (SEND Team Manager)
Review of FE high needs funding and development of SLAs with Reading and Newbury Colleges		Agreement in place for xx (?) academic year by end of May 2022	Reduced pressure on the high needs block  Improved financial planning and projection  Clearer and more timely communication with providers	Education Commissioner  (SEND Team Manager)
Monitor implement of the Alternative Provision review and its impact on the High Needs Block				DSG finance business partner
Update the policy on combined personal budgets to include health and		Autumn 2021		DCS for policy  SEND team manager for processes

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
<p>processes sitting underneath policy</p> <p>Co-produce Education Personal Budget information for parents/carers and young people and publish on Local Offer</p>		End March 2022	<p>Improved communication and confidence in the SEND system</p> <p>Greater choice and control for families</p> <p>Potential for more efficient use of resources</p>	
<p>Review financial systems used for accounting and payments and SEND Case Management System</p>			<p>More sustainable, efficient and robust systems</p> <p>Avoidance of increased staffing costs in SEND Team as EHCP numbers are projected to rise by around 30% over 5 years</p>	DSG Finance Business Partner