

Name of meeting: Cabinet
Date: 20 February 2018

Title of report: Summary of Findings from the Special Educational Needs and/or Disability (SEND) High Needs Strategic Review

1. Purpose of report

The report sets out findings from data collection and analysis and the non-statutory consultation to inform strategic planning for provision for children and young people with special educational needs and disability (SEND) and to demonstrate how we will invest the additional allocation from the DfE capital fund.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Yes
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	Yes
The Decision - Is it eligible for call in by Scrutiny?	Yes
Date signed off by Strategic Director & name	9th February – Saleem Tariq
Is it also signed off by the Service Director for Finance IT and Transactional Services?	9th February - Debbie Hogg (James Anderson)
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	9th February - Julie Muscroft (John Chapman)
Cabinet member portfolio	Cllr Viv Kendrick Cllr Masood Ahmed

Electoral wards affected: All wards

Ward councillors consulted: Yes (included in the public consultation)

Public or private: Public

2. Summary

All Local Authorities have been required to carry out a high quality collaborative review of their high needs provision for children and young people in their local area with complex Special Educational Needs and Disability (SEND). The review focussed on these main areas:

- The range of SEND data, including recent trends and likely changes in the future e.g. due to demographic change
- The effectiveness of the current pattern of provision in meeting needs using feedback from parents and young people, providers and partners, with a view to identifying any gaps in provision and future opportunities

3. Introduction

The overarching aim of the review is to consider the effectiveness of local provision with a view to ensuring sufficient quality of local provision which is in the right place at the right time and effectively meets the needs of children and young people with SEND. As a consequence this will enable children and young people to access learning in their local area and will reduce the need for children and young people to travel out of area to have their needs met.

Current legislation has been taken into account and any changes to government policy during this review, including:

The Children and Families Act 2014: Part 3 places duties on local authorities and other services in relation to both disabled children and young people and those with SEND, giving parents greater choice and extending the age range from 0-25, increasing the pressure on limited resources.

The Lenihan Review (November 2017) a review of the experiences and outcomes of children and young people in residential special schools and colleges provides evidence to suggest that outcomes for children and young people in these settings are poorer.

The High Needs Review should also be used to determine the most efficient way of using the £1m Special Provision capital funding allocated by the Department of Education.

4. Background: the current context in Kirklees

4.1 Provision

In Kirklees we currently have a wide range of mainstream and specialist provision for children and young people with SEND, primarily focussed on children and young people up to the age of 16 with some provision extending to 19 in the special school sector:

Mainstream schools with specialist provision	Type of need
Dalton JI & N	Sensory Impairment
Headlands CE JI & N	Autistic Spectrum Disorders
Honley High School	Autistic Spectrum Disorders
Lowerhouses CE (VC) JI & EY School	Sensory Impairment
Moor End Academy	Sensory Impairment
Netherhall St James I&N School	Physical Impairment
Netherhall Junior School	Physical Impairment
Newsome High School (2 provisions)	Sensory Impairment and Physical Impairment
Royds Hall Community School	Speech & Language
Thornhill Community Academy	Autistic Spectrum Disorders
Special schools	Type of need
Castle Hill	Severe Learning Difficulties
Fairfields	Severe Learning Difficulties
Joseph Norton Academy	Complex Social, Emotional and Mental Health
Ravenshall	Complex Learning Difficulties
Southgate	Complex Learning Difficulties
Woodley	Autistic Spectrum Disorders

4.2 Funding SEND in educational settings

Funding mechanisms, including the High Needs Block, support children and young people with SEND in educational settings and provides the additionality required to allow these young people to access the curriculum (*Reference Appendix A*)

4.2.1 Early years: In addition to High Needs funding for early years, private, voluntary and independent (PVI) settings can apply for Access funding. This budget is currently under review, in consultation with the All Age Disability programme.

4.2.2 Mainstream schools: There is an established funding system to allocate High Needs funding to mainstream schools in Kirklees based on 4 levels of need which is used to 'top up' the schools delegated budget to enable schools to make the appropriate educational provision identified in Education, Health and Care Plans (EHCP). Within the schools delegated budget, schools have a 'Notional SEN Budget' from which they are required to fund up to £6,000 (in line with government legislation) for special educational provision for a pupil with SEN. This funding system has been in place since 2012 and the Children & Families Act 2014 has been introduced since this time.

The increase in numbers and complexity of children and young people with SEND has placed additional pressures on these budgets.

4.2.3 Special Schools: In accordance with the 2012 funding legislation, special schools are allocated £10k per planned place. Kirklees allocates high needs funding or 'top-up' over and above the £10k, through an established funding system based on 4 levels of need.

The special school funding system has been in place since 2012, developed at the same time as the mainstream school high needs funding system and again prior to the Children & Families Act 2014. Since 2012 the local authority has worked very closely with special schools to agree appropriate 'top up' levels for individual pupils, to ensure schools feel confident to meet identified needs whilst at the same time ensuring that the local authority can commission appropriate provision as well as manage a finite budget.

It is proving increasingly difficult for the current funding system to accommodate emerging challenges that have been evident for some time in Kirklees e.g. changes in population, increasing demand for special school places, increased prevalence of specific needs etc. There is evidence of disparity in complexity across same designation schools (indicated through the funding levels) and these schools are also describing their offer as different.

In response to these challenges, a review of special school funding arrangements has already commenced. To support this ongoing work and as part of this review a report has been commissioned from an external consultant (*Reference Appendix B*) which provides a helpful analysis of current arrangements and a series of recommendations which are reflected in the recommendations of this report.

4.2.4 Specialist provision: This includes specialist support delivered mainly through additionally resourced mainstream schools catering for children and young people with sensory, physical impairment and communication and interaction needs and the Pupil Referral Service for children and young people with social, emotional and mental health (SEMH) needs.

The specialist provisions are allocated £10k per planned place from the High Needs budget plus top up funding. The structure and funding of the specialist provisions includes staffing levels to support outreach as well as in provision support.

Aspects of the specialist provision budget, whilst not being inflated itself, have funded a backdated inflation factor to all specialist provision staffing costs and has committed to funding the salary rise each year. This has diluted the budget which in turn has had a direct impact on outreach support available to mainstream schools.

4.2.5 Post 16: The Children & Families Act 2014 extended the legislative framework to 0-25 which has had a significant impact on the council's Post 16 duties and responsibilities.

Post 16 providers are funded directly by the Education Funding Agency for declared places and by the Local Authority for the SEND High Needs top ups. The current top up system is under review with an aim to create a more transparent system.

4.2.6 Out of area independent and other LA special schools: We are currently funding 113 children and young people in independent schools and 24 in other LA special schools, creating a current projected £2.7m overspend, a 30% increase on previous years. These placements are often made at a high cost and are paid for from the High Needs Block. The current cost of these placements (December 2017) is £5,018,000.

Steps have been taken to reduce these numbers over a period time so that more Kirklees children and young people access learning in the local area. The drive has been to finance resources in Kirklees provision.

4.3 Overarching High Needs Assessment data

Appendix C gives a full analysis of the High Needs Assessment data, including the SEN Support profile. The data pack gives an overview of children and young people with SEND with an Education, Health and Care Plan (EHCP) in Kirklees and analyses this cohort to show numbers by gender, age group and primary category of need. It also shows potential future trends of the high needs cohort to inform and develop provision.

Summary of key points:

- an increase in complexity and prevalence of need
- an increase in EHC Plans (25% since 2014 and 19% since 2016), largely as a consequence of the extended age range (0-25)
- an increase in SEMH needs
- an increase in Communication and Interaction needs

4.4 Premises and buildings

In order to ensure effectiveness of provision, consideration has been given to premises and buildings. Asset Management are working with special schools and specialist provision schools to understand the key issues in relation to the impact of schools facilities in responding to the increasing levels of complexity and volumes of need in order to ensure that parents are confident about local provision thus improving choice.

5. Non-statutory public consultation

The review has included consultation with children and young people with SEND, their parent/carers, providers and partners across early years, schools and Post 16 settings to inform the strategic plan. This included:

- distributing briefing papers explaining the review, written specifically for parents, providers and partners; presenting information at leadership and network meetings; holding briefings with key leaders across school settings and the council (*Reference Appendix D*)
- undertaking an 11 week non-statutory consultation (10 Oct - 23 Dec 2017) to gather views about the effectiveness of existing SEND provision in Kirklees. This involved four drop in sessions and attending meetings held by PCAN (Parents of Children with

Additional Needs), a parent/carer forum, to consult direct with parents/carers and young people (*Reference Appendix E*)

- consulting with a wide audience via questionnaire on paper and on-line via Involve
- gaining the views of children and young people with SEND by the Involving Young Citizens Equally (IYCE) team

Drop in sessions were promoted by a mail shot to all schools and through the local press and media. Trustees of PCAN have promoted the High Needs Review through visits to schools and distributing response forms with pre-paid envelopes for returns.

Overall response rate

Groups consulted with	Total responses received
Parents and carers	114
Early Years settings	56
Headteachers of mainstream schools	18
SEN Co-ordinators (Sencos) in mainstream schools	82
Leaders of specialist provision	10
Headteachers of special schools	1
Governors	21
Post 16 provision – colleges and sixth forms	5

5.1 Verbatim report of responses from all groups (*Reference Appendix F*)

5.2 Summary analysis of questionnaires from each group (*Reference Appendix G*)

5.3 Officer analysis of responses

5.3.1 Summary of responses from parents/carers:

Positive aspects indicated by parents include a nurturing school environment and adapted curriculum, access to staff who are trained, caring and can offer 1-1 support, and good home-school contact. They also mentioned the importance of out of school activities, input from specialist outreach support teams, promoting peer understanding and a good transition as important factors in contributing to progress.

Parent/carers identified barriers such as school not listening to concerns, lack of 1-1 support, social isolation, variabilities in inclusion, poor multiagency working, delay to access specialist support, barriers within the school environment (adaptations, noise, etc), lack of funding and lack of choice in Post 16 provision.

5.3.2 Summary of responses from Early Years providers:

In terms of the support provided for young children with SEND, three key themes emerged:

- support for parents/carers, including strategies to use in the home, signposting to other services, emotional support and reassurance
- enabling children to make good progress in all aspects of their development
- the impact of effective transition into school

Whilst the majority of early years providers said that they always accepted children with SEND regardless of level of need, and many cited additional funding from the Access Fund enabled them to do this, around a fifth commented that there had been times when they had felt unable to offer a place. Reasons for this related to lack of funding, lack of staff availability to provide support or needs being too complex. Where the latter was mentioned, this specifically related to young children with very complex health/physical needs.

5.3.3 Summary of responses from Headteachers of mainstream schools:

Funding was cited by head teachers as the biggest key challenge in meeting SEND. This relates mostly to levels of top up funding, coupled with the impact on school budgets of designating a notional SEND allocation of £6k for each child or young person with SEND.

Reference was made to the pressures on access to specialist support when numbers were increasing and the impact that long waiting times have on their ability to meet the needs of their SEND cohorts. Early identification of need on transition to primary and, to a lesser degree, transition to secondary schools was also noted as a significant challenge.

A small number of head teachers made reference to the challenges created by inappropriate curriculum demands (national expectations) on children and young people with SEND, the time taken to get an EHCP and delays in accessing special school places.

5.3.4 Summary of responses from SEN Co-ordinators (Sencos):

Sencos indicated that around all or most children had their needs identified prior to transition. Around half said that early identification was inconsistent and largely dependent upon the feeder provider across all phases. The Early Years SEN team was reported as being instrumental in identifying children's needs early. This, coupled with good relationships with feeder providers generally, has a direct effect on the quality of transition.

Cognition and Learning was generally cited as an area that Sencos felt more able to support, with SEMH and complex Communication and Interaction needs (including autism) being more of a challenge, particularly given the increase in numbers.

SENCOs reported access to specialist SEND services (educational psychology, specialist provision team, pupil referral service) was the most significant factor in supporting schools to make a difference to effectively meet need, along with support from health (speech and language therapy, occupational therapy, physiotherapy). Funding and early identification were also significant factors in helping schools to better meet need.

Reference was made to having access to appropriate spaces for interventions, staff training and expertise, working collaboratively with parents/carers and other agencies are important factors in being able to make a difference. Attending Additional Needs Partnerships with an educational psychologist and other Sencos is a key element of training and development, along with general advice, support and training from Kirklees Learning SEND services and external providers.

5.3.5 Summary of responses from leaders of specialist provision:

Responses received indicated that all children and young people taking up a place in provision were making academic progress from their starting point, through an adapted and often personalised curriculum (exceeding age related expectations in some cases) as well as achieving broader outcomes such as independent living skills, social skills, etc. and developing skills in relation to their specific areas of need, for example, learning Braille, use of low vision aids, mobility training, managing hearing aids, BSL, etc. The vast majority of children and young people accessing fixed places last year were cited as remaining in the mainstream specialist provision setting and all those moving into post 16 provision were successfully placed in college.

Of those children and young people accessing a short term specialist placement such as in a Pupil Referral Unit (PRU), responses indicated that all made academic progress from their starting points and just over half successfully returned to mainstream schools. Other children and young people in Primary and KS3 provision were allocated places in special schools as a consequence of their needs assessment whilst youngsters in KS4 provision remained at Ethos College with 85-90% of last year's cohort progressing successfully into post 16 education, training and employment.

5.3.6 Summary of responses from Headteacher of special schools:

In the return received, the head teacher noted that the vast majority of children and young people in the school had needs which reflected the current provision; exceptions relate to exceptionally complex needs. Attainment and progress was cited as good to outstanding although high levels of anxiety experienced by a minority of children and young people can impact academic progress. Success was linked to the school's nurturing approach and emphasis on life skills. Providing a range of activities supports the preparation of young people for adulthood.

5.3.7 Summary of responses from Governors:

Governors cited funding as a key challenge in meeting SEND, in the context of current whole school and top up funding against increasing numbers and complexity of need. Governors reported that more timely support, an approach to funding which is more reflective of costs, early identification, training for school staff, clarity around thresholds for assessment and access to services are aspects they would like to see changed in order to improve outcomes.

5.3.8 Summary of responses from Post 16 providers

Post 16 providers identified a need for improved joined up working, particularly with the increasing demand for specialist advice from external agencies to support SEMH, with reference to the issue of safeguarding other students. This is further impacted by a more complex range of needs presenting.

Transition between services and settings is also a key factor. Planned 'handovers' between settings taking place over a matter of days enables a smoother and more robust transition, resulting in a better outcome for the young person.

Positively, students are reported to be achieving and following a range of routes of progression such as HE, FE, apprenticeships, employment and internship. Independence and progress towards EHCP outcomes appear to be largely achieved.

5.3.9 Additional information received during the consultation period

A report is included outlining the **views of children and young people**, gathered and collated from previous consultations held by the IYCE team (*Reference Appendix H*). The majority of feedback is positive concerning the learning environment, inclusivity and the level of support and understanding received.

Less positive is opportunity to access out of school activities and socialise with peers, in some part due to the amount of time travelling to and from school/college; relationships with peers where disability is 'hidden'; barriers to communications with parents and their understanding of SEND where English is not the first language.

Children and young people made these suggestions for improvement to provision:

- greater use of technology to promote learning and coping mechanisms through music
- adapting the curriculum
- increasing peer awareness of SEND

The **Trustees of PCAN** submitted information relating to parent/carer views (*Reference Appendix J*). This included positive feedback about most schools, the level of support and inclusion afforded to children with SEND, largely attributed to the ethos promoted by senior and key staff within these schools.

Key issues raised by parent/carers with PCAN are:

- responding to SEMH needs in schools and communication with parent/carers, particularly with children and young people who go on to be diagnosed with autism
- concerns around a delay in placements due to a lack of provision
- transition into secondary schools
- how achievements for children and young people with SEND are measured
- lengthy assessment and review processes for EHCPs
- limited choice of provision at post 16 and post 19
- a lack of support and provision from health agencies

Special school Headteachers submitted a collective report (*Reference Appendix K*) in which they offered suggestions for a more joined up system with special and mainstream school providers by:

- sharing expertise
- improving access for special schools to specialist support services in relation to sensory and mental health needs
- ensuring health and social care are represented in EHCPs
- reviewing special school space and the impact upon provision
- improving systems and processes
- reviewing transport arrangements for children and young people attending special schools

6. Conclusions from the High Needs Review

Responses from the non-statutory consultation reflect a number of key issues. Schools, partners and providers have all highlighted the challenges they are experiencing in relation to the growing numbers of children and young people with SEND and increasing levels of complexity of need, particularly around social, emotional and mental health needs and complex communication and interaction needs. This is reflected in the data. From a school and provider perspective, this is presenting significant challenges in meeting the wide range of SEND at a time when budgets have been reduced and as a direct consequence, lack of funding is a consistent theme throughout the consultation responses.

The stretched capacity of specialist support services further exacerbates the pressures faced by schools and providers as there is reduced expertise within the system to ensure that children and young people's needs are identified early, clearly understood and appropriate provision is made in order to ensure they achieve their potential.

The local authority also needs to be clear about its commissioning role i.e. ensuring a clear description of what it is intending to commission from a special school when determining an appropriate 'top-up' level.

Whilst the population of children and young people with SEND in Kirklees is growing, the SEND funding system predates key legislative changes which have placed additional duties on local authorities and other services in relation to children and young people with SEND at the same time as volumes and levels of complexity are rising. As highlighted earlier, the current funding system is not sufficiently responsive to the most individual and complex needs, and so can potentially be a barrier to enabling children and young people to remain in the mainstream setting where appropriate. As a consequence, this creates additional demand for special school places which in turn creates additional demand of independent school places where local provision is full. We need to develop more robust arrangements to monitor out of area placements and ensure outcomes for children and young people are sufficiently challenging and aspirational.

The additional pressures created by the legislative changes in relation to new responsibilities around post 16 and ensuring appropriate provision up to the age of 25 further add to an increasingly complex picture.

6.1 Priorities for improvement emerging from the High Needs Review:

- strengthen early identification of need, particularly across early years settings and support effective transition into school
- take steps to increase the ability of mainstream schools to meet growing complexity of need and volumes
- review specialist support and outreach services to enable them to respond in an effective and timely manner as a result of increased demand
- increase the ability of special schools to support those children with the most complex needs and increasing volumes
- reduce our reliance on costly out of area independent special school placements
- develop the range of post 16 provision to provide greater choice

These themes are wide ranging and collaboration with schools, partners and providers is needed in order to develop a collective response. With this aim in mind an event is being held on 1 March 2018 with schools, key partners and providers after which a proposal will be drafted which outlines our response to the themes above. There is also a requirement to include proposals for the capital funding spending as an outcome of this review.

6.2 Recommendations for specialist provision capital funding

The DfE have instructed Local Authorities to publish a short plan for how they will use their specialist provision capital fund by 14 March 2018 in order to draw down the funding. The Kirklees allocation of £1m will then be allocated in 3 tranches between 2018 and 2021.

The High Needs Review shows pressures on specific areas of SEMH and Communication and Interaction, specifically ASD. The capital funding available through this allocation is not sufficient to address all the improvements needed. Further work is required to ensure the maximum benefit is extracted from the specialist provision capital funding alongside other funding streams and opportunities.

7 Next steps

The findings from both the data and the non-statutory consultations will inform the SEND High Needs Strategic Plan, underpinned by an action plan, to demonstrate how proposals will be implemented.

8 Cabinet portfolio holder's recommendations

9 Contact officers

Mandy Cameron, Head of Service, Education Safeguarding and Inclusion, Learning and Early Support

10 Appendices

App A: Funding SEND in educational settings: disproportionate SEN

App B: Core and core plus funding arrangements

App B(i): Special schools core functions

App C: High Needs Assessment data – an overview of pupils with SEND with an EHCP

App C(i): SEN Support profile

App D: Briefing papers for parents/carers and providers/partners

App E: Promoting the consultation events

App F: Verbatim report of consultation responses

App G: Summary analysis of questionnaires

App H: IYCE response to the High Needs Review (Involving Young Citizens Equally)

App J: PCAN response to the High Needs Review (Parents of Children with Additional Needs)

Disproportionate SEN: issues

The current criteria used for allocating additional funding have never fully been met. The current criteria are

(i) The HNP should not be more than 2% of the total NOR

This is occasionally met, but the 2nd element is never exceeded. The only HNP that are included in this calculation are the EHCP pupils and not the pupils on My Support Plans (MSP would be the process before a final plan).

(ii) The notional SEN budget should provide 80% of the £6ks for the HNP. (i.e number of HNP x £6000). This element has never been met!

Background

Whilst it would be ideal that all schools are able to react in the same positive way with the admission of a pupil with SEN issues, in reality, every school is in a different situation. Some schools are “used” to dealing with the added support needed for some pupils and as such may have trained and/or experienced staff that can readily adapt to the provision that is needed. This is not necessarily that they have had large numbers of pupils with EHC plans historically, but just that the circumstances have presented themselves and staff have been able to adapt to the needs. Primary schools, particular KS1 schools regularly complain that the pupils may be “going through the process” of getting a plan whilst with them and they have moved on to the next school before they are approved. The new school therefore benefitting from the input of the KS1 School. If pupils have significant needs at a very early age this should be picked up by either health professionals or private day care staff. In this way the needs can already be highlighted before the pupil begins at KS1. The process of the EHC plan is now timetabled to take no more than 20 weeks from request to assess and so this concern is no longer valid.

It is an issue that some schools become “victims of their own success” as a result of them succeeding with certain categories of need. This is a very difficult fact to surmount but there is a point when the inclusion of excessive numbers of pupils with a specific need in a mainstream school becomes a disadvantage for all the pupils. Professionals are aware of this and where ever possible work to avoid over saturation of placements considering the parental choice factor in the process.

There are no additional resources to be able to allocate to schools with these issues, however, if identifying funding for a small number of pupils enables pupils to remain in mainstream and within the LA the relatively small amount of funding that we will be considering could almost be a suitable “spend to save” option.

Considerations**Short term personalised packages for individual students on a time limited basis**

This could be an administrative nightmare, taking lots of time and requiring criteria setting

Collaborative Working: Utilising resources within a pyramid/group/hub

High needs funding (or part of) allocated to a “host” school and managed across the group.

Schools in Financial Difficulty

If a school with an existing recognised financial difficulty admits a high needs pupil that results in the budget plan being further more difficult to meet, then a short term allocation of an AWPU value could be allocated for a prescribed period of time. This funding would not be linked to the need of the pupil. It should be used to assist with the school developing skills in house to better cope with the needs of all the pupils and be able to further their capabilities of supporting the needs of the pupils. This should not be an assistance that can be allocated several times (perhaps a *maximum of twice*). As a school would need to be in a recognisably difficult budget position (perhaps this would need clarifying further) they would not choose to go down this path for what would be a small amount of further funding.

The definition of financial difficulty would be if the school had gone through the process of restructure/staff reductions/ consistently falling surpluses. The school (LMS) Finance Officers should be able to advice on the schools that this affects.

The notional SEN Budget

This seems to be the issue as this is the criteria that are never met. Whilst recognising that the need for these additional resources should be in the minority perhaps it should be expected that some schools would exceed the criteria.

The notional SEN budget is calculated, broadly speaking, on guidance from the DfE i.e. 75% of LPA has a link to SEN and 25% of deprivation spend is connected to SEN. Along with the "rule of thumb" that roughly 10% of children have some form of SEN difficulty.

To ensure that all schools had a notional SEN budget of 10% of their overall schools block funding, in line with the "rule of thumb" as stated above, would not be financially feasible. An exercise has been carried out to show this affect

Comment:

Available Funding

Whilst the proportions can be re calculated and adjusted it should not take away from the fact that ALL the money that was previously held at the centre (New Approaches) is now delegated to schools. It is not suggested, nor wanted, that a reversal of that delegation takes place. That would be against the theory of the fair funding practice and would, in its self result in further issues. The element relating to the school having 80% of the required £6ks "could" be adjusted to ensure they have 100%. However, there are no schools that this would benefit as all schools have in excess of 100% of the £6ks needed for the pupils **on EHCPs.**

High Needs (no top up)

This leads us to the element that in common opinion is the issue behind the SEN disproportionality. The pupils who are not on an EHC but may be on a (My Support Plan) MSP and require up to £6k of the school block budget (notional SEN). However, these are not officially registered .The mainstream support level E, which has no finance allocated to it is no longer awarded and as such the pupils with "needs" but no top up requirement are not *registered* in the same way as a pupil with an EHCP. They cannot be counted in the disproportionate calculation.

School Responsibility

At no point should any change in the system reduce the responsibility of the schools to deliver the correct support to all pupils in line with the graduated approach. By simply allocating funding to a MSP or any other element it creates a perverse incentive for schools to go down that path to secure increased funding. As previously mentioned the LA does not have this funding to provide such an arbitrary way of funding.

REPORT RE CORE AND CORE PLUS FUNDING ARRANGEMENTS

Introduction

In 2012, new legislation resulted in funding changes for all providers of education to support children and young people with Special Educational Needs and Disabilities (SEND). The impact of this change was, perhaps, most keenly felt in the special school sector. Prior to 2012, funding was allocated on the basis of the numbers of pupil places available in the school. The special schools, therefore, knew the allocated budget for their provision and could plan accordingly. After 2012, special schools were allocated £10k per place, plus top-up according to the varied needs of the pupils allocated places at the school. The result of these changes has resulted in LAs and special schools needing to work ever more closely together to ensure that overall budgets have not been negatively impacted upon by the changes such that the schools are no longer able to provide the appropriate support to meet the needs of their pupils. At the same time, the LAs have had to ensure that the commissioned provision can meet the identified needs from the provision of variable top-up funding amounts and within a finite budgetary envelope, the High Needs Block.

There have been no substantial changes to SEND funding since 2012 and, over time, it has become clear in many LAs that further work needs to be undertaken to align the emerging challenges through a review of the funding arrangements between the LA and the special schools. Although this is a necessary part of the 2014 SEND legislation, "All Local Authorities must carry out a highly collaborative review of their high needs provision to evaluate current provision for children and young people", it is also necessary to ensure transparency and clarity and accountability for parents, schools, the LA and others re the funding arrangements being made.

Special schools have a vital role within any LA, as the schools offer specialist knowledge, skills, curricula and provision to meet the needs of children with the highest levels of SEND. It is taken as given within this report that this review is not concerned with making budget savings, rather it is to ensure that the current budgetary arrangements are effective and are based on clear information. The LA, as a commissioner of specialist provision, must be clear that the support being offered is appropriate to meet the full range of needs according to the designation of the school and from within the available funding.

High Needs Strategic Review Description of Work to be Undertaken

The work package brief gave 4 objectives:

1. To be able to identify the core function of the special school
2. To be able to identify the core plus function of the special school
3. To enable the majority of places to support the core funding function and reduce the possibility of children being placed out of area
4. To ensure resources are allocated appropriately across the SEND population of children and young people in Kirklees to ensure needs are met effectively within local provision

In order to consider the 4 objectives, I have read documentation relating to the existing arrangements; I have discussed current arrangements with Senior Casework Officers in SENACT, Senior Finance Managers and with Senior Educational Psychologists. I have also considered financial information re the costs and categories of out of district placements.

It is not possible to complete definitive work at this stage as any actions must include work with the special schools directly, both to explain how the descriptions provided have been derived as well as to engage them in the more detailed descriptions of the possible funding levels document and any

changes which might arise as a result of the report. It is essential that any work arising and undertaken with the special schools is collaborative and purposeful towards a shared end.

For the purposes of this report, it is taken as given that the LA is the commissioner of provision from the special (and mainstream) schools to meet the identified needs of the children being placed and in line with the outcomes in the EHCP. The schools are the provider under the commissioning arrangements.

What follows is a summary of work completed re each of the 4 objectives above, including recommendations (where appropriate). The report concludes with suggested actions which could be undertaken subsequently.

1 and 2 To be able to identify the core function of the special school

I have considered the information on the Kirklees Local Offer re the schools own descriptions of the needs met in the schools, have discussed these designations with officers, and have produced a summary document (Appendix B(i)) which provides an initial suggested summary of the levels of needs met by the provision in the school using a graduated approach. Implicit within this is a suggestion that funding arrangements are such that there are 4 levels of funding made available to the schools to meet the range of needs in the school; low, medium, high and exceptional level top-up funding amounts.

The 4th level of top-up would be deemed “exceptional”. Exceptional funding would only apply when the LA assesses that, with exceptional funding being made to the special school through discussion about what would be needed for the school to be able to meet needs, the child’s needs could be met in the school as a viable alternative to the child being placed out of area. There will be very small numbers of such pupils in a school, if any at all.

Appendix B(i) also uses the DfE/Code of Practice descriptors of SEND: SLD, ASD etc. and includes suggested definitions of these categories of needs. Although there is sometimes opposition to use such categories, they remain valid because the LA continues to need to report numbers of children assessed as having needs within them. Use of such descriptors is also a relatively straightforward way of enabling clarity re the designation of the school. This does not prevent the schools from using other, “softer” descriptions of the categories of needs being met in the school if this is considered more appropriate for marketing purposes. Nor does it prevent professionals and others from describing needs, rather than providing such definitions within reports. Therefore, for example, describing the needs of the pupils as being “complex” may be helpful when meeting with parents, but as this is not a reporting DfE category of need, it is not helpful for the LA if DfE descriptors are not used somewhere in the language between the LA and the schools. However, this does result in there needing to be clarity re the needs of the children which fall into these DfE categories. Suggestions re this are included in the subsequent section.

The suggestion for 3 levels of non-exceptional funding has several purposes:

- It clarifies the funding level (low) which covers the pupils whose needs could be met in mainstream but who are placed in special schools. Reasons for this are various but include, for example: children whose parents make a preference for special school placement even though needs could be met in mainstream school and whose SENs are such that they could reasonably be met in special provision (ie the child would not be totally out of place), children whose feeder school feels unable to meet needs, even though there is a strong case that with appropriate support and differentiation, they should be able to. SENDIST decisions also

occasionally impact upon such children needing to be educated in specialist provision, even though the LA is of the view that needs could continue to be met in mainstream provision.

- The low level of funding is intended to discourage the special schools from agreeing to take these children as to admit a majority of children at this funding level would lead to the school having issues re possible underfunding to the school budget overall. It is also intended to enable the mainstream schools to understand this position and therefore to work hard to continue to include the children on the mainstream school roll. Mainstream schools value special school provision too but must understand that if they encourage parents and others to seek places for children whose needs they could continue to meet, they are putting the special schools into a possible funding deficit. Children in this category are often described as being “too vulnerable” to manage in a mainstream school (particularly on transition from primary to secondary). However, “vulnerable” is not an SEN descriptor. Therefore an additional document (Appendix B(ii)) has been prepared to provide additional guidance re when there might be sufficient evidence to support the decision for a child to transfer from mainstream school to special, albeit with a low level of funding. Such guidance could also be used by SENACT officers and others specifically in their ongoing discussions with mainstream schools about such children as well as to support the decision making at SEN Panel and beyond.
- Unless there has been a substantial change in the needs of the child transferring from mainstream to special, there should be no (or very minimal) change in the level of top-up funding being allocated.
- There should be relatively low numbers of children in this funding bracket – and this provides some additional clarity for the special schools because admitting a larger number of such children will lead them to be in receipt of much lower top-up levels and this has significant consequences for the overall budget. The inclusion of a “low level funding” bracket is further intended to encourage a collegiate approach between the schools and the LA re pupils with lower level needs potentially taking the places of those children with more complex needs.
- The further 2 levels of funding (Medium and High) provides additional funding for children whose needs require increasingly high support in school. The more complex a child’s needs, the more staff intensive the work with them will be, the greater the range of interventions required will be and the more it will cost the LA to commission the place.
- The updated Funding Guidance (December 2016) states that one of the factors that could impact on the way LAs determine the top-up funding for individual pupils is: “the extent to which LAs and institutions agree on standardised rates, local banding arrangements and streamlined admin to reduce the need for detailed negotiation of the different top-up funding amounts for each pupil/student”. In other words, it is in everyone’s interests to be able to agree on the top-up funding amounts for the bands described as to enter into detailed discussions re highly bespoke top-up funding amounts for each pupil is not tenable.
- Medium and High Top-ups broadly equate to “core” and “core plus” descriptions in the work undertaken to date by the LA, therefore the majority of pupils in the school should be children in receipt of medium and high level top-up funding amounts, with the former providing the “core” of the school intake.

3. To enable the majority of places to support the core funding function and reduce the possibility of children being placed out of area

Work undertaken in liaison with the special schools should enable clarity re the provision available within the school and which the LA can then commission to meet the needs assessed through the statutory assessment and then subsequently detailed in the EHCP. Therefore, for example, if the LA decision is to provide a high level of top-up funding to meet needs, both the LA and the special school

can be clear what provision is expected to be delivered for that child. If the overall budget of the school is affected by the school taking the majority of pupils at medium and high levels of top-up funding, this should have a direct impact on how the schools describe (market) their offer to parents and others. In other words, the description of their work produced for the Local Offer, the schools own website etc, should focus heavily on the needs of the children funded at medium (core) and high (core plus) levels of funding support.

Further, providing “exceptional funding” for children whose educational needs cannot be met locally without substantial adjustment to the usual school offer, should also facilitate some children’s needs being met locally rather than needing to be placed out of area for support.

To support the schools in meeting the needs of these exceptional cases, discussion should focus on what the school would need in order to provide support to meet the described need so that there is some flexibility both to funding and support offered. Sometimes, even very high funding provided for an individual child can represent value for money for the LA versus placement out of area. It is also often better for the family and the child to be educated as close to home as possible. This band of funding would not apply to children with highly complex needs and where there is a necessity to consider funding splits across education, health and social care, for example, to provide out of area funding for 52 week residential placement.

4. To ensure resources are allocated appropriately across the SEND population of children and young people in Kirklees to ensure needs are met effectively within local provision

The High Needs Block, which provides funding support for all children with SEND, both in mainstream and special, is a finite budget. It is therefore potentially heavily impacted upon by the number of children being placed in high cost external placements resulting in less money in the High Needs pot for the rest of the LA children and young people with SEND. It is therefore in everyone’s interests to endeavour to reduce the numbers of children placed out of district and for local provision to be developed to ensure needs can be met in maintained provision. This provides further reasons for there to be clarity re the range of needs which should be able to be met within the local special school provision and which maintained special schools could share more clearly with parents to encourage placement locally.

Analysis of the total costs of Out of District placements (£4,934,938) indicates the following:

Category of SEND	Cost of Placements	Percentage of total costs	Age Range of placed Children
SEMH	£2,847,231	58%	8 - 17
ASD	£1,253,098	25%	9 – 18
LD	£516,952	10%	4 – 17
PD	£283,675	6%	8 – 18
SLCN	£34,000	1%	14
	£4,934,938	100%	

The most significant numbers of children placed out of district (58%) are those with needs relating to SEMH. The ranges of the children placed, from 9 – 18 indicates that, although there will be some reductions in costs imminently when the pupils leave, there will be ongoing very significant costs if the younger children remain in the setting for the duration of their education. The table below gives the numbers of children of each age in the setting, therefore giving an indication of the projected ongoing

costs of placement. However, placement post 11 is also more likely, given that many children manage at primary, struggle more at secondary and need placement between the ages of 11 and 16. The very significant majority of children placed out of area are boys which may warrant further investigation in itself.

The next highest category of needs placed out of district is those relating to ASD (25%) and, again, the age range is broad suggesting significant ongoing placement costs.

The placement costs for PD, LD and SLCN, whilst not insignificant, do not represent such high costs to the LA and, more importantly, indicate that the LA provision is largely able to meet the needs of most of the children in these categories from within their own resources.

Table showing the numbers of children placed out of district by age

	SEMH	ASD	LD	PD	SLCN
4			1		
5			2		
6					
7					
8	2			1	
9	2	2			
10	1	3			
11	4				
12	7	1	1	1	
13	7	1			
14	10	4	1		1
15	13	4		1	
16	8	1			
17	2	2		2	
18	0	4		2	

In summary, the above (albeit very brief analysis) would suggest that needs relating to learning and physical disabilities are largely met within the LA, but there is a high demand, and cost, for out of district placements for children with ASD and SEMH. This likely relates to the LA having only one school specifically in place to meet the needs of children with complex ASD and SEMH needs but may also relate to the wider offer and capacity across other special schools in these areas of need in terms of ensuring the most efficient use of resources.

Adopting an “invest to save” model, developing and increasing provision for children and young people with such needs would appear to be appropriate. Further discussion would clarify this further, but it is highly likely that neighbouring LAs have similar issues relating to these categories of needs and the development of shared provision could share the costs.

There is evidence from maintained provision to meet the learning and physical needs of pupils being full, both in Kirklees and neighbouring LAs, that there is an increase in demand for places in schools meeting such needs. This report does not have the scope to analyse this further. However, any planned expansion to local schools to meet such needs must take into account data re projected needs, which is likely undertaken by the data team within the LA. This relates back directly to suggestions already within this report re schools being clear about the needs of the children being

placed there and the funding implications of admitting children whose needs are at a lower level and which do not support the budget of the school at a sufficient level to make expansion financially sustainable. It is not prudent to fund extensions to existing schools if such places are subsequently taken by children whose needs are not sufficiently severe to warrant their placement in the school.

What is to be achieved through the above?

1. Build on the current review of funding arrangements to establish the core and core plus requirements.

The LA has encouraged the special schools to provide descriptions of the work they do so that some of the above can be achieved. The schools have thus been asked to provide descriptions of what they provide at core and core plus (or medium and high) funding levels. The outcomes of this work are inconsistent and do not provide sufficient clarity for the LA to develop the commissioning model re what will be provided for the different funding levels and to meet the increasing complexity of the needs of the placed children.

A template (Appendix B(iii)) has therefore been produced as part of this work package. This aims to provide some clarity re information that the LA needs in order to be confident that the correct funding is being provided to meet the child's needs and also to be able to audit what is provided for the funding. A fictional example of a completed template has also been prepared (Appendix B(iv))

The completed template has many uses:

- For SENACT decision makers to match the described needs in the advice received as part of the statutory assessment to placement and funding
- For those writing advice to be clear about possible provision within a setting in order to be able to enhance descriptions of how children's needs could be met
- For the schools to provide increased clarity in their description of provision and needs met through it, so that parents can see the differences between the range of special schools and what they offer and so that they are able to make more informed choices about their visits and subsequent preferences.
- For the schools to be able to positively "market" their offer in the face of increasing requests for needs to be met in independent special schools
- For the LA to be able to provide robust defence in the face of possible SEN Tribunal when parents are requesting out of area placements.

2. Propose criteria for the allocation of core and core plus funding (or medium and high top-up funding)

Special School based criteria

It is essential to this ongoing work that the above is produced so that the special schools themselves are clear about what they offer for children at low, medium and high levels of support. Therefore, when the LA consults with them for a place for a child, there is increased clarity about whether the needs can be met within the suggested funding offer. The development of the special school criteria (or offer) would likely be better done through face to face engagement with the special schools as part of the High Needs Review and where the schools are able to see very clear reasons for the work being undertaken (funding sharpens the discussions well).

Mainstream Schools

In order for mainstream schools to understand the special school criteria and subsequent funding implications of recommending placements for children on low level top-up funding, work is also likely to be necessary with them so that their responsibilities to the inclusive education of these children is

reiterated. There are several references to this in the Kirklees document: “Identifying, assessing and meeting the SEN of Children and Young People in Kirklees Mainstream Schools”. For example:

Pg7 Underpinning principles: Inclusive Practice and Removal of barriers – the leaders of EY settings, school and colleges should establish and maintain a culture of high expectations that expects those working with C and YP with SEND to include them in all the opportunities available to other C and YP so they achieve well. They must do what is necessary to enable C and YP to develop, learn, participate and achieve the best possible outcomes irrespective of whether that is through reasonable adjustments for a disabled C or YP or special educational provision for a child or YP.....

Pg. 18 Understanding, Knowledge and Training: as part of the core offer, schools should secure SEN expertise at different levels:

- ALL staff within school require basic awareness of SEN and disability as well as specific awareness and understanding relating to particular types of SEN for all staff who will come into contact with a child or YP with a specific need
- All teachers should develop an enhanced level of knowledge to support them in how to adapt teaching and learning to meet a particular type of SEN as part of their delivery of differentiation as part of high quality teaching
- All staff should have a basic awareness and understanding of child development

There is also very useful information in the documents re appropriate curricula, differentiation , access to aids and equipment etc.

LA Criteria

Clear decision making is dependent on those making the decisions being clear about both the child’s needs and the available provision to meet them

As discussed above the schools funding documents should provide clarity re the provision in a special school which the LA can commission to meet needs. Therefore SENACT Officers should be able to be clear about what support is required from the EP advice reports as well as the additional advice/reports gathered as part of the assessment process. If this is not the case, work needs to be undertaken to ensure that the advice is communicated in a form which enables SENACT officers to have the necessary information on which to base their decision making. Having clarity about the available provision also supports those making recommendations to be clear about what support is possible in the range of LA provisions.

Further documentation is available to support the decision making; Special Schools: Support Levels Document, the Kirklees top-up funding document (Exceptional, Profound, Severe etc). However, as a visitor to the LA looking at the documents and never having seen them before, I found them to be confusing and lacking the necessary clarity to enable clear and effective decision making. It would therefore seem appropriate to review this documentation to provide the necessary clarity on which to base funding decisions as well as the appropriate levels of funding to meet the full range of needs. These documents should be available for all, and including parents (and on the Local Offer), so there is transparency re the decisions being made. (This would not include the actual top-up funding amounts as this information is the prerogative of the LA). Further, it is unclear why there are 2 documents and the suggestion would be that one document should cover all the SEN funding and provision with the different allocations within the special school being described as “Low, Medium and High” and additional clarity being provided in the schools own documentation re provision.

3. Identify any issues that may impact on placements

Decisions re special school placement are currently supported through a Special Schools Admissions Panel, which makes the decisions re placement at phase transfer as well as new placements. It is unclear why such a panel is necessary and why the special schools should be different to mainstream schools in terms of the LA commissioning places from them and consulting re whether or not the school can meet needs, in just the same way as would be done with mainstream schools. The Code of Practice states that the LA undertakes a statutory assessment, prepares the EHCP, determines top-up funding levels and consults with appropriate schools to meet needs. This is the remit of the LA. It is therefore not the remit of the special schools to determine which children go where and whether or not the child is “suitable” to be offered a place at that school. This potentially undermines the commissioning role as well as the purposes and legality of the consultation. Further, the LA is ultimately accountable for placement and funding decisions made. The LA accountability is undermined by the special schools current role in placement decisions.

Whilst the admissions panel *might* have a role in phase transfers, it is difficult to see a role for the panel in making decisions about admission. This would more appropriately be made through an LA panel, involving officers, representative (and rotating) Headteachers from mainstream (primary and secondary) and special, as well as social care and health representation (at a level of representative able to make financial decisions). Further, if the decision making is facilitated through clearer documentation and the special schools own descriptions of what they are able to provide, the Special School Admissions Panel becomes redundant. There may well be a case then, for the current SEN (Education, Health and Care Panel?) Panel to expand to have a role in making decisions about appropriate school placements (mainstream or special) and top-up funding decisions. Inclusion of Officers from health and Social Care could also lead to appropriate Education, Health and Social care provision and funding being made at the same panel. This would likely provide a more robust model for SENDIST as well as sharing the responsibility for decision making across a team rather than being the remit of one person. Such delegated decision making also makes for a collegiate responsibility about the LA’s available funding and its distribution. The SEND Ofsted, when it takes place, would also likely view a SEN decision making panel with increased remit and membership more robust in terms of funding and placement decisions than the current model.

For children placed in special schools to have their top-up funding changed, Annual Review documentation should be available to provide clarity re why needs have changed and why therefore the support level should also change. This may have implications for the Annual Reviews held in Special Schools, particularly those for children for whom a change of funding is being requested.

There is also likely a case for greater flexibility, development and use of available LA resources. For example, if a child is transferring into a special school with a specific impairment for which the LA has a team of advisory teachers, the child’s placement should be supported during transition by members of the specialist team who has undertaken work to date. It is untenable for that support to be withdrawn until the receiving placement has developed the necessary skills to meet the child’s needs.

In a similar vein, special schools sometimes request “exceptional” funding for children who are assessed as being high (core plus) top-up level children. The reasons for this relate to skills, curriculum, resources etc. These are not reasons to fund outside the high top-up banding level; rather these are reasons to support developments in special schools to enable them to provide wider ranges of support packages. Therefore there are likely training and development issues for special school staff in order to provide the necessary support to meet the needs of the high funding level children’s individual and specific needs. The LA will need to work with the schools to identify and support training developments.

Summary list of suggested actions to be undertaken

1. Ensure that the descriptions of needs met in each school (Appendix A) are correct through discussion with the special schools.
2. Hold discussions with Finance Officers re whether the “low level” funding band is equivalent to the highest level of mainstream school funding or whether there would be a slight increase to reflect the evidence which has been provided that transfer is appropriate.
3. Hold meetings with the special school heads to discuss the purposes of completing the template describing their provision across the different funding bands. This may be better done with the heads as a group, before asking them to complete it individually for their own school.
4. Provide further detailed analysis re projections to support a possible “invest to save” model of developing local provision.
5. Engage with the mainstream schools re the funding implications of the review for special schools and to reiterate LA expectations re their inclusive practice. This could be done as part of a roll out of the very comprehensive and clear information presented in the Kirklees LA document “Identifying, assessing and meeting the SEN of Children and Young People in Kirklees Mainstream Schools”.
6. If the suggestions within this report are accepted, to undertake work with professional advice givers and SENACT to ensure that the advice is provided in a way which enables SENACT (and others) to be clear about the needs being described so that subsequent decisions making is clear to all.
7. Review the documentation matching needs to provision and top-up funding amounts to ensure that it is clear to all and becomes a transparent document which can go on the Local Offer etc.
8. Review the function of the Special Schools Admissions Panel with the special schools heads and provide a suggested alternative which they would find appropriate to their needs.
9. Review the role and remit of the current SEN (EHCP?) Panel with a view to extending both decision making purposes and membership, leading to clear Terms of Reference which are available for all.
10. If the above is implemented to develop training support so that all those attending are able to make shared decisions, thus developing a collaborative approach which all share.
11. Undertake a skills audit with the special schools to identify the current professional skills of staff employed and provide an analysis of future training needs.

Fiona Law
December 2017

APPENDIX B - SPECIAL SCHOOLS FUNDING LEVELS COMPLETED EXAMPLE

The following is a **suggested** example of a completed template. It takes account of increasing levels of adult support because of increasing levels of complexity of need. However, all schools will have different approaches and levels of support etc. This should therefore be taken as a guide to completion of the template – it is neither definitive nor prescriptive.

Name of school: Treetops Primary School for Children with Complex Needs

	Low Level Top-up Support (mainstream/special)	Medium Level Top-up Support (Core)	High Level Top-up Support (Core Plus)	Exceptional Top-up support
Descriptor	<p>Pupils have severe learning difficulties and are working within low P Levels. Speech, language and communication is within expectations for this level of functioning and, because of the level of learning need, the pupils are in need of support to address personal/social and emotional wellbeing, self-help and safety.</p>	<p>Pupils have profound and multiple learning difficulties as they have an additional level of need, such as:</p> <ul style="list-style-type: none"> • Moderate VI/HI needs • Moderate physical needs • Social emotional and mental health needs of low intensity, frequency and duration. • Communication needs • Medical needs, for example, epilepsy etc 	<p>Pupils have profound and multiple learning difficulties because of a combination of:</p> <ul style="list-style-type: none"> • The severity learning difficulties – working at very low P Levels over time • Severe physical difficulties • Severe VI/HI • Severe communication difficulties • Significant social, emotional and mental health needs of high intensity, frequency and duration and because of which the pupil can be a danger to themselves or others 	<p>Pupils with PMLD who have such complex needs that their support levels are highly individualised and requiring access to individual support at all times, for example, because of medical needs which require constant management. The pupil may have a life limiting condition.</p> <p>On occasion, the pupil requires access to more than one adult for support and safety. The programme of support is so bespoke that out of district provision may be considered but, with exceptional funding, the school could provide a bespoke package to meet the highly individual needs.</p> <p>Because of the highly individual needs of these pupils a completely bespoke package of support if required.</p>

			<ul style="list-style-type: none"> • Adult dependent to meet all needs 	
Staffing	1 teacher to 10 pupils + 3 ETAs per class as well as 3 LTSs.	<p>1 teacher + 4 ETAs + 4 LTSs to 7 pupils</p> <p>Additional individual ETA support at planned times throughout the day, for example, to monitor and manage medical needs such as epilepsy management, personal care needs and to promote independence (feeding, dressing, mobility etc).</p>	<p>1 teacher + 4 ETAs + 4 LTSs to 7 pupils + additional staffing throughout the day from specifically trained members of staff :</p> <p>For example:</p> <ul style="list-style-type: none"> • The TA is an intervenor, for example, or has been in receipt of advice and support from a MSI qualified teacher • A high level of medical intervention is needed to manage a tracheostomy • The child is gastrostomy fed • Individual support to develop the ability to use a communication aid • Individual support to enable the use of VOCAs and communication through eye pointing, eye gaze technology, gesture, expression etc <p>All staff are Team Teach trained</p>	Constant and individual support

Curriculum	Each pupil has access to a personalised, modified and differentiated curriculum	Each pupil has access to a developmental, personalised, modified and differentiated curriculum with specific interventions identified to meet the additional (VI/HI/SLCN/SEMH) needs. Pupil has an Individual Learning Plan to address the additional learning need Where medical needs provide the additional complexity, the pupil will have a Health Care Plan	Each pupil has access to a developmental, highly personalised and differentiated curriculum with specific and adult dependent support to meet the additional needs. Where medical needs provide the additional complexity, the pupil will have a Health Care Plan The pupil will have a high need for ongoing sensory provision to support learning The pupil will have access to constant monitoring and supervision to enable the pupil to be as independent as possible whilst accessing all areas of the school and activities.	
Teaching Approaches	Multi-sensory teaching approaches adopted across the curriculum	Multisensory highly structured approaches delivered through a highly individualised approach and which takes account of the combination of needs. Teaching approaches which enable access to augmented communication systems (for example, Makaton)	Constant multisensory approaches delivered through a highly individualised approach and which takes account of the combination of needs. Teaching approaches which are supported through constant access to augmented communication systems	
Facilities	Pupils access swimming and the sensory room weekly	Access to swimming, multi-sensory room, music therapy session, inclusive sports	Individual sensory room programmes daily Access to medical room	

		personalised learning group Medical room for the administration of treatment Provision to meet the low level pupil specific needs, for example, adapted teaching resources for VI pupils, sound field technology in classrooms for HI pupils	facilities Group music therapy 2:1 support for hydrotherapy Daily access to programmes of support to address physical skills eg physiotherapy exercises There is a likely need for hoisting to support medical and personal care issues.	
Teaching and Learning Environment	Pupils are supported in an environment which provides high stimulus as well as visually clear information	Pupils are supported in an environment which is highly structured, with clear visual information, structures and routines	Pupils are supported in an environment which is highly structured, with clear visual information, structures and routines.	
Use of outside agency support	SALT has bi-annual overview EP reviews through consultation with school annually.	SALT/OT/Physio/HI/VI Advisory Teacher (as appropriate to needs) has termly involvement and makes specific recommendation re programmes to be delivered in a small group and individually	SALT/OT/Physio/Community Nurse/HI/VI Advisory teacher has a key role in recommending the support approaches to meeting needs and therefore has a key role in regularly monitoring progress.	
Interventions	Small group interventions are delivered on a daily basis to support the literacy and numeracy skills development of this group of children. The teachers delivering these programmes have received specific training to enable them to provide appropriate teaching to this cohort of pupils.	The pupil has regular opportunities for 1:2 support on modified teaching tasks. The teachers delivering these programmes have received specific training to enable them to provide appropriate teaching to this cohort of pupils.	The pupil has access to constant individual support from teachers and ancillary staff who have received specific training to enable them to provide such support to this cohort of pupils.	
Community links	The school has links with the local	The school has links with the	The school supports the child	

	primary school and there is a programme of visits between this school and Treetops. The children attend activities at the local church.	local primary school and there is a programme of visits between this school and Treetops. The children attend activities at the local church.	with individual support to access wider provision where appropriate, for example, school trips to appropriate venues able to meet the needs of the pupil. Individual support when out sue to safety issues	
Communications skills development	The advice from SALT is incorporated in curriculum planning.	The advice from SALT is incorporated in curriculum planning. Augmented communication systems are in place where necessary.	The child may have access to augmented communication systems constantly and therefore staff are able to provide this support constantly.	
Social skills development	All the children access a social skills programme	Access to a social skills programme and additional support at unstructured times to support peer interaction opportunities	The staff enable to pupil to access as wide a range of social activities as possible and taking account of the health and other needs of the pupils.	
Self-help skills development (including toileting)	All children access a self-help programme to support them to develop basic skills to enable growing independence in the home – preparation of sandwiches, for example. All children are supervised when using the toilet and specific guidance is proved where necessary.	Access to individual support to meet all personal care needs and to promote independence re these through the delivery of a planned programme of support and intervention.	Access to individual support to meet all personal healthcare needs., frequently requiring staff to have been trained in moving and handling and able to use hoists etc.	
Additional information				

DRAFT

APPENDIX B

Provision Funding Template

Name of school:

		Low level Top-up	Medium Level Top-up (Core)	High level Top-up (Core Plus)	Exceptional
Descriptor	Description of pupils needs to be met through core provision at the school, including NC levels where possible				
Staffing	Clarity re the staffing required to meet the needs of the above (including support staff levels, lunchtime supervisors and any additional support to access specific provision eg swimming)				
Curriculum	How is the curriculum differentiated to meet the needs of this cohort of pupils?				
Teaching Approaches	What teaching and learning opportunities are provided which are different to those				

	provided in a mainstream school and in place to meet the needs of this group of pupils?				
Facilities	Does the school have any specific facilities appropriate to the needs of this cohort of students, for example, therapy rooms, swimming pool etc and how frequently will this be provided?				
Teaching and Learning Environment	How does the school plan the environment to promote effective teaching and learning in this group of pupils?				
Use of outside agency support	Who is involved to support the teacher in meeting the needs of this group of pupils – frequency?				
Interventions	How are these planned and delivered?				
Community links	What is the programme of educational visits and engagement within the community?				
Social skills development	What opportunities are provided for social				

	communication development identified across the curriculum?				
Self-help skills development (including toileting) (as appropriate)	What adult support is provided to develop self-help skills and to support toileting where required?				
Any additional provision appropriate to the needs					

Special Schools Core Functions (designation)/ pupils whose needs will be met there

***Ravenshall**

Low level top-up – MLD

Medium level top-up – SLD

High Level top-up – SLD + additional needs (VI/HI/PD/SLCN)

Exceptional – children with complex needs who require a highly individualised and bespoke provision – likely to be placed OOD but LA to consider making exceptional funding available to the school to maintain in LA.

***Southgate**

Low level top-up – MLD/SLD

Medium level top-up – MLD/SLD + one from the following: SLCN, self-care and independence, SEMH

High level top-up – MLD/SLD + three from the following: SLCN, self-care and independence, SEMH and high levels of anxiety

Exceptional - children with complex needs who require a highly individualised and bespoke provision – likely to be placed OOD but LA to consider making exceptional funding available to the school to maintain in LA.

*Whilst I understand that Ravenshall and Southgate have the same designation of ‘complex needs’ schools, I have based the above on the information on the Kirklees Local Offer re the schools own descriptions of the needs met in the schools, hence the discrepancy in descriptors noted across top up levels. This is an area which needs consideration by the LA in order to ensure that there is an agreed and consistent offer across the two schools on which to base commissioning decisions.

Fairfield

Low level top-up – SLD

Medium level top-up – PMLD

High Level top-up – PMLD + severe additional needs (medical/PD/VI/HI/SEMH)

Exceptional - children with complex needs who require a highly individualised and bespoke provision – likely to be placed OOD but LA to consider making exceptional funding available to the school to maintain in LA.

Castle Hill

Low level top-up – SLD

Medium level top-up – PMLD

High level top-up – PMLD + additional needs (medical/PD/VI/HI/SEMH)

Exceptional - children with complex needs who require a highly individualised and bespoke provision – likely to be placed OOD but LA to consider making exceptional funding available to the school to maintain in LA.

Woodley

Low level top-up – ASD

Medium level top-up – ASD + Significant/Severe Learning Needs

High Level top-up – ASD + SLD + additional needs (eg. SEMH)

Exceptional - children with complex needs who require a highly individualised and bespoke provision – likely to be placed OOD but LA to consider making exceptional funding available to the school to maintain in LA.

Joseph Norton

Low level top-up – SEMH – behaviour of high intensity but medium/low frequency and duration, occasional danger to self and others

Medium level top-up – SEMH – behaviour of high intensity/frequency and duration, frequent danger to self and others + additional needs Multi-agency advice

High level top-up SEMH – behaviour of high intensity/frequency and duration, constant danger to self and others + additional needs Multi-agency involvement

Exceptional - children with complex needs who require a highly individualised and bespoke provision – likely to be placed OOD but LA to consider making exceptional funding available to the school to maintain in LA.

Working Definitions

MLD – Pupils attainments are significantly below expected levels in most areas of the curriculum despite appropriate interventions. They have greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. Likely to be working at P Level 3 and beyond, dependent on age and will need to a high level of adult support to access the curriculum.

SLD – Pupils will have significant cognitive difficulties which have a major impact on their ability to access the curriculum without support. They may also have difficulties with mobility and co-ordination, communication and the acquisition of self-help skills. Likely to be working at lower P levels or slightly higher, dependent on age.

PMLD – Pupils will have more than one severe disability with the most significant being severe learning needs. They will also likely have a sensory or physical disability.

ASD – Autism Spectrum Disorder – pupil's needs being on a continuum from low support to access the curriculum (dependent on learning needs and social adaptation) to needing a high level of support to access the curriculum. Pupils may also have a range of additional needs including sensory, social emotional and mental health.

SEMH – An overarching term, but pupils will demonstrate difficulties with emotional regulation and/or social interaction and/or are experiencing mental health problems.

APPENDIX B(i)

CONSIDERATION OF A CHILD'S NEEDS WHICH MAY RESULT IN A REQUEST TO TRANSFER FROM MAINSTREAM TO SPECIAL EDUCATION

This document should be used to support placement decisions when a school/parent is requesting a change from mainstream to special provision.

Generally, the school will provide evidence that all attempts at inclusion have been exhausted. Therefore the school will be able to demonstrate that they have done everything necessary to enable a child to develop, learn and participate in the mainstream school.

Such evidence will include:

- The school will be able to demonstrate that the staff working with the child have been supported to understand the child's SEN and/or disability
- The school being able to demonstrate that staff have been supported to have an enhanced knowledge how to adapt teaching and learning to meet the child's level of learning and development, therefore, for example, how the advice from outside agencies (EP, Advisory Teachers etc) has been implemented. This would also include any specific training which has been provided to support staff working with the child.
- Records that appropriate planning to meet needs has taken place and that a differentiated and modified curriculum has been delivered and monitored. This may include IEPs, individual pupil profiles etc.
- Records of how Quality First teaching has taken account of the child's needs, as well as planned small group and individual interventions also having taken place.
- There will be very clear evidence of programmes of support in place, monitored over time and with clear descriptions of progress.

Consideration should also be given to the funding arrangements involved in such decisions. The child will have a statement/EHCP which has allocated a level of top-up funding. Unless reassessment has taken place indicating that the child's needs have changed, this level of funding will likely remain the same. Ongoing assessment or a reassessment may have indicated some changes in the child's needs relating to the curriculum access demands detailed below, nevertheless not a substantial change in overall needs. In the latter case a small increase in top-up funding would be indicated. Therefore consideration **must** be given to the possible adverse impacts on a special school placement of a child transferring from mainstream to special with a similar level of top-up funding. In such cases, ongoing discussion with the mainstream school about what would be needed to enable the school to continue to meet needs may indicate where further LA support could be provided. Discussion might also focus on what the mainstream school would be able to provide with the small increase in top-up funding which would be provided through a change to special school.

Below are examples of more specific examples which may indicate a necessity to transfer from mainstream to special school.

All categories should provide evidence gathered over time, either through the EHCP or MSP evaluations of progress, including towards the agreed outcomes

- **The child's learning is only possible through access to smaller teaching groups**

Evidence provided will include the school's ongoing assessment of progress in a small intervention groups against the child's progress in the whole class group. This analysis may include additional factors such as concentration (the child is unable to concentrate independently when in the whole class group), behaviour (the child is more likely to demonstrate inappropriate behaviour in a larger class group) and social relationships (the child is generally working alone when in a large class group because of disparities between the child and the rest of the class). These examples are not exhaustive and schools may provide evidence re other aspects of the child's functioning.

- **The child demonstrates emotional distress when in a large class group**

Some children are unable to express anxieties and stress through language, and careful analysis will demonstrate that difficult emotional responses occur when the child is in a large group and under stress through being in such a group.

Evidence will include actions which have been taken to mitigate stress when the child is in the full class group as well as evidence that the child's emotional stability is positively impacted upon when in a small group.

- **There is an increasing need for the child to access to the expertise and knowledge of teachers/support staff working in special schools**

This may, for example, include children who are dependent on augmented communication or children whose complex medical needs impact on their access to the curriculum.

In both suggested examples, **evidence** will be that the teaching staff at the mainstream school have exhausted their ability to ensure the child's progress, for example, the teacher's skill at providing augmented communication has been exhausted, the teachers ability to differentiate the curriculum to take account of the impact of medical needs requires a level of skill only available in special school provision.

- **Inappropriate peer group**

Most children learn effectively through accessing a normally functioning peer group. However, for some children, as the social skills gap between them and their peers widens, so too does their ability to learn. Instead the gap causes stress and discomfort such that the child becomes increasingly socially isolated.

Evidence will include analysis of the impact of strategies which have been put in place to address the development of social skills.

- **Increasingly immature and potentially unsafe social skills**

Examples may include children who continue to demonstrate significantly immature social behaviour, particularly during unstructured and less supervised time in school.

Such behaviour may include inappropriate undressing, inappropriate conversations or verbal interjections. However, it may also include difficulties in resisting other children's attempts to "use" the child for inappropriate purposes.

Evidence will include an analysis of the child's immature social skills, the impact of these and the strategies which have been put in place. These will indicate that constant supervision is required, as well as a more appropriate peer group and the opportunity for ongoing curriculum opportunities to address the behaviours.

- **The necessity to access a curriculum which provides support to develop life skills**

The child's level of learning and development indicates that, over time, support will be necessary for the development of life skills (cooking, independent transport, budgeting and shopping, personal care etc) with opportunities to access such support through curriculum delivery.

Evidence will demonstrate that, in spite of attempts to address this through differentiation, the mainstream school does not have the facilities to deliver such support through a differentiated curriculum and with appropriate facilities.

DRAFT

High Needs Assessment

An overview of pupils and students with Special Educational Needs and Disability (SEND) with an Education, Health and Care Plan (EHCP)

November 2017

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1. Headlines

The EHCP cohort is very much like the general 0-25 population in many areas of life. Although this assessment is data driven, it is important to remember that this is a diverse and complex cohort with a wide range of needs and abilities. They also face many of the same issues that everyone else in the 0-25 age group faces growing up.

- There are 2,317 children and young people aged 0-25 with an EHCP or Statement of Special Educational Needs (SEN) funded through Kirklees Council. This represents 16 EHCP per 1000 of the 0-25 general population.
- The gender mix of the EHCP cohort is dominated by males, with 2 in 3 of those with an EHCP being male and 1 in 3 being female.
- The number of children and young people with EHCP or Statement of SEN has grown by 11% over the past 3 years.
- Over the past three years we have seen increases in the 0-4 age group. There have also been increases of 54% in the 5-9 age group and the 10-14 age group has grown by 11% over the 3 year period. Interestingly, the 15-19 group decreased by 15%. We also saw growth of 24% in the 20-25 groups.
- When we compare the EHCP cohort with the general population we see they are over represented in the worst 10%, 20% and 30% deciles of deprivation.
- There are around 900 children and young people in the EHCP cohort with a primary need of communication and interaction, representing 2 in 5 (40%) of the EHCP cohort.
- There are around 583 children and young people in the EHCP cohort with a primary need of cognition and learning, representing 1 in 4 (26%) of the EHCP cohort.
- There are around 422 children and young people in the EHCP cohort with a primary need of social, emotional & mental health (SEMH), representing 1 in 5 (18.8%) of the EHCP cohort.
- There are around 191 children and young people in the EHCP cohort with a primary need relating to physical and medical issues, representing 1 in 12 (8.5%) of the EHCP cohort.
- There are around 49 children and young people in the EHCP cohort with a primary need of visual impairment, representing 2.2% of the entire EHCP cohort.
- There are around 63 children and young people in the EHCP cohort with a primary need of hearing impairment, representing 2.8% of the entire EHCP cohort.

2. Introduction & Purpose

There are growing numbers of children and young people with a disability, complex needs and/or life-limiting conditions in the UK. These children and their families need support from services in education, health and social care. The challenge is that local authorities and providers do not have the robust intelligence that allows them to adequately plan and commission services for this cohort of children and young people.

Children and their families living with SEND face distinct and often challenging issues that can require a range of dedicated and often specialist responses from services. The needs of disabled children, young people and their families are unique to them, are sometimes complex, and will change over time.

The challenge is to understand these needs and develop a system around them that is flexible enough to meet the needs of the person and their families. The numbers of children with SEND is increasing due to improvements in medical technology and interventions and earlier identification.

To reach their potential and make a positive contribution to society, children and young people with SEND and their families need coordinated and effective support from education, health, social care and voluntary services. Integrated, joined up approaches need to be further enhanced to ensure the most effective and efficient commissioning and targeting of resources for this population.

This assessment forms part of the intelligence to better understand and develop support for this cohort.

3. The high needs cohort – who are they?

3.1 Overview

There are 2,317 children and young people aged 0-25 with an EHCP or Statement of SEN funded through Kirklees Council. Some of these children are resident and educated in Kirklees, others travel to neighbouring authorities or further afield to access provision that meets their needs. This represents 16 EHCP per 1000 of the 0-25 general population.

The number of children and young people with EHCP or Statement of SEN has grown by 11% over the past 3 years. This is partly due to legislative changes (which extends SEND support to aged 25) but has also been influenced by changes in the young population locally.

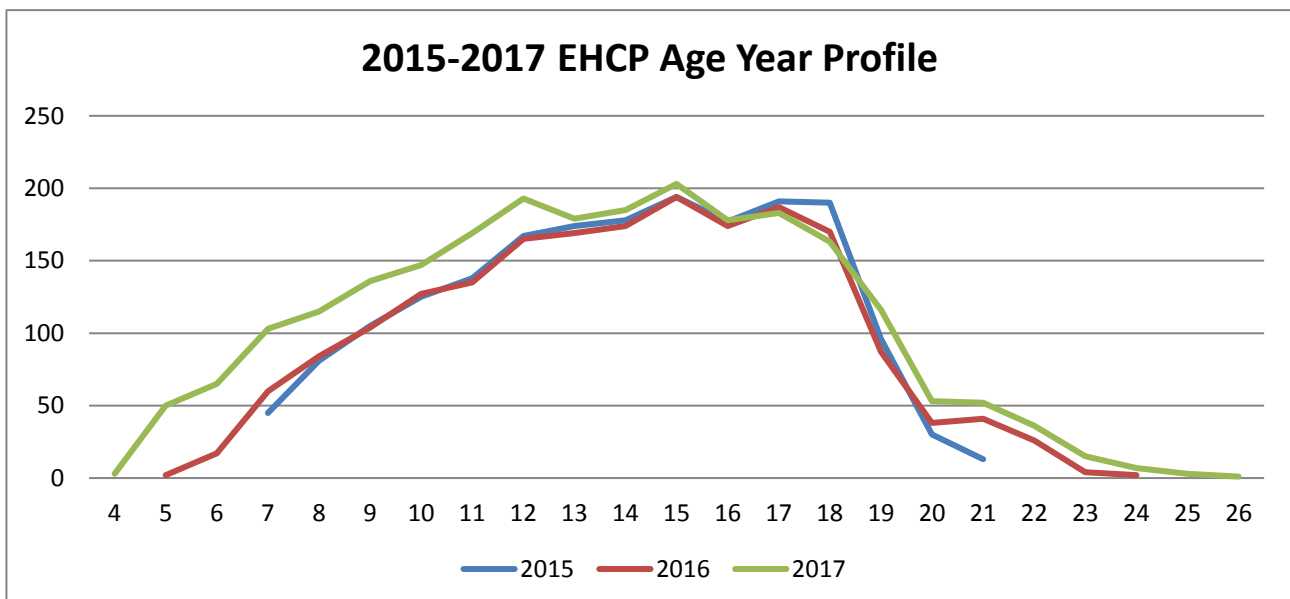
3.2 Prevalence by Age

The age at which SEND is identified and the child or young person receives an EHCP is not always a useful description of need. There are likely to be a number of children being supported who may be eligible for an EHCP but are yet to receive a formal diagnosis or begin the EHCP assessment process.

Chart 1 shows the EHCP cohort by single age year and year of recording. There have been increases in the number of very young children with an EHCP, rising from 1 in 2015 to 44 in 2017. This could indicate two things; that diagnosis rates in very young children are improving because of professional awareness or that children with complex needs are being identified at a much younger age than previously.

Chart 1 also shows that in 2017 EHCP numbers were higher than other years up to the age of 15 when numbers reduce. Chart 1 also shows increases in number of young people over 20 with an EHCP. This reflects changes in legislation and that numbers tend to reduce as young people leave education.

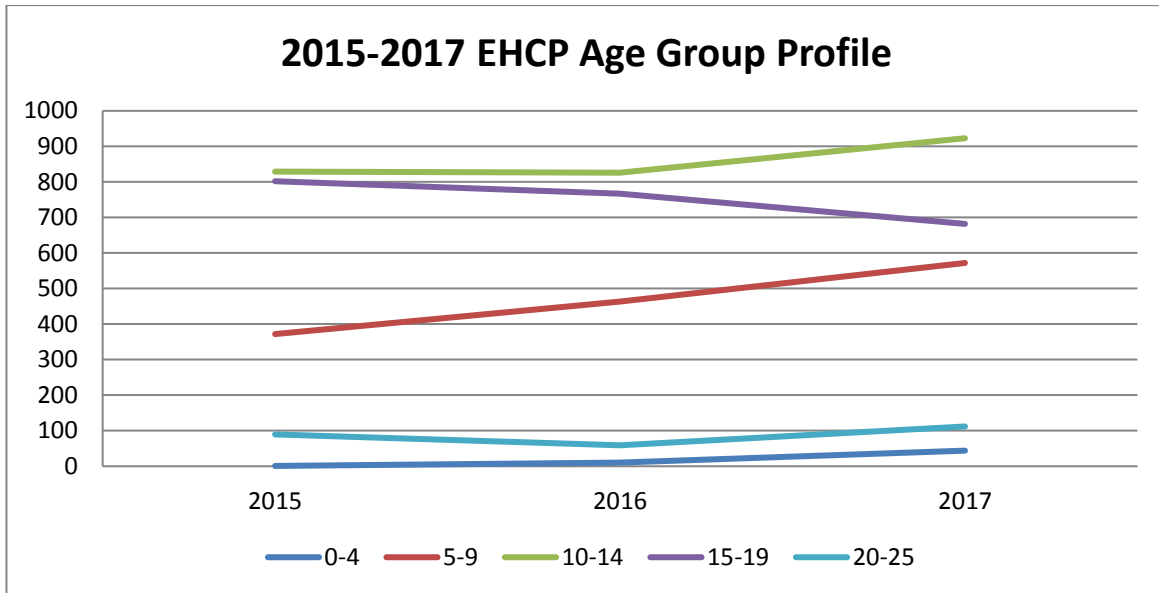
CHART 1



3.3 Trends in broad age groups

Over the past three years we have seen increases in the 0-4 age group and increases of 54% in the 5-9 age group. The 10-14 age groups have grown by 11% over the 3 year period, the 15-19 group decreased by 15%. We also saw growth of 24% in the 20-25 groups.

CHART 2



Additional information about the predicted long term changes in the EHCP cohort is explored later in this assessment.

3.4 Prevalence by Gender

The gender mix of the EHCP cohort is dominated by males, with 2 in 3 EHCP recipients being male and 1 in 3 being female. This matches the national pattern of gender in the EHCP cohort, but it should be remembered that females in the general 0-25 population are, on average, 49% of the population.

CHART 3

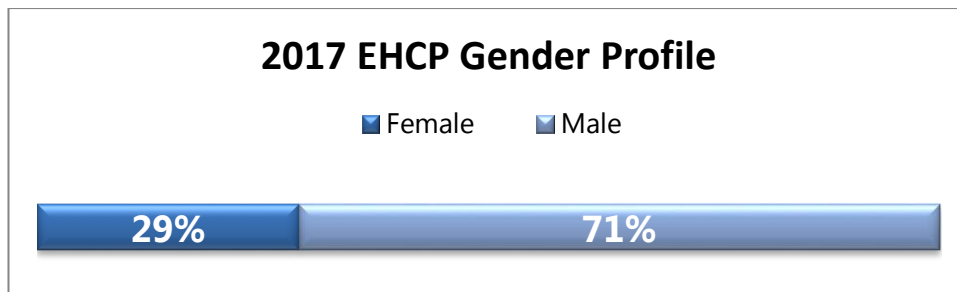
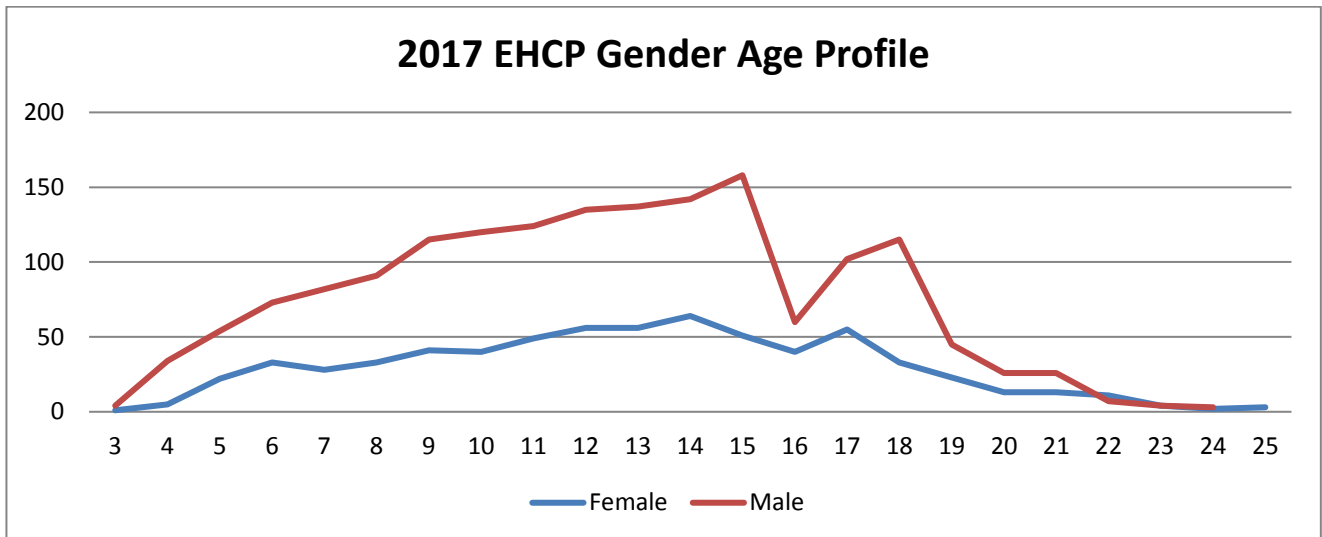


Chart 4 shows the gender gap in the local EHCP cohort across the age spectrum, this highlights a wide gap across all ages until 21 when numbers in general begin to fall. Further analysis of condition by gender and age is later in this paper.

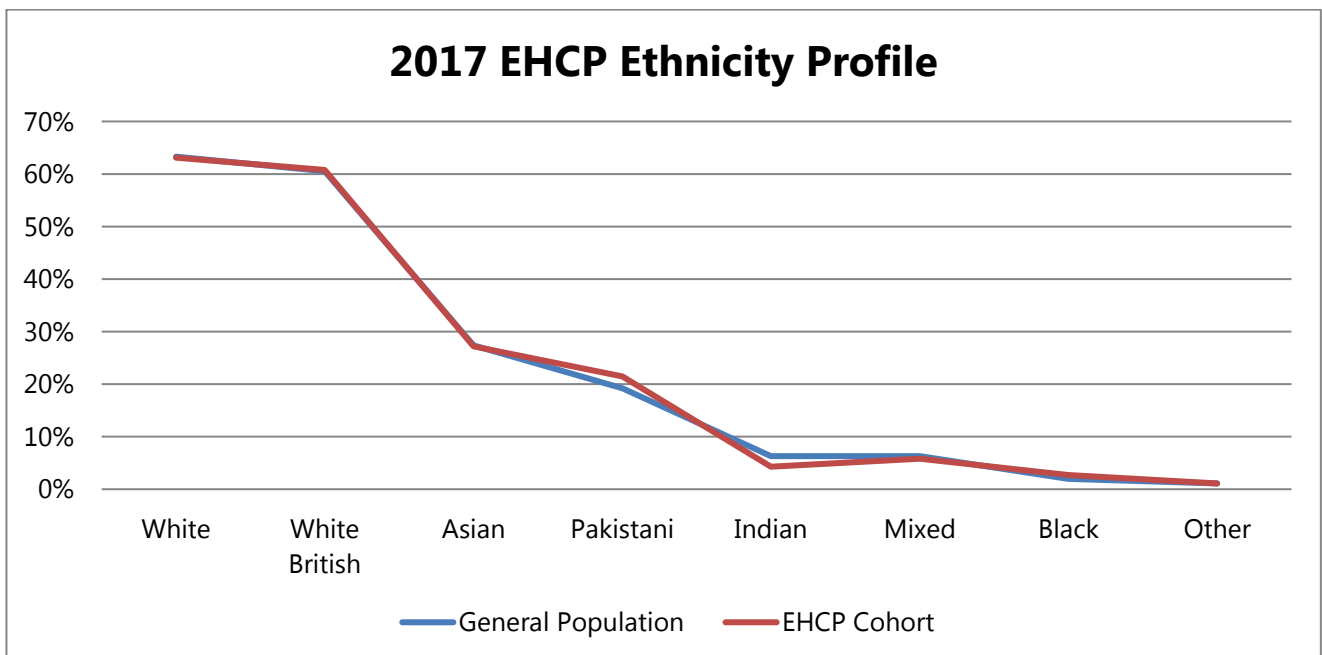
CHART 4



3.5 Prevalence by Ethnicity

Similarly to gender, the EHCP cohort and the ethnicity of the general 0-25 population has been compared. Unlike gender, ethnicity tends to match the general population with two exceptions; those in the Pakistani ethnic group are slightly over-represented in the EHCP cohort, there are 2% more children and young people from Pakistani ethnic group in the EHCP cohort. Those in the Indian ethnic group are slightly under-represented in the EHCP cohort.

CHART 5



Although the ECHP cohort matches the general 0-25 population, there are variances when categories of need are split by ethnicity. The table below highlights some of these variances. It shows for instance that white and white British groups have higher than average SEMH & complex SEMH

and conversely, Asian and Pakistani appear to have higher than average Visual and Hearing Impairments along with high levels of complex cognition and learning EHCPs.

The table highlights over or under-representation when compared to the ethnicity makeup of the entire EHCP cohort.

Category of Need	White	White British	Asian	Pakistani	Indian	Black
Complex Communication & Interaction	-3%	-1%	-6%	-8%	3%	5%
Communication & Interaction	-1%	-1%	0%	-3%	2%	0%
Complex Cognition & Learning	-26%	-24%	28%	26%	4%	-2%
Cognition & Learning	-4%	-4%	4%	5%	-2%	0%
Complex SEMH	20%	20%	-25%	-20%	-4%	2%
SEMH	14%	15%	-15%	-14%	0%	-1%
Complex Physical & Medical	-10%	-12%	10%	9%	0%	-1%
Physical & Medical	7%	8%	-1%	1%	-2%	-1%
Complex Sensory (VI)	-38%	-39%	29%	29%	2%	0%
Sensory (VI)	-25%	-22%	34%	40%	-4%	-3%
Complex Sensory (HI)	-28%	-26%	32%	34%	-4%	-3%
Sensory (HI)	-4%	-5%	2%	1%	3%	-3%

(Green under-representation, red over-representation)

A special note on: **Families of children with education, health and care plans**

Disability cuts across gender, ethnicity, geography and socio-economic class. The families of disabled children are extremely varied in terms of demographics. Families, carers and young carers are central to providing care and support to children. This can be demanding and place a huge amount of stress on families and carers, who should be supported, have their needs met and help shape services. Low income and material deprived families are particularly vulnerable as a lack of resources affects parents' aspirations, beliefs, stress, relationships and ability to support their children. It can also lead to relationship, financial, physical and psychological strains.

A particular group of families with additional needs are those where one or both of the parents are disabled. There is little information on the number of such families. What is known is that children in families with both a disabled adult and a disabled child are particularly at risk of poverty.

3.6 Understanding the numbers in context

Rates and ratios are useful in understanding the health and morbidity of populations. Plain numbers of events, such as deaths, births, or prevalence of a condition can have little meaning in themselves, lacking a context in which they can be interpreted.

In order to give a clear picture of prevalence, it is useful to look at the EHCP cohort as a ratio per 1000 children so, for instance, 16 children and young people in every 1000 have an EHCP and this allows us to compare populations more accurately.

When the EHCP cohort is looked at by place, as mentioned above, we see there are 16 EHCPs for every 1000 children and young people living in Kirklees. The table below also shows that at a population level there are very slightly more EHCPs in North Kirklees than South. Later in this assessment, we see some conditions are higher in frequency in South Kirklees than North but at a whole population level they are slightly different.

EHCP by Place	Per 1000 Rate
Kirklees	16
North Kirklees	16
South Kirklees	15

Looking at EHCPs by gender, we see the variance described later in this assessment i.e. for every 1000 males aged 0-25, 22 have an EHCP. In females this reduced by around 60% to 9 in every 1000 females in the 0-25 population.

EHCP by Gender	Per 1000 Rate
Male	22
Female	9

If category of need is looked at in the same way, we see overall there are 6 EHCP relating to Communication and Interaction per 1000 children and young people aged 0-25. As case incidence reduces such as in the visual impairment group, using per 1000 rates has less value.

EHCP by Category of Need	Per 1000 Rate
Communication & Interaction	6
Cognition & Learning	4
SEMH (Social, Emotional & Mental Health)	3
Physical & Medical	1

3.7 How does Kirklees compare to other areas?

There are no national data sets that capture the entire EHCP cohort. It is believed that authorities are still adapting to collecting the 0-4 and 18-25 age groups data in a robust manner. We are however able to compare the Kirklees cohort at a school age level which covers 5-16 age groups.

The following table shows that in the Kirklees school age EHCP cohort we are ahead of region and sub-region authorities in the number of EHCPs in every 1000 school age children. We are however below the England average which was 28 per 1000 school age children in 2017.

EHCP by Comparator ¹ (School Age)	Kirklees Per 1000 Rate	West Yorkshire Per 1000 Rate	Yorkshire & Humber Per 1000 Rate	England Per 1000 Rate
EHCPs in every 1000 pupils aged 5-16	26	23	24	28

Data at gender level in the school age EHCP cohort is only available at England level; here we very closely match numbers of males with EHCP in every 1000 male pupils. We match exactly with the England per 1000 females with an EHCP in every 1000 pupils.

EHCP by Gender ² (School Age)	Kirklees Per 1000 Rate	England Per 1000 Rate
Male	19	18
Female	7	7

A special note on: **Vulnerable children with disabilities**

As with the general child population, typically a series of complex factors lead to disabled children and young people becoming looked after, which may combine around family stress, the capacity of families to meet the care needs of their disabled child, neglect or abuse and in some instances parental illness and disability.

Children in Need - There are around 2900 Children in Need in Kirklees. Of these 1 in 2 (48%) have an identified SEND. These range across all areas of need, however 1 in 4 of the CIN SEND group have SLCN identified as their primary need.

Children with Protection Plan - There are around 500 CYP in Kirklees with a Child Protection Plan, of these 1 in 7 (14%) have an identified SEN or SEND and 1 in 16 (6%) have a SEMHD.

Looked after Children - Locally, we know there are around 700 looked after children of school age, of which 1 in 5 (18%) have a SEND.

This means that of the overall SEND population 1200 (16%) are in some part of the care system. This does include those with EHCP and SEN Support categories. As young people with SEND leave care and move into their young adult lives, we need to learn more about their experiences during the transition from child to adult services or the potential multiple disadvantage they may experience on the grounds of both disability and care leaver status.

¹ SFR 37/2017 <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017>

² SFR 22/2017 <https://www.gov.uk/government/statistics/statements-of-sen-and-ehc-plans-england-2017>

Understanding the high needs cohort and deprivation

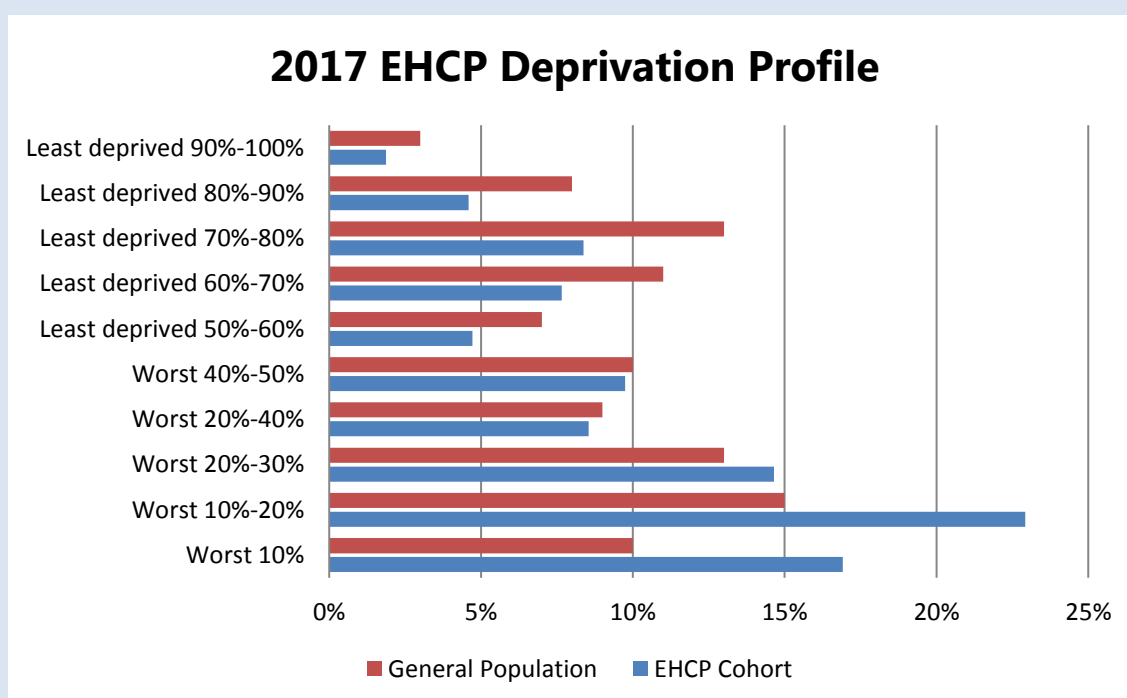
The most widely adopted measure of deprivation in England is the Indices of Multiple Deprivation (IMD). The IMD combines a number of indicators into a single deprivation score for geographic areas.

Poverty and deprivation are complex issues with no single cause but rather a multitude of contributory factors. Deprivation can affect life chances, the ability to find and maintain employment, the quality of housing which is affordable and the ability to ensure that it is heated to a comfortable level. Living in poverty also has a significant impact on physical and emotional health.

Nationally, in the general population the gap in life expectancy between people living in the lowest and highest income neighbourhoods is six years. In Kirklees, people in Dewsbury can expect to live 3.6 to 4.9 years fewer than people in the Holme Valley.

When we compare the EHCP cohort with the general population we see they are over represented in the worst 10%, 20% and 30% deciles. The imbalance reverses in all other deciles; this trend has been stable for the last few years.

CHART 6



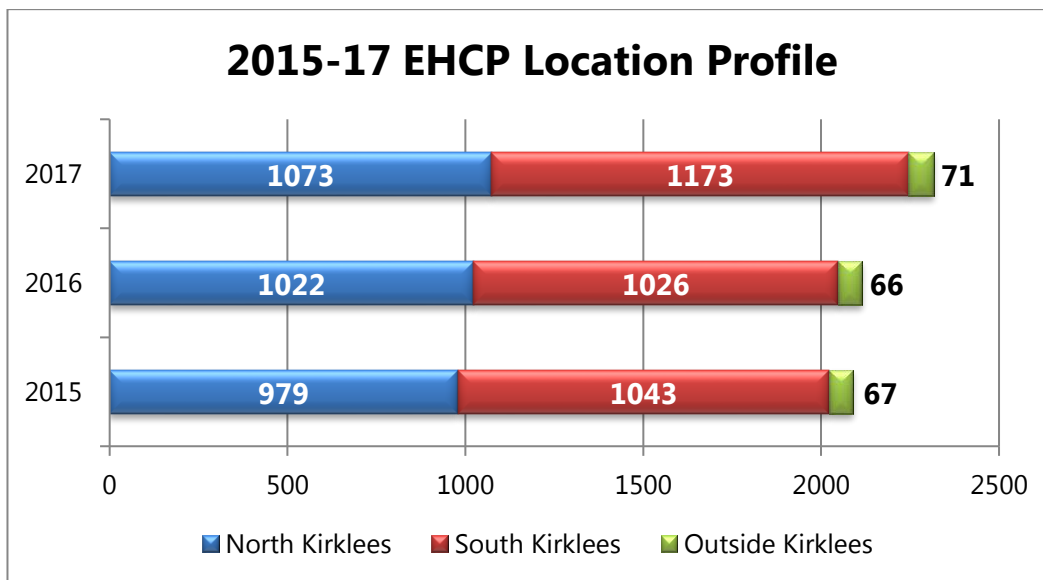
When IMD is analysed at category of need level, there are some minor variances in each need category. However, there are large variances in the Complex Communication and Interaction cohort who are under-represented in more deprived areas and over-represented in more affluent part of Kirklees.

For further information please see: [KJSA Poverty Section](#)

4. The high needs cohort – where are they?

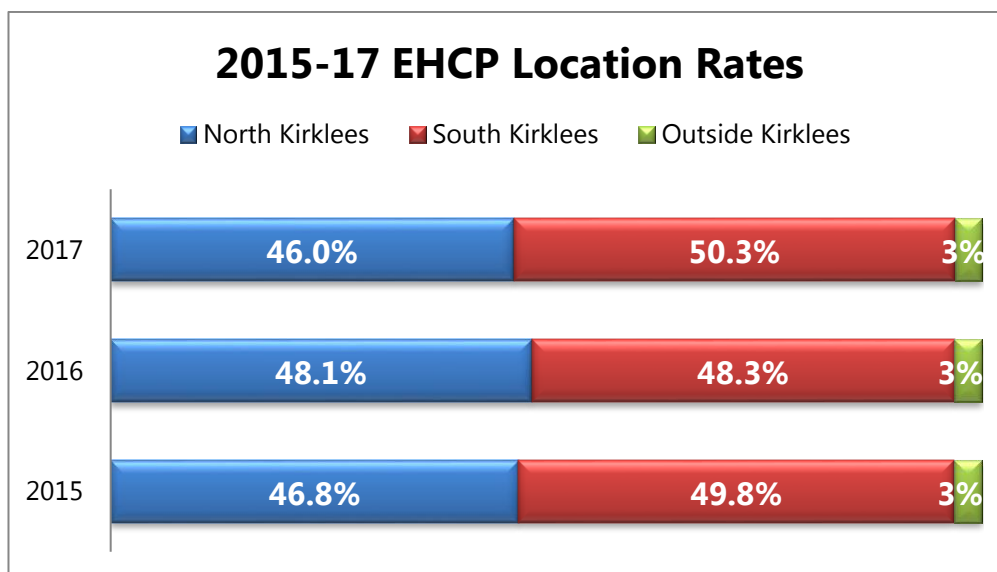
There are children and young people in the EHCP cohort across Kirklees. It is important to note that although EHCP numbers are higher in South Kirklees than North Kirklees, this very closely matches the general 0-25 population. Chart 7 shows the actual numbers of those in the EHCP cohort and where they live or are educated.

CHART 7



There was a slight shift in the proportion of the EHCP cohort from North Kirklees in 2016 when compared to 2015, but this appears to have rebalanced in the latest set of data. Although the reason for this is not clear, it could be something like increased proactivity to obtain diagnosis, or better identification of issues within education settings.

CHART 8



If ward level EHCP data is compared to the general population, we see that no areas have large over-representation of EHCP, which may go against common understanding. In fact there are areas that have fewer children in the EHCP cohort than we would expect; they are at the bottom of this table. The one anomaly to be aware of is in the Newsome ward – because many university students reside in this ward, we would expect to see a higher proportion of 0-25 year olds in the general population than those with an EHCP.

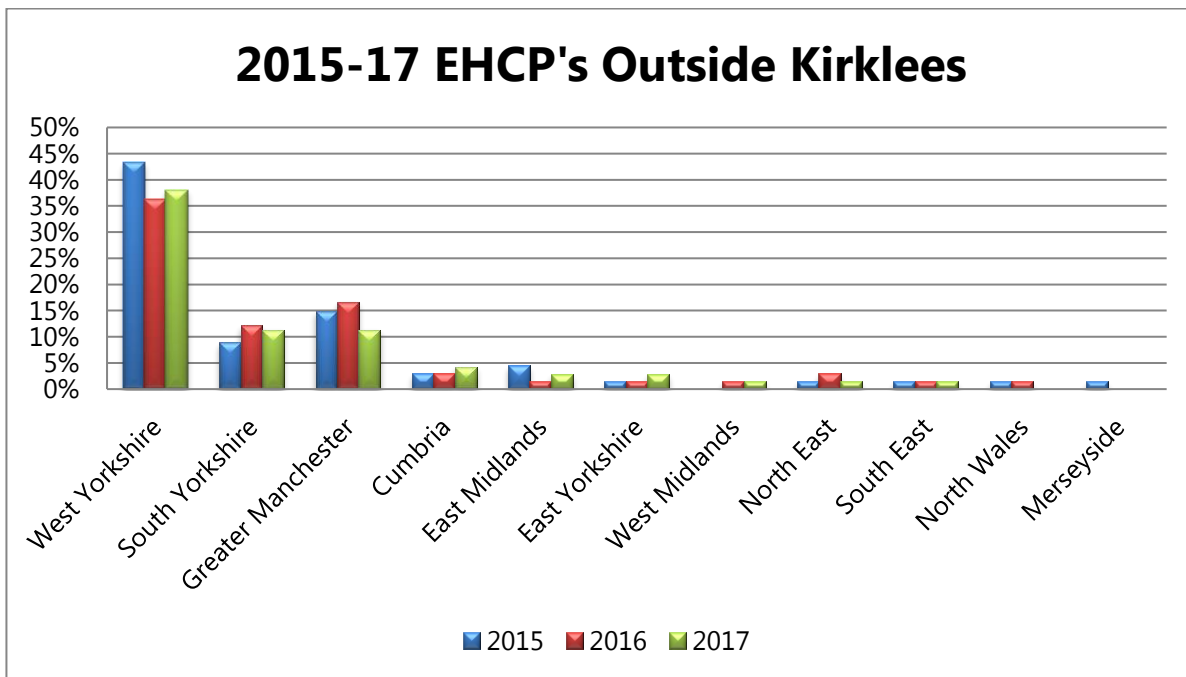
Ward Area	EHCP Population	General 0-25 Population	Variance between EHCP & General Population (Green under-representation, red over-representation)
Dewsbury West	8.1%	7.8%	-0.2%
Greenhead	5.9%	6.6%	0.7%
Batley West	5.8%	6.3%	0.5%
Dewsbury South	5.6%	6.3%	0.8%
Ashbrow	5.3%	6.0%	0.6%
Dewsbury East	5.0%	5.3%	0.3%
Heckmondwike	5.0%	5.2%	0.1%
Liversedge and Gomersal	4.9%	5.2%	0.3%
Almondbury	4.7%	4.3%	-0.4%
Crosland Moor and Netherton	4.6%	4.4%	-0.2%
Dalton	4.4%	5.0%	0.6%
Golcar	4.4%	4.9%	0.5%
Holme Valley South	4.3%	4.6%	0.3%
Batley East	4.1%	6.2%	2.1%
Lindley	3.8%	4.9%	1.1%
Newsome	3.5%	8.5%	5.1%
Holme Valley North	3.2%	4.0%	0.8%
Mirfield	3.2%	4.6%	1.4%
Cleckheaton	3.1%	4.4%	1.3%
Birstall and Birkenshaw	3.0%	4.3%	1.3%
Colne Valley	3.0%	4.1%	1.1%
Denby Dale	2.8%	3.9%	1.1%
Kirkburton	2.4%	3.9%	1.5%

5. EHCPs supported outside Kirklees

Around 50 children from Kirklees are in education settings in other local authority areas. 80% of these are accessing an education setting in a neighbouring authority, either in West Yorkshire or our borders to the West into Greater Manchester and south to South Yorkshire. This includes a number of children that are looked after and supported outside Kirklees for child protection reasons.

The remaining 10 children (20%) are accessing support in settings across the country. There is no set trend for this and placements in this small part of the cohort are likely to be highly specialised provision. Chart 9 shows the detail of where those outside Kirklees are educated.

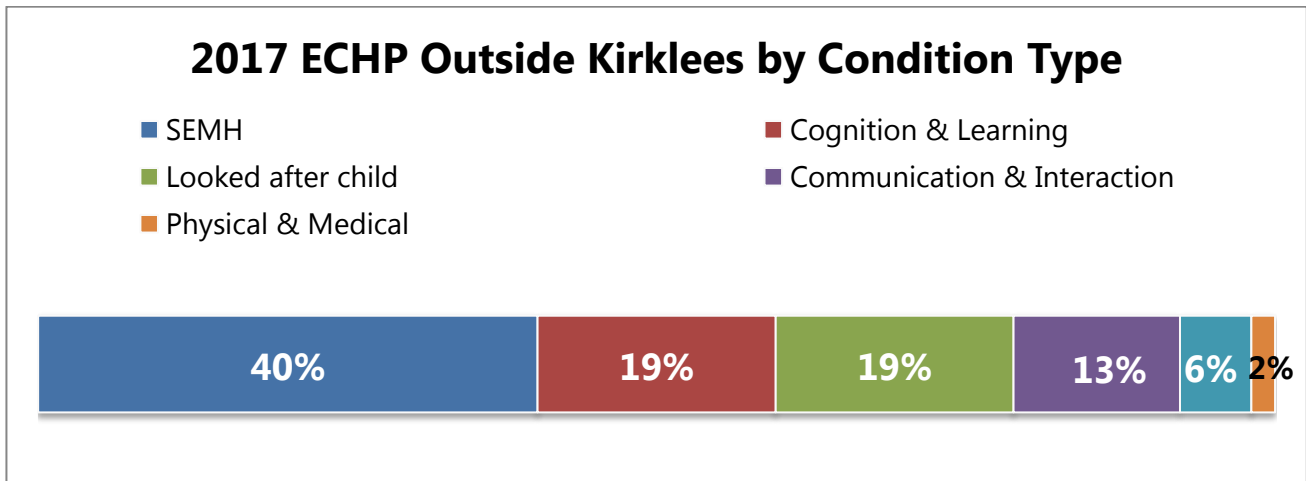
CHART 9



The special educational needs of the children and young people supported outside Kirklees vary. As described above, there is a group that are supported outside Kirklees for child protection reasons.

Chart 10 shows the primary needs of children and young people being supported in provision outside Kirklees. The most common category of need with 2 in 5 (40%) is SEMH, followed by cognition and learning with 1 in 5 (19%). It should be remembered that some of these children are likely to be accessing highly specialist support.

CHART 10



5.1 Children & Young People from other areas coming into Kirklees

A number of children and young people from other areas access specialist provision in Kirklees. This number, although small, has increased over the past 3 years. In 2015 there were 5 children and young people accessing Kirklees provision. This grew to 11 in 2016 and 16 in 2017.

There has been growth at mainstream school, particularly Whitcliffe Mount which sits close to the border with Bradford. There has also been growth at Woodley School & College which suggests children and young people are accessing specialist autism provision. They are all from neighbouring authorities rather than further afield.

6. The high needs cohort – Primary Condition Overview

As described above, there are 2,317 children and young people with an EHCP who are supported by Kirklees Council.

In order to understand each part of this cohort they have been grouped by a range of categories of need. Each category of need will then be looked at using a mixture of geodemographic groupings. Each of these categories will also be looked at in terms of severity or complexity where appropriate.

The categories of need that will be looked at in more detail are:

- Communication & Interaction
- Cognition & Learning
- SEMH (Social, Emotional & Mental Health)
- Physical & Medical
- Sensory - Visual Impairment
- Sensory - Hearing Impairment

6.1 Categories of Need in numbers

The data below only features a child or young person’s primary need. It is important to remember that a child or young person may have secondary or tertiary needs that also affect their daily lives such as a physical health condition or visual impairment but it is, for instance, their communication and interaction need that has the greatest impact on them.

The current EHCP cohort is dominated by children and young people with either communication and interaction or cognition and learning needs. These two groups account for 2 in 3 of all those with an EHCP.

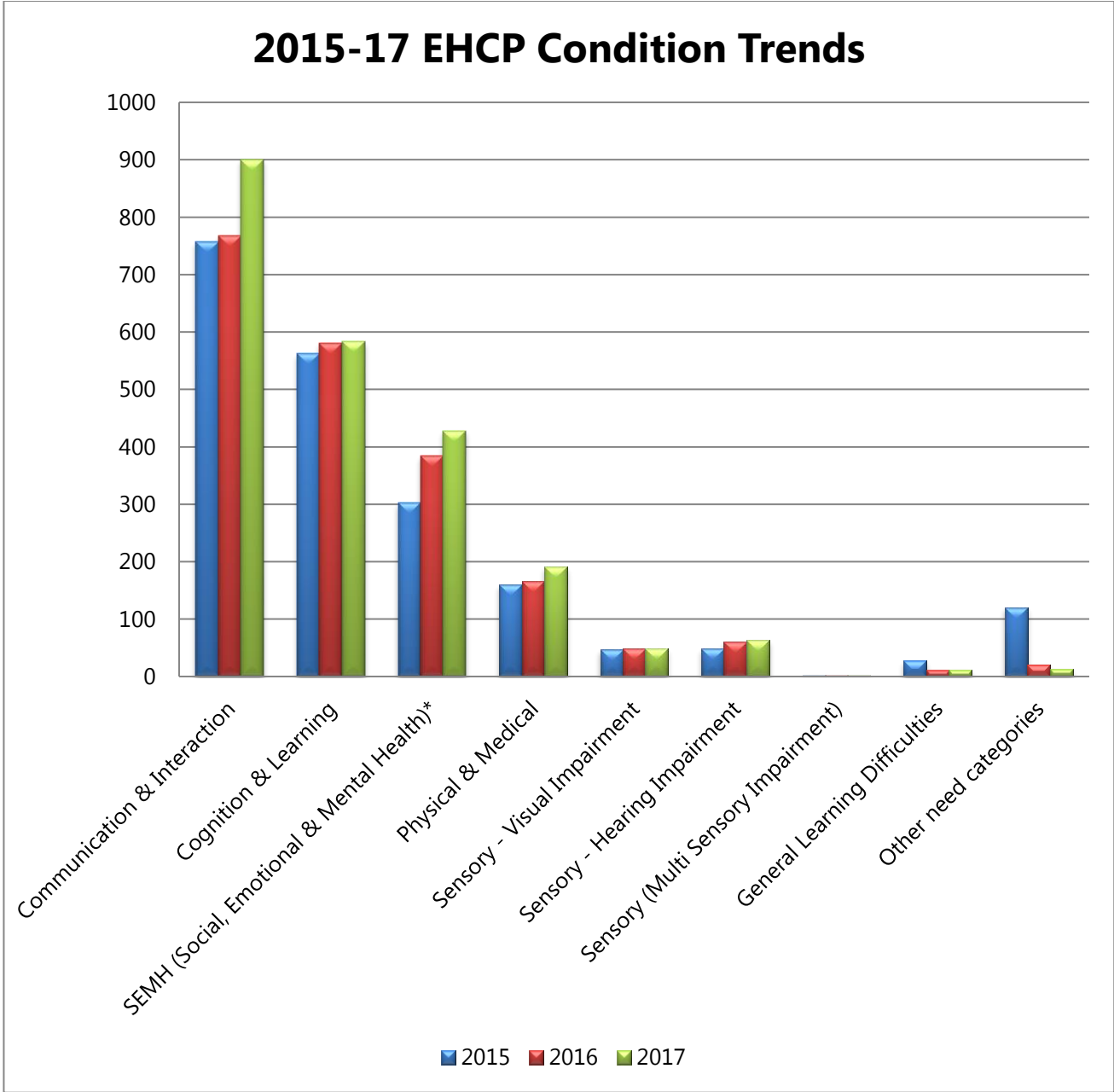
Category of Need	Number in 2017 EHCP Cohort *	Rate
Communication & Interaction	900	40.2%
Cognition & Learning	583	26.0%
SEMH (Social, Emotional & Mental Health)	422	18.8%
Physical & Medical	191	8.5%
Sensory - Visual Impairment	49	2.2%
Sensory - Hearing Impairment	63	2.8%
Sensory (Multi-Sensory Impairment)	2	0.1%
General Learning Difficulties	12	0.5%
Other need categories inc Looked after	13	0.6%

*Some children are awaiting assessment or do not have a category of need recorded

There have been increases in both communication and interaction which would include those with autistic spectrum condition (ASC). There have also been increases in in the overall social, emotional and mental health (SEMH) EHCPs.

The number of children and young people with general learning difficulties are decreasing and many in this part of the cohort are in the 17-25 age group. This is an old category of need and all but a few children and young people are now in the cognition and learning category.

CHART 11



*SEMH in 2015 includes children and young people with behavioural, emotional and social difficulties which were reclassified under the Children & Families Act 2014.

7. Categories of need in detail³

8. Communication & Interaction

There are around 900 children and young people in the EHCP cohort with a primary need of communication and interaction. This group represents 2 in 5 (40%) of the entire EHCP cohort. These children and young people in the complex need category are very likely to be supported at Woodley School or out of area as described above.

8.1 Description of the condition

Children and young people with communication and interaction needs have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with communication and interaction needs is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.

8.2 Autistic Spectrum Condition (ASC)

Children and young people with ASC, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact how they relate to others.

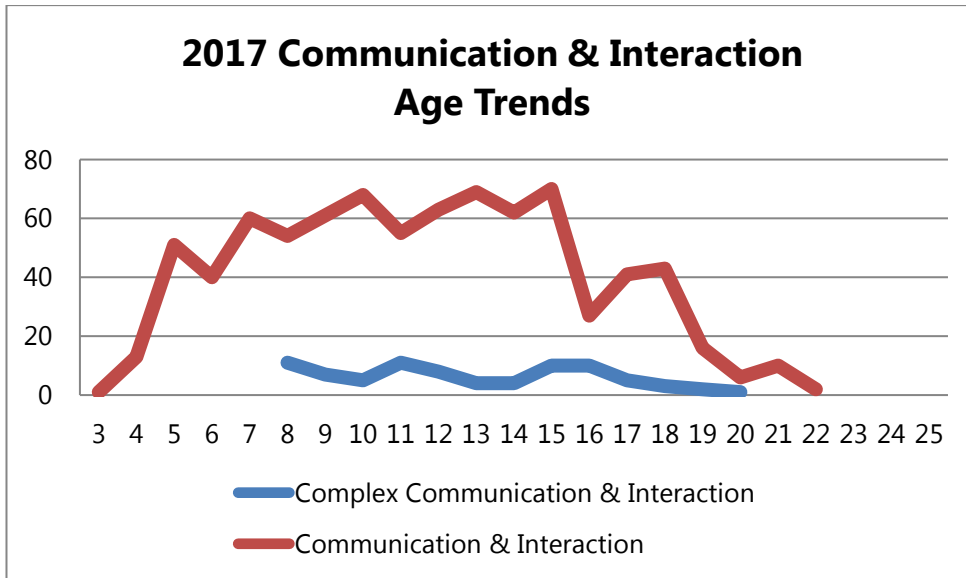
Autistic spectrum condition (ASC) is a lifelong condition characterised by impairments in three main areas: social interaction, communication and the presence of repetitive behaviours (known as the triad of impairments). The term spectrum is used due to the significant variations between individuals, including severity and presentation of the triad of impairments, differing IQ levels and general functional abilities. Autistic Disorder, Asperger Syndrome and High Functioning Autism are all types of Autistic Spectrum Condition. There is a group of children who are likely to have a condition which has yet to be diagnosed. These children are likely to have a combination of difficulties interacting with other children or adults. We are seeing increased presentations requesting a diagnosis locally.

³ Definitions taken from: Special educational needs and disability code of practice: 0 to 25 years. Department of Education. 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

8.3 Prevalence by Age

Chart 12 shows the increase in communication and interaction needs, which currently peaks in the 15 year old age group with the 10 year olds groups closely behind. There is a wide gap between complex and non-complex groups in the SEMH cohort.

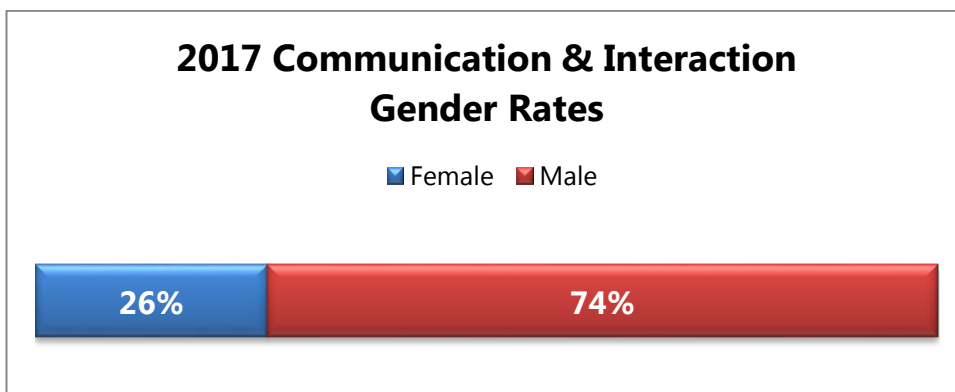
CHART 12



8.4 Prevalence by Gender

Males dominate the EHCP communication and interaction group with 3 in 4 cases being male. This has been the trend in previous years.

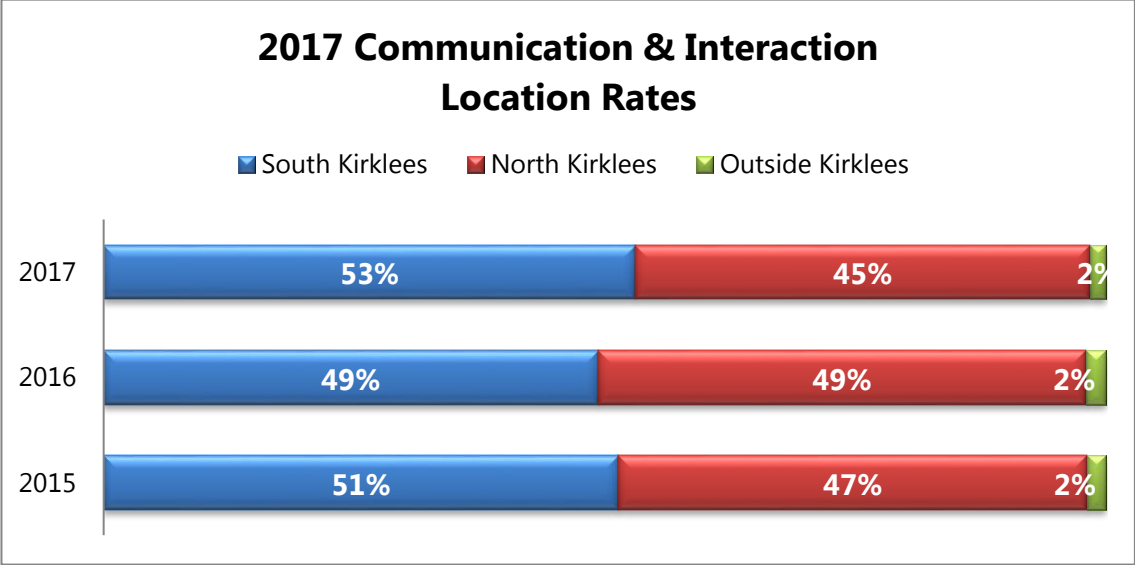
CHART 13



8.5 Prevalence by Place

There have been subtle movements where those with communication and interaction needs live in Kirklees. South Kirklees has historically had a slightly higher share of the cohort than North Kirklees but variations are very small. The proportion of the cohort supported by Kirklees but educated out of area has remained at 2%.

CHART 14



9. Cognition & Learning

There are around 583 children and young people in the EHCP cohort with a primary need of cognition and learning. This group represents 1 in 4 (26%) of the entire EHCP cohort. The children and young people in the complex need category are very likely to be supported at Ravenshall or Southgate schools or out of area as described above.

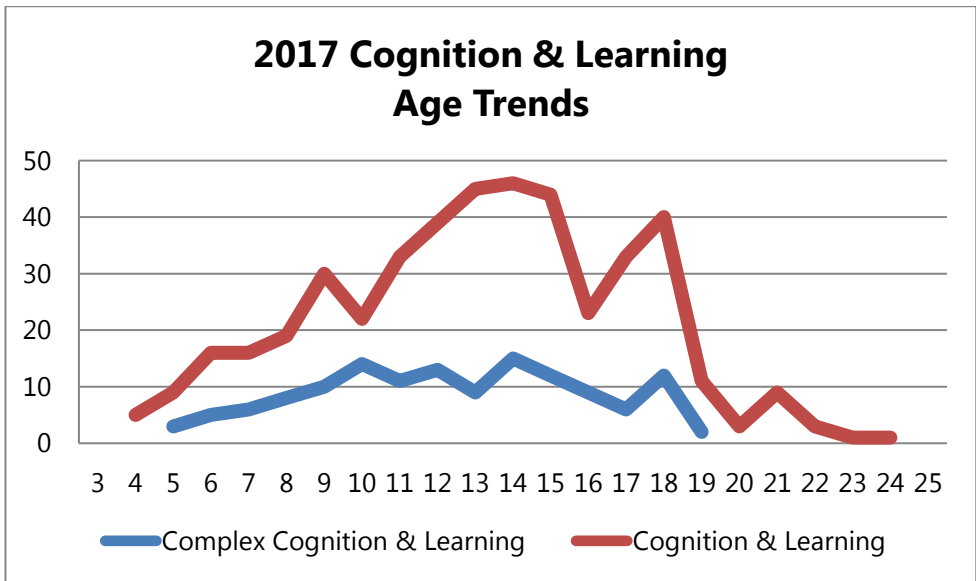
9.1 Description of the condition

Support for cognition and learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Cognition and learning covers a wide range of needs, including moderate learning difficulties (MLD) and severe learning difficulties (SLD) where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD) where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. Specific learning difficulties (SpLD) affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

9.2 Prevalence by Age

There are peaks in the complex part of the group at ages 10 and 18 with no clear picture as to why this is, but ages of 11 and 18 do typically represent a change in educational setting, such as high school or university where different learning style may bring to the fore peaks in learning disabilities being detected. The non-complex cognition & learning group grow at a faster rate and peaks in the high school years, then again at 18.

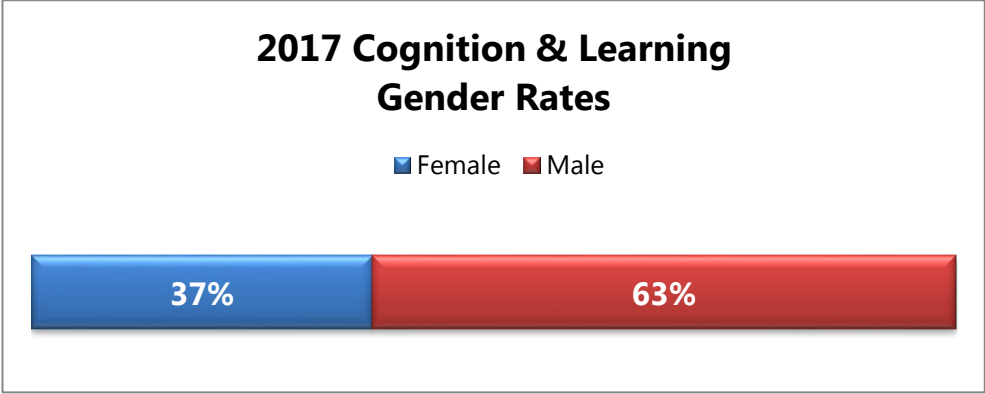
CHART 15



9.3 Prevalence by Gender

As with elsewhere in the EHCP cohort, we see increased numbers of males who represent 2 in 3 (63%) of the cognition and learning cohort.

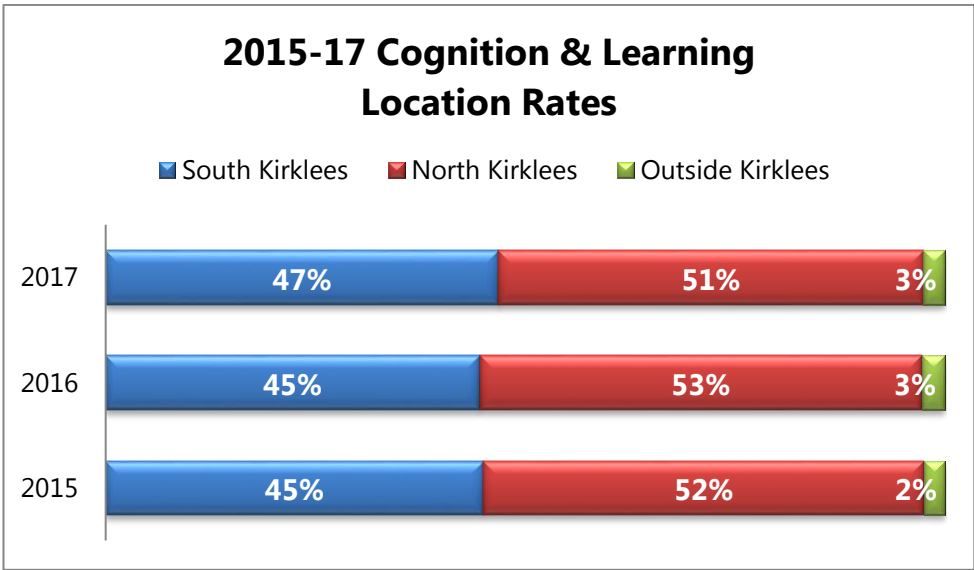
CHART 16



9.4 Prevalence by Place

North Kirklees has, and continues to have, slightly more in the cognition and learning cohort than South Kirklees.

CHART 17



10. SEMH (Social, Emotional & Mental Health)

There are around 422 children and young people in the EHCP cohort with a primary need of social, emotional & mental health. This group represents 1 in 5 (18.8%) of the entire EHCP cohort. The children and young people in the complex need category are very likely to be supported at Joseph Norton Academy, ETHOS College, in the independent sector or out of area as described above.

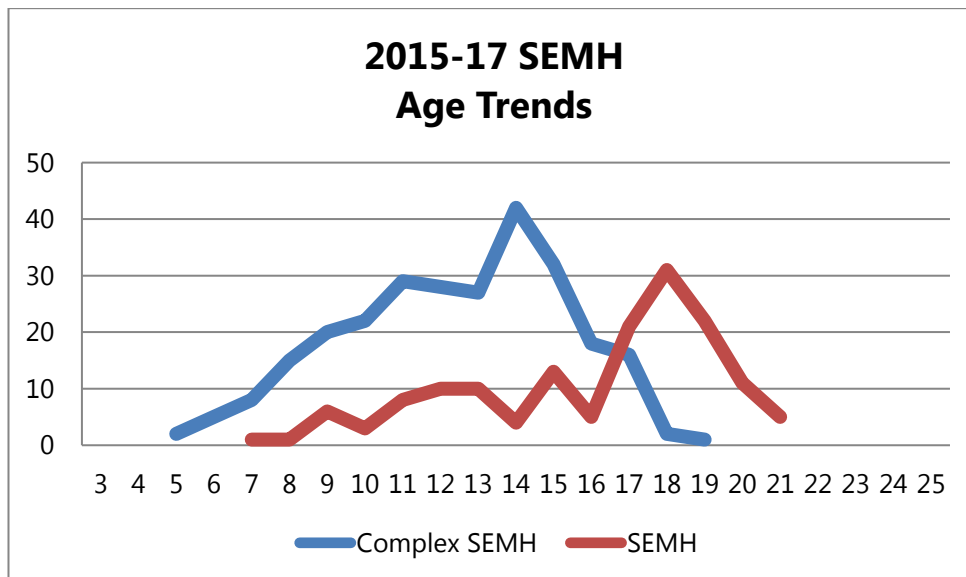
10.1 Description of the condition

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

10.2 Prevalence by Age

Social, emotional & mental health is dominated by complex cases which peak in the 14 year old age group. The non-complex cases are fewer and although there are subtle changes they don't peak until the age of 18 in the current cohort.

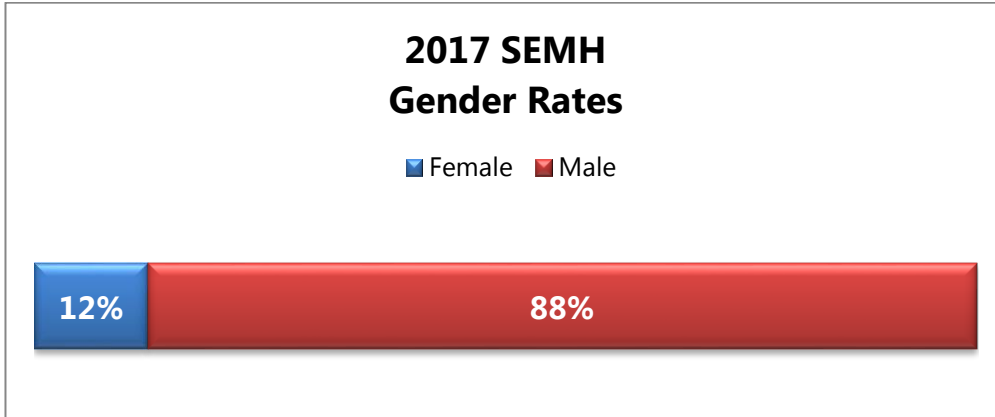
CHART 18



10.3 Prevalence by Gender

Males dominate social, emotional & mental health cases representing almost 9 in 10 of all SEMH EHCPs.

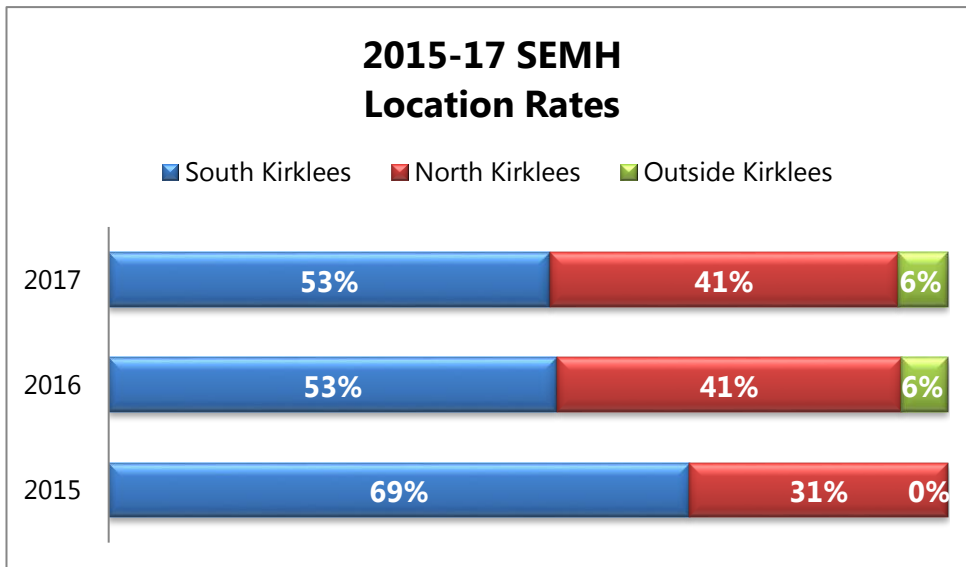
CHART 19



10.4 Prevalence by Place

The location of SEMH cases has been static over the past couple of years. Prior to that there were changes in terminology which means 2015 should be viewed as a transition year in data collection rather than a reliable trend. There are small proportions of SEMH cases that are supported outside Kirklees.

CHART 20



11. Physical & Medical Condition

There are around 191 children and young people in the EHCP cohort with a primary need relating to physical and medical issues. This group represents 1 in 12 (8.5%) of the entire EHCP cohort. The children and young people in the complex need category are very likely to be supported at Castle Hill, Fairfields or Newsome schools or out of area as described above.

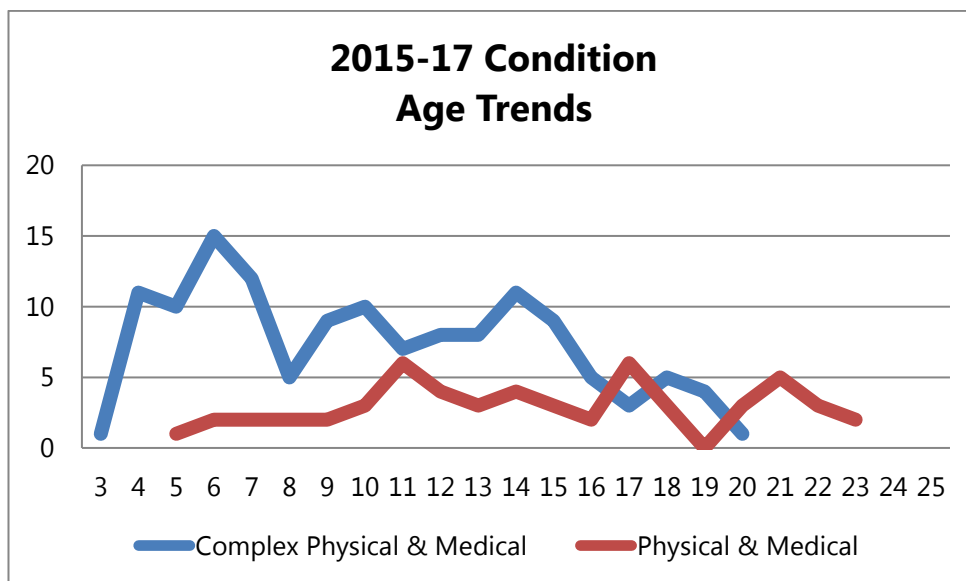
11.1 Description of the condition

There are many physical disabilities that can affect children, such as delayed walking, hearing or visual impairment. There are other conditions that may not be traditionally seen as disabilities but are chronic in nature and therefore can have an impact on the child's development in more subtle ways (e.g. through days lost at school, inability to partake fully in physical activities, the need to take medication regularly). These include asthma or diabetes for example.

11.2 Prevalence by Age

There are increased proportions of complex physical and medical cases particularly in the 5-7 and 14 year old groups. The non-complex group tend to be fewer in number and a relatively stable trend with only minor peaks at 17 and 21 years.

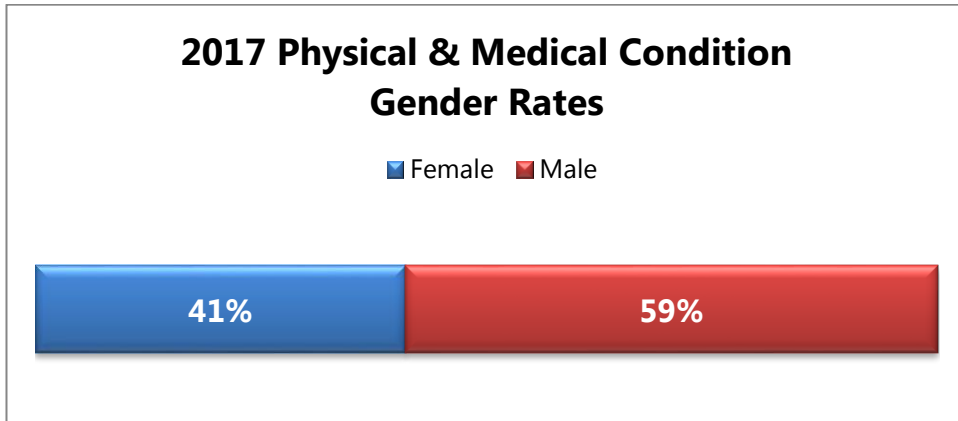
CHART 21



11.3 Prevalence by Gender

In the physical and medical need group we start to see a closer gender balance than in other conditions. The group has 2 in 5 female and 3 in 5 male with EHCPs.

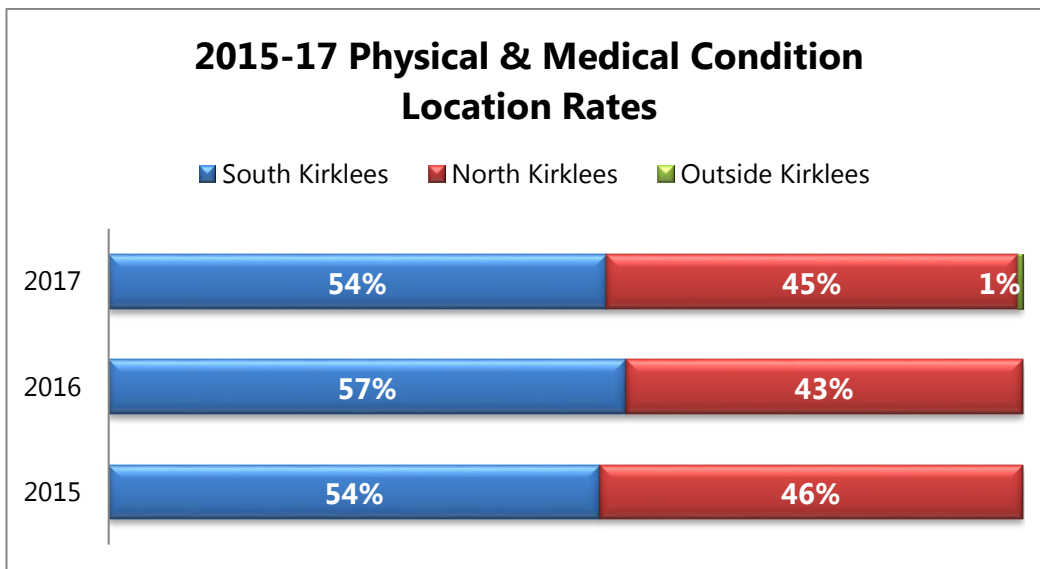
CHART 22



11.4 Prevalence by Place

We see a slightly higher proportion of the physical and medical need group living in South Kirklees. This has been the trend over the past three years.

CHART 23



12. Sensory - Visual Impairment

There are around 49 children and young people in the EHCP cohort with a primary need of visual impairment. This group represents 2.2% of the entire EHCP cohort.

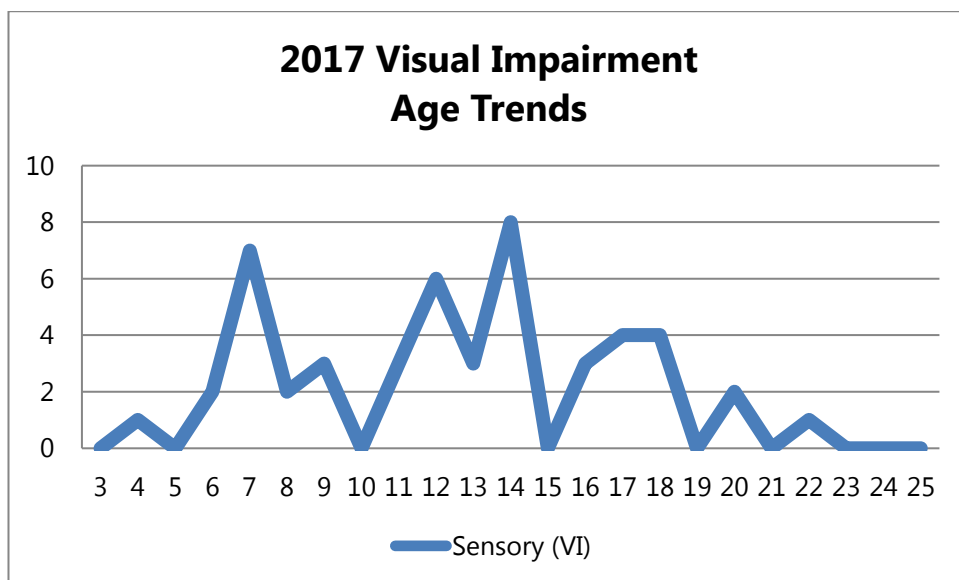
12.1 Description of the condition

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI) or hearing impairment (HI) will require specialist support and/or equipment to access their learning or rehabilitation support.

12.2 Prevalence by Age

The low volume of the visually impaired group means that caution should be exercised in drawing conclusions about age related and other trends.

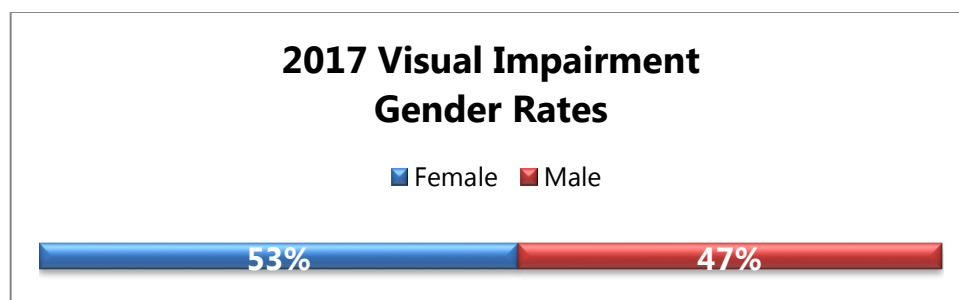
CHART 24



12.3 Prevalence by Gender

We see a closer match with the general population gender split for the first time in the EHCP cohort in the visually impaired group with females representing 1 in 2 (53%) of the group.

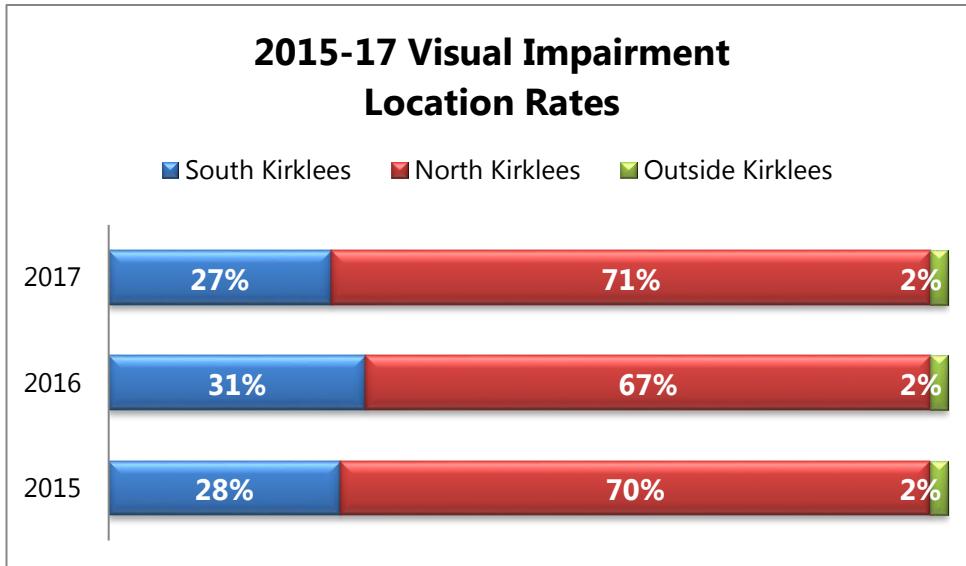
CHART 25



12.4 Prevalence by Place

Interestingly, although gender closely matches the general population the location of those with visual impairment does not. North Kirklees dominates the chart with a consistent 2 in 3 (70%) of cases. Again, a very small proportion of Kirklees Council funded children and young people are educated outside the local authority.

CHART 26



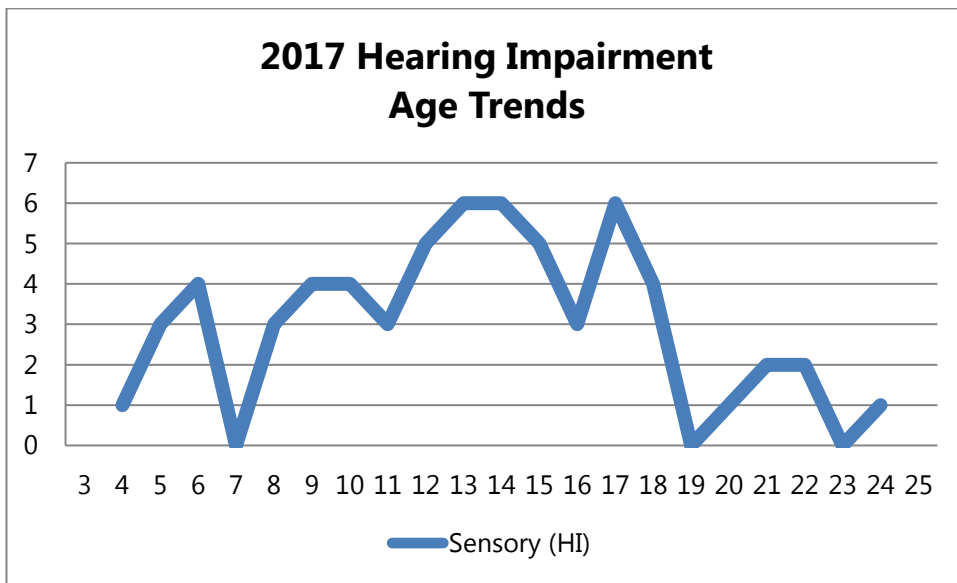
13. Sensory - Hearing Impairment

There are around 63 children and young people in the EHCP cohort with a primary need of hearing impairment. This group represents 2.8% of the entire EHCP cohort.

13.1 Prevalence by Age

The low volume of the hearing impaired group means that caution should be exercised in drawing conclusions about age related and other trends.

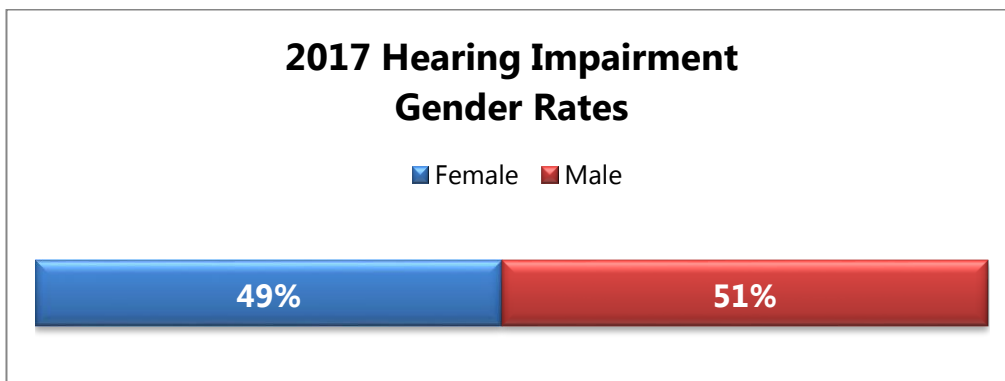
CHART 27



13.2 Prevalence by Gender

We see a closer match with the general population gender split in the EHCP cohort in the hearing impaired group with females representing 1 in 2 (49%) of the group.

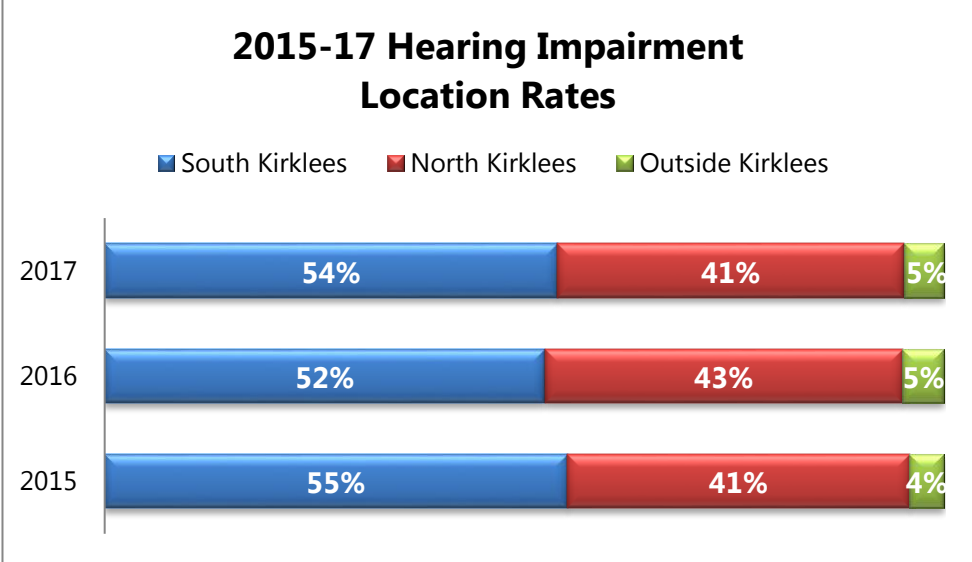
CHART 28



13.3 Prevalence by Place

Unlike visual impairment, the proportions of those with a hearing impairment in terms of location are more balanced although we do see slightly more in South Kirklees.

CHART 29



14. The high needs cohort – what might future trends look like?

There are two important factors that will influence the future shape of the local EHCP population. Firstly, we expect the general population to increase and the proportion of children and young people with an EHCP is likely to grow at least at the same rate.

The second factor affecting future projections is the advances in medical interventions. We are already seeing increases in the numbers of profoundly disabled children who previously would have not survived beyond the first few years of life. There is nothing to suggest that this trend will reduce.

When both of these factors are viewed together, we could see an increase in the general numbers of children and young people with an EHCP and an increase in the number with the most complex or profound needs.

14.1 Predicting future numbers

It is almost impossible to predict accurately what the future EHCP cohort will look like. The table below shows the variance between years in each category of need. For instance, it shows that over the past two years there has been a 26% increase in those with a complex communication and interaction need. There are also wide differences year to year. For instance, those with complex cognition & learning needs grow by 5% between 2015 and 2016 then reduce to a 0% growth between 2016 and 2017.

Condition Group	Change between 2015 and 2016	Change between 2016 and 2017	Change between 2015 and 2017
Complex Communication & Interaction	-23%	64%	26%
Communication & Interaction	4%	14%	18%
Complex Cognition & Learning	-2%	3%	2%
Cognition & Learning	5%	0%	4%
Complex SEMH	No Data	12%	No Data
SEMH	No Data	9%	No Data
Complex Physical & Medical	9%	11%	21%
Physical & Medical	-8%	27%	16%
Physical & Medical	5%	11%	17%
Sensory (VI)	-6%	-2%	-9%
Sensory (HI)	10%	-4%	6%

There have also been reductions year on year in cognition and learning and those with visual impairment. This suggests that neither growth nor decline can be accurately predicted at a condition level in the EHCP cohort.

There are some trends we can use to attempt to forecast potential future demand. Over the past 3 years there have been between 15 and 16 EHCPs per 1000 of the general 0-25 population. This means in every 1000 children and young people in Kirklees, 16 of them have an EHCP.

The Office of National Statistics⁴ future population estimates use the 16 per 1000 figure to suggest possible future demand. Chart 30 shows the predicted 0-25 population in Kirklees rising by around 0.5% per year from 145,900 now to around 152,200 in 2028 which is an increase of 6,800.

CHART 30

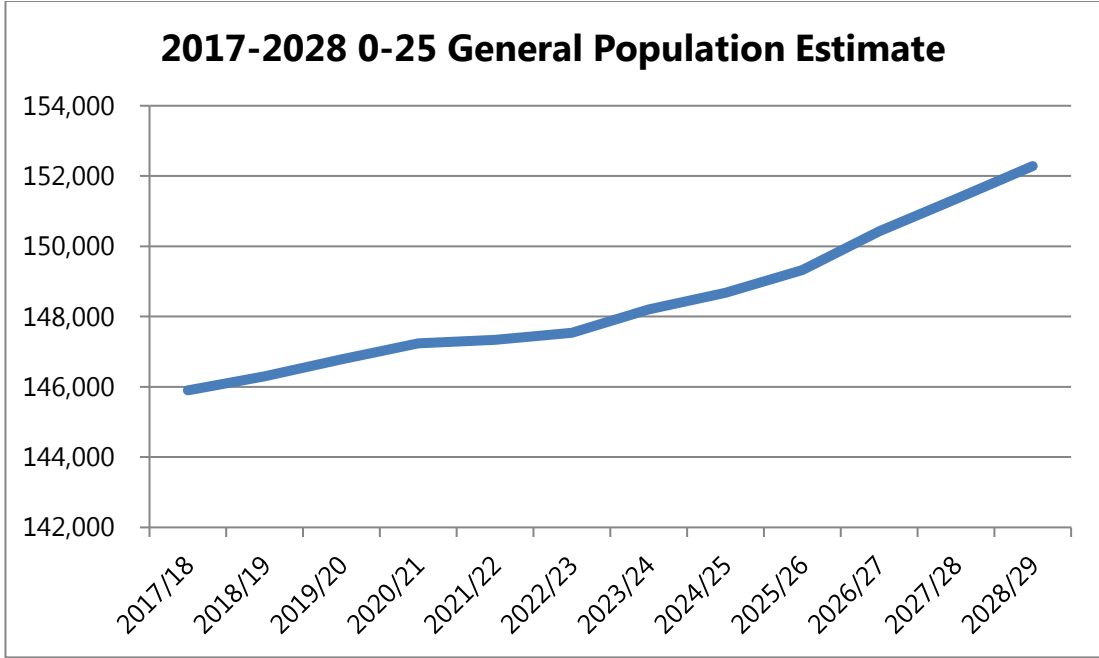
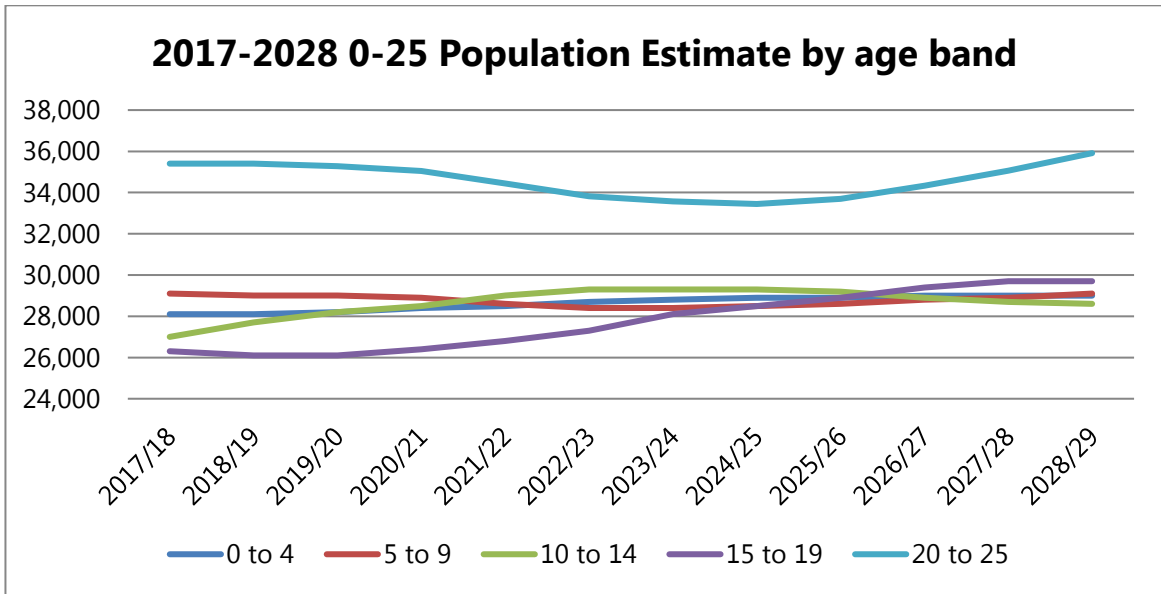


Chart 31 shows changes in population by broad age band rather than the entire 0-25 cohort. Over the next decade we can see a slight dip in the 20-25 groups and then an increase towards 2028.

There is a slight growth in the 10-14 age groups, but the largest increase is expected in 15-19 age groups which grow from around 26,000 now to around 29,000 in 2028.

CHART 31



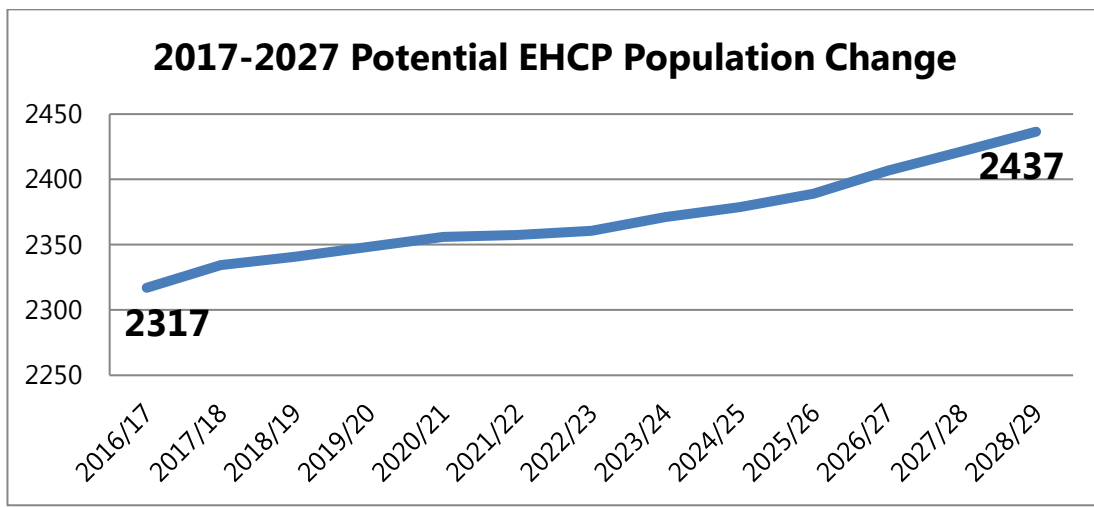
⁴ ONS Population Projections 2016: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections>

14.2 What does this mean for the EHCP Cohort?

It is important to note that EHCP presentations in the past three years have fluctuated enormously, rising by 31 between 2015 and 2016 and 192 between 2016 and 2017. It is this vast difference in presentation trends that means any estimates are only a potential, based on nothing but the rate of general population growth.

However, using the 16 per 1000 ratio, we can suggest what trends over the next decade may potentially look like. Chart 32 is one possible option for the shape of the EHCP population moving forward.

CHART 32



As described above we cannot say exactly what the likely shape of the EHCP cohort will be. The number of factors outside general population growth makes it extremely difficult to say what year on year numbers may be and forecasting into the future would be risky.

15. What other significant factors affect the EHCP Cohort?

15.1 Infant mortality and disability⁵

The main reasons for infant deaths locally were prematurity and congenital abnormalities accounting for 73% of deaths. Given the level of prematurity in white babies, it is not surprising that this was their main cause (43%) then congenital abnormality (25%). Conversely, congenital abnormalities were the main cause of death for Pakistani babies (52%) followed by prematurity (25%). Consanguinity remains an issue within the Pakistani population locally. Clinical advances have meant a greater number of these babies are living beyond their first year, however a proportion of children are growing up with disabilities and conditions relating to prematurity and congenital abnormalities.

A Special note on: **Children with life-limiting conditions**

Life-limiting conditions are those for which there is no reasonable hope of cure and from which children will die, either during childhood or in early adulthood. Having such a condition brings with it medical and emotional complications which add to the burden of disability and ill health. Many life-limited children are also disabled. Life-limited children and their families have additional needs. The biggest 'killers' (but each accounting for less than 25% of deaths) are cancer, perinatal conditions and congenital abnormalities, conditions relating to the nervous and muscular-skeletal systems and organ failure.

15.2 Continuing Health Care Interventions

There are around 30 children and young people supported by Continuing Health Care provision. They are equally split between North and South Kirklees, although there have been small variances between the areas in previous years.

Half of these children require either mechanical or non-invasive ventilation support, which tends to be in educational settings from health professionals.

A recent review of the local special school population highlighted that around 1 in 10 (69 children) of the special school population require a wheelchair. Of these children, a third of them required specialist moulded wheelchairs.

Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Around 4% of the local special school population are PEG fed.

There is a developing range of assistive technology that is available and designed for the particular needs of the EHCP population. Technology will play an increasingly important role in providing care and support. While technologies that assist in health and social care could be significant contributors to the growth in expenditures in the short term, they could potentially reduce costs significantly in

⁵ Kirklees JSNA Children dying before their first birthday

the medium and long term. Over recent years we have seen the costs of previously expensive technology coming down in price. We expect this to be a growth area, particularly for people who have grown up with technology.

15.3 Contenance

Issues around continence affect a number of children. Disabled children are much more likely than others to have continence problems, affecting around 1 in 5 disabled children. This was more likely for those with more profound needs where double incontinence was an issue for 1 in 4 children.

15.4 Feeding and dental hygiene

Children with neuromuscular conditions can find it difficult to chew and swallow food. Children with learning disability or autism spectrum conditions (ASCs) can have difficulties that may relate to overeating, undereating or being very selective about what they will eat.

Children with learning disabilities or ASC can find dental check-ups frightening and some struggle to tolerate treatment. Children with a physical disability can find it difficult to brush their teeth or access a dental surgery. Children with certain genetic conditions are more prone to misaligned or differently positioned teeth and are also likely to have additional dental hygiene needs.

15.5 Free school meal eligibility

Nationally, pupils with Social, Emotional and Mental Health as their primary type of need are more likely to be eligible for free school meals than pupils with other primary type of need. 2 in 5 (42%) of pupils with an EHCP with this type of need were eligible for free school meals.⁶

15.6 Housing

The housing needs of disabled children affect the whole family. Issues around difficult stairs, lack of space or downstairs facilities and cold or damp are most common.⁷ Locally, 2 in 5 (44%) of carers tell us that their home is too small for them, 1 in 3 (39%) felt their home was in need of repair and 1 in 4 (22%) felt their home was unsuitable for their mobility needs or the needs of people in the household.⁸ As children grow up, particularly those with mobility problems, there are additional requirements such as movement and handling equipment and it is not uncommon for hoists and other specialist equipment being required for older children who are not ambulant.

For more information please see the KJSA section - [Children with Special Educational Needs or Disabilities \(SEND\)](#)

⁶ Department of Education. Schools, pupils and their characteristics: January 2016 [Internet]. 2016 [cited 2016 Sep 30]. Available from: <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2016>

⁷ Beresford B. The needs of disabled children and their families. [Internet]. Social Care Research. 1996. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23122443>

⁸ Kirklees Council, NHS Greater Huddersfield CCG, NHS North Kirklees CCG. Current Living in Kirklees Survey. 2016.

High Level SEN Support Profile supported by specialist learning services (Early Years SEN, Access Fund, Pupil Referral Service and Specialist Provision).

High level SEN Support refers to that cohort of children and young people with complex needs who do not have an EHC Plan but who are either at a level just below the EHCP threshold, in the process of an EHC needs assessment being requested or are likely to enter the assessment process for EHCP at some point during their education journey in the absence of intensive support.

There has been an increase in demand for support for very young children with SEND as well as those with social, emotional and mental health needs (SEMH) and communication and interaction needs (C&I) at the higher level of complex of the SEN Support stage of the SEND Code of Practice 2014. The following information therefore covers the following areas particularly affected by these increased demands:

1. Early Years SEN team – pre-school
2. Access Fund – pre-school
3. Pupil Referral Service (SEMH) – school aged
4. Specialist provision (Communication & Interaction) – school aged

1. Early Years SEN

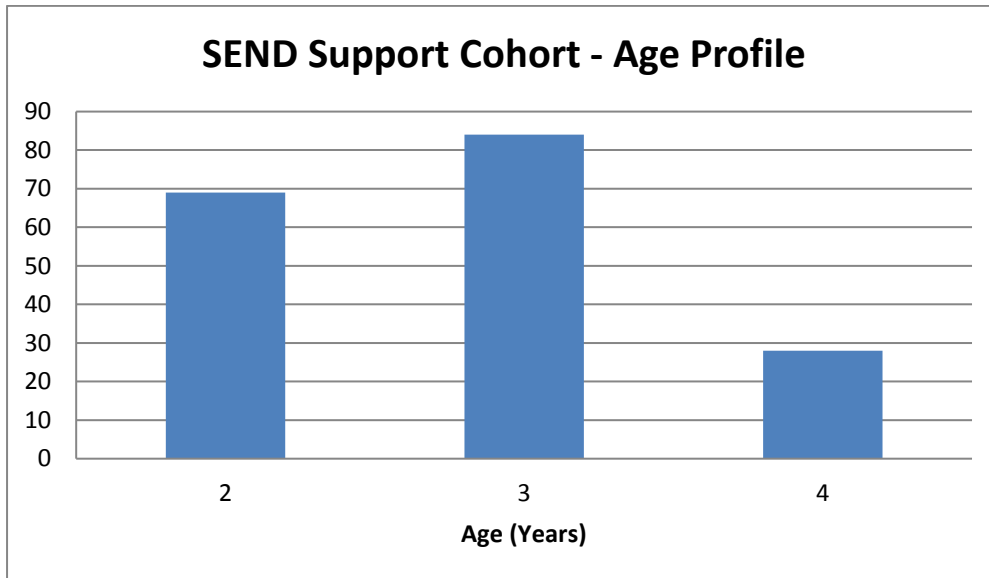
The Early Years SEN team provide specialist support to young children attending early years settings (private, voluntary, independent and maintained) as well as to very young children with complex needs who are not yet in a setting (Portage). Referrals to this team are rising with a 40% increase seen over the last term in comparison to the previous year. A growing number of referrals are for young children with complex communication and interaction needs (C&I).

2. Access Fund

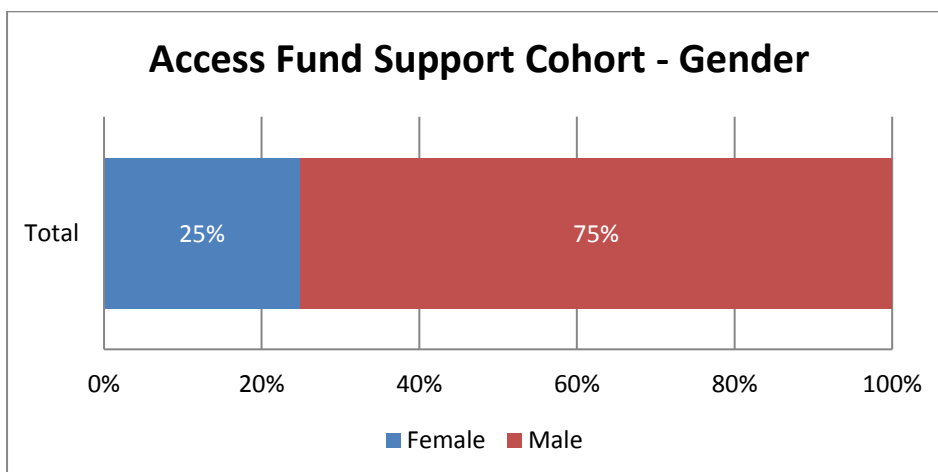
Access Fund is available to private, voluntary and independent early years settings and provides additionality for those young children identified with the most complex needs. This typically takes the form of additional adult support. Demand on this fund has increased significantly over the past 4 years affected by an increase in levels of complexity of needs, an increase in children taking up places and more recently, the extension of free childcare from

15-30 hours for working parents. From April 2017, the government increased the expectation of local authorities to ensure additional funding for 3&4 year olds in the maintained sector. The additional budget required for this is expected to be agreed as an outcome from the High Needs Review.

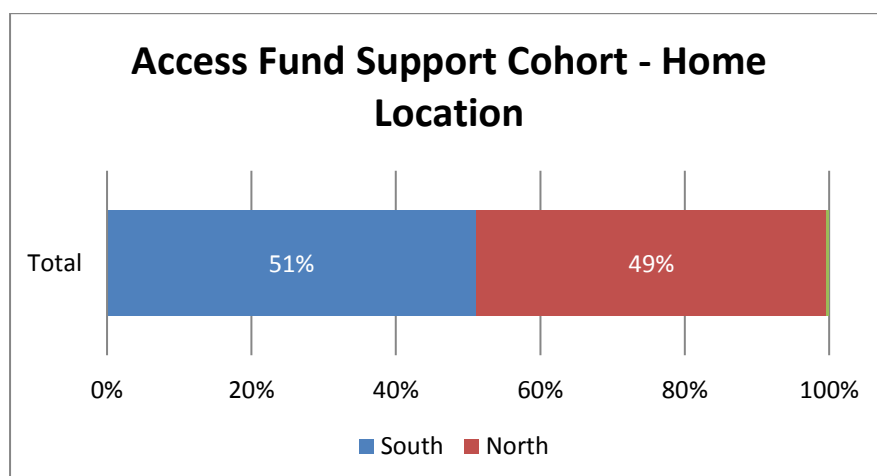
AGE



GENDER



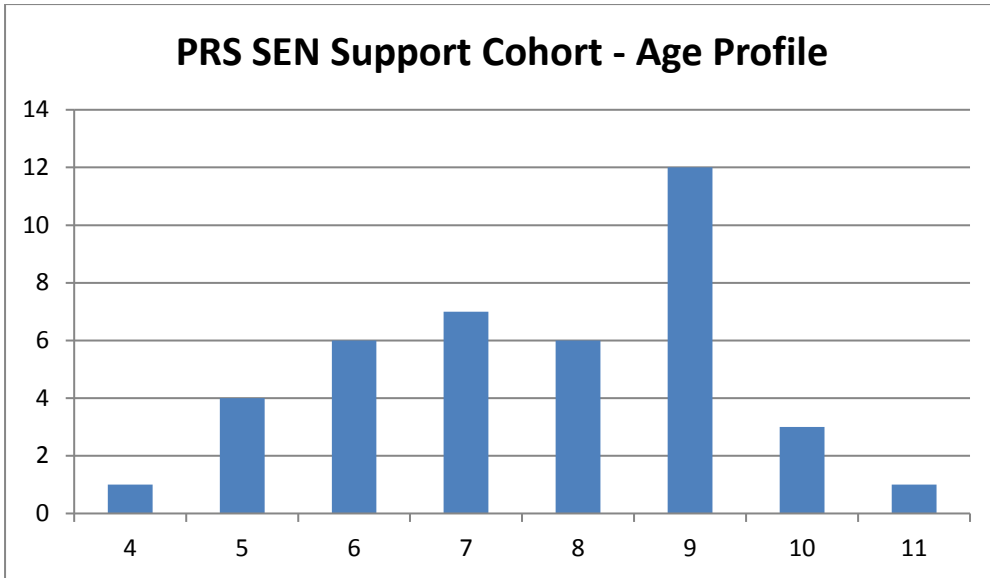
HOME LOCATION



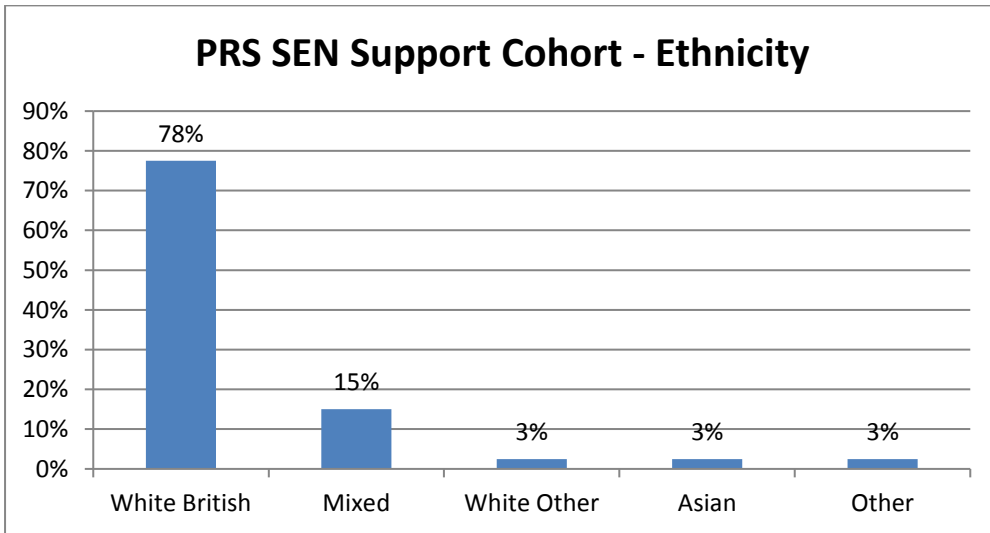
3. Pupil Referral Service

The Pupil Referral Service provides support via outreach to mainstream schools as well as providing placements through Pupil Referral Units (PRUs). A PRU is a centre commissioned by a local authority which is specifically organised to provide education for children who are excluded, sick, or otherwise unable to attend a mainstream or special maintained school. The LA has a duty under section 19 of the Education Act 1996 to provide suitable education for children of compulsory school age who cannot attend school. Placing pupils in PRUs is just one of the ways in which local authorities can ensure that they can comply with this duty. The majority of children and young people accessing support have complex SEMH needs. Whilst a small number of children and young people with an EHCP access this support, it is predominantly targeted towards those at the higher level of SEN Support stage and the figures below reflect this population.

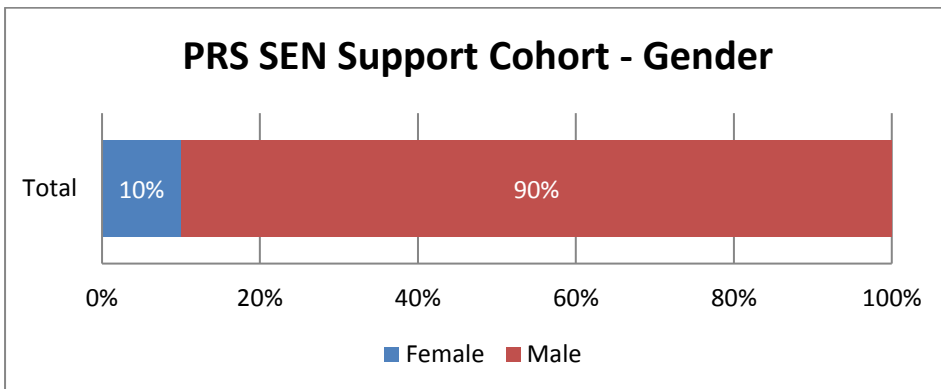
AGE



ETHNICITY

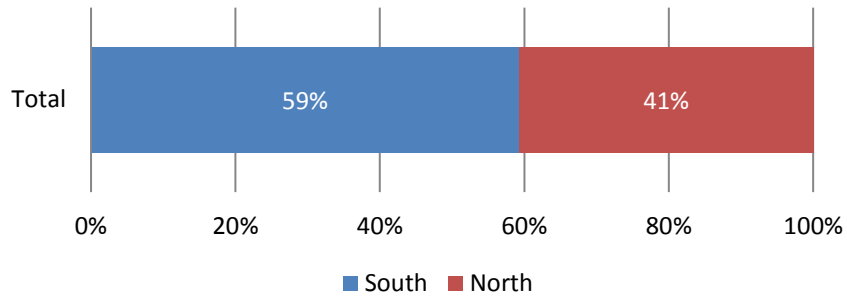


GENDER



HOME LOCATION

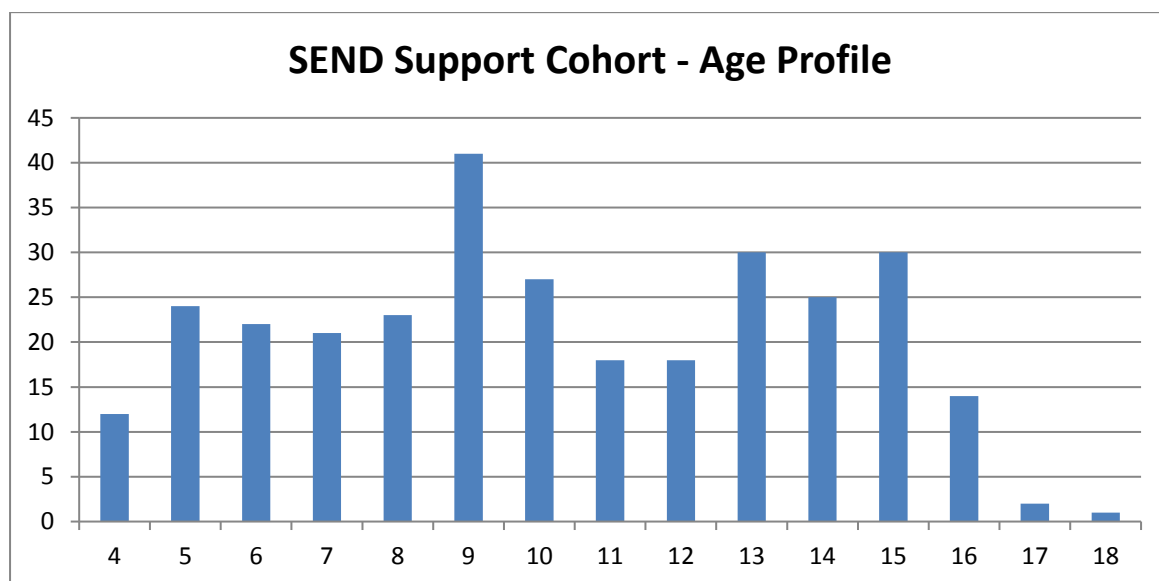
PRS SEN Support Cohort - Home Location



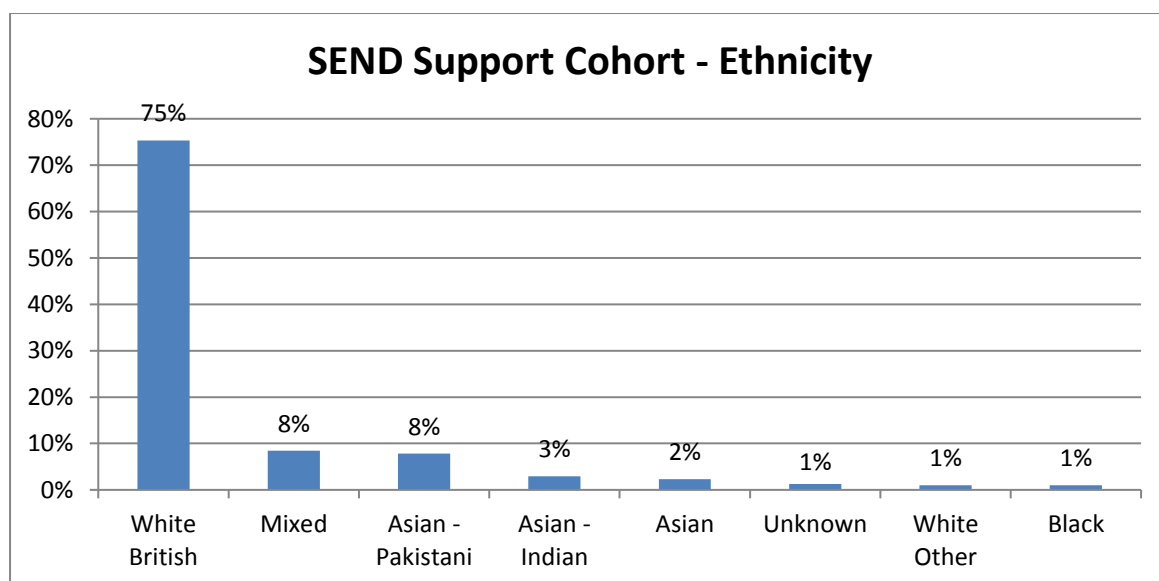
4. Specialist Provision

There are a number of mainstreams schools in Kirklees which have additional capacity and expertise which provide support to children and young people with complex SEND. Such schools provide placements for children and young people with an EHCP, as well as outreach support at both the EHCP and higher level SEN Support. For those with communication and interaction needs (C&I), the school based support is enhanced further through additional outreach capacity from a central team. The data below relates specifically to those high level SEN Support C&I cases where outreach support is being delivered.

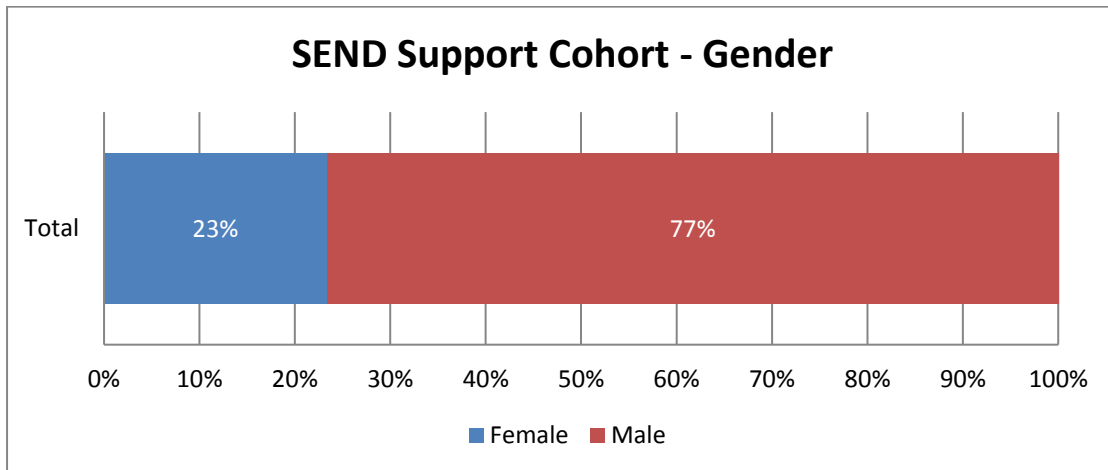
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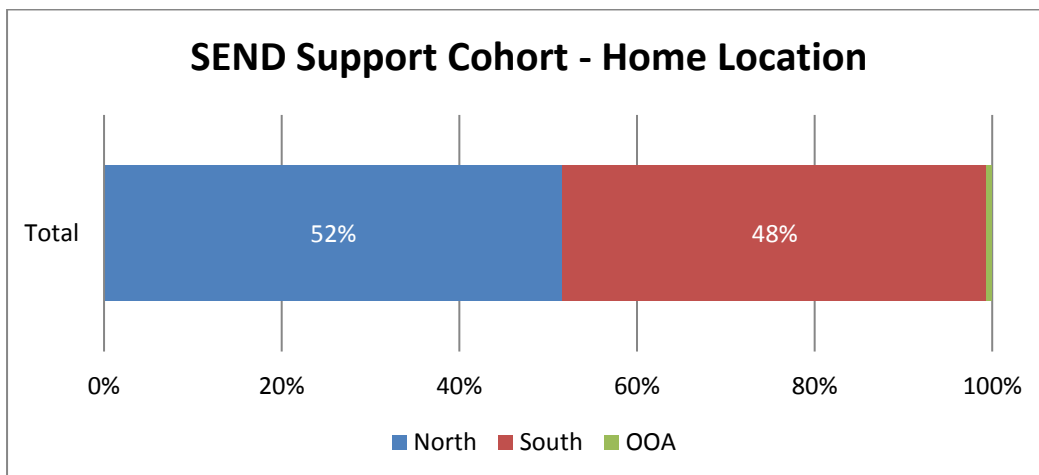
ETHNICITY



GENDER



HOME LOCATION





Support for children and young people with Special Educational Needs (SEN)

WE WANT TO HEAR YOUR VIEWS!

All councils have to look at and review the ways they support children and young people with special educational needs (SEN) in early years' settings, schools and colleges. This will help them plan how they will do this in the future.

In Kirklees we have a clear vision for our children and young people with special educational needs:

Our vision for children and young people with special educational needs and disabilities (SEND) is the same for all children and young people - that they achieve well in their early years, at school and in college and lead happy and fulfilled lives.

We want our review to help us with achieving our vision. We want to make sure that children and young people get the support they require to meet their special educational needs. In order to help us with this, we are asking a range of people including parents and carers, children and young people, head teachers, school governors, heads of colleges and early years providers for their views about the support we currently provide in early years settings, schools and colleges for children and young people with SEN.

As well as gathering everyone's views, we are also looking at our data to help us with our planning for the future, for example, looking at where we may have increases in special educational needs, what differences there are across different areas in Kirklees or within different age groups etc.

The information we get will help us write a plan to show how we will support learning and development for children and young people with SEN in the future. The plan will cover special educational provision from early years to post 16. It will show how we will make sure that our SEN provision is suitable to meet changing needs and how we will address any gaps in provision that we find in the review. The plan will be published by 31 March 2018.

Public consultation events

Please see dates and venues below and come and have your say! There will be professionals from the council to talk to and a questionnaire available that you can fill in to give us your views. You will also be able to complete the questionnaire on-line if you prefer at <http://www.kirklees.gov.uk/highneeds>

The Methodist Mission, 3-13 Lord Street, Huddersfield HD1 1QA
Friday 24 November from 10 – 12noon

Northorpe Hall, 53 Northorpe Lane, Mirfield WF14 0QL
Thursday 30 November from 12.30 – 2.30pm

Textile Centre, Red Doles Lane, Huddersfield HD2 1YF
Wednesday 6 December from 7 – 9pm

Al-Hikmah Centre, 28 Track Road, Batley WF17 7AA
Tuesday 12 December from 7 – 9pm

High Needs Strategic Review 2017-18 - Briefing Paper

All Local Authorities must carry out a high quality collaborative review of their high needs provision to evaluate current provision for children and young people in Kirklees with complex Special Educational Needs and/or Disability (SEND).

Information gathered during the review will lead to development of a strategic plan which will identify gaps in current provision and determine how potential future funding could best be used to improve the sustainable specialist provision on offer in Kirklees.



The review will involve collaborative work with neighbouring authorities and consultation with children and young people with SEND, their parent/carers, providers and partners across early years, schools and Post 16 settings to co-produce the plan.

We will work with key partners including leaders and governing bodies of LA maintained schools, academies, Free Schools, non-maintained and independent special schools and special post 16 providers, FE Colleges and sixth form colleges in the area, and those attended by young people from the area. We will also include providers of relevant early education and any other agency that makes special educational provision for children or young people for whom the LA is responsible.

We will take into account current legislation and any changes to government policy when planning for this review e.g. Early Years National Funding Formula, The Children and Families Act and the ensuing increase in requests for statutory assessment for an EHCP; proposed changes to the delivery of home to school transport; the differences in funding pre and post 16, and the guidance to fund 650 hours for all at post 16.

The Scope of the Review

The review will focus on these main areas:

- The range of SEND data, including recent trends and likely changes in the future e.g. due to demographic change
- The effectiveness of the current pattern of specialist provision in meeting needs, including feedback from parents and young people
- Evidence of the effectiveness of current specialist provision in preparing children and young people for adult life, particularly employment and/or higher education, independent living, participation in society, being as healthy as possible
- Involvement of other agencies in specialist provision and how they contribute to its overall quality
- The range of SEND that would generally be met by mainstream providers and the way in which these institutions access the specialist training and workforce development they need
- The range of SEND that would generally be met by specialist providers
- The range of SEND that would generally be met by highly specialised providers.

High Needs Strategic Plan

Our strategic plan **must** be published by March 31st 2018 and must cover all special education provision from Early Years to post 16, including mainstream and special schools.

The plan must show how we will ensure that our SEND provision is suitable to meet changing needs and how we will address any gaps in provision identified by the review. It will outline how we will allocate resources to deliver this provision and ensure sustainability within future high needs funding allocations.

We will show how provision will be made in a way that works for parents and young people and that we demonstrate transparency and accountability.

Outcomes

Information gathered during this review will inform many aspects of service provision and delivery. Firstly, it will identify gaps in our current provision for children and young people with complex SEND so that we know how well our provision is improving outcomes for children and young people. This will help us determine where specialist provision is best needed and how it should be delivered.

The review will result in an effective use of resource in special schools and other specialist settings and will encourage more effective collaboration between LAs in delivering SEND services and provision. Partnership working may provide opportunity for pooling resources to develop provision which can support a wider area and may be across borders if that is deemed appropriate and better value for money.

The High Needs review team has developed an action plan to define tasks and monitor progress, with further supporting evidence trails, and will report regularly to the SEND Children's Strategy Group and the Place Planning and Admissions Group.

There will be a series of briefings and consultations between now and December 2017. Updates for schools and settings will be delivered through various meetings and networks. Information for parent/carers and the public will be promoted through the council's communication channels and specific events.

Mandy Cameron/Martin Wilby
September 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SEPT 2017	4 ICG	5	6	7	8 Elected Members	9
10	11	12 DMT	13 Extended LSLT	14	15 <i>HT packs</i>	16
17	18 School Re-org	19 SEND CSG	20	21	22	23
24	25	26 KSSHL / DMT	27	28	29	30
OCT 2017	2	3 Learning & Prog. Board EY SencoNet	4	5	6	7
8	9	10 Post 16 Special schools PRUs	11	12	13	14
15	16 Governors Briefing	17 SencoNet	18 Specialist provision Childminders / Out of school clubs	19	20	21
	Governors	SEN Govs School Sencos				
22	23	24	25	26	27	28
29	30	31				

NOV 2017			1	2	3	4
5	6	7	8	9 KPH	10 NEXUS	11
12	13	14	15	16	17 Schools Forum	18
19	20 KSHH	21 KIAS	22 BJ House / Pivot/ Employability Sol	23	24 PUBLIC CONS	25
26	27	28 KSSH PCAN CONS	29	30 PUBLIC CONS	1 DEC PCAN CONS	6 DEC PUBLIC CONS
		Parents			Parents	12 DEC PUBLIC CONS

Consultations promoted through local press and media

BBC Leeds
BBC Online
Brighouse Echo
The Business Desk
Calendar News
Dewsbury Press
Dewsbury Reporter
Huddersfield Examiner
Guzelian Photographic Agency
Holme Valley Review
Urban Echo
Inrix Media North
Telegraph and Argus
Kirklees Local TV
LGC news @emap.com
Little Feet Magazine
Look North
Radio Leeds
Media Office @local.gov.uk
Yorkshire Post
Paigaam
Peak Features
PI Magazine (Asian Muslim monthly)
Pulse FM
Radio Aire
Real Radio
S5Observer
Times Ed
West Yorkshire PCC
YEP
Yorkshire Standard
YP political reporter
Kirklees Together Online
Kirklees Facebook Account
Kirklees Twitter Account

**Come and
have your say**



**We want to
hear from you**

Kirklees Council is looking at the ways we support children and young people with special educational needs.

Does your child go to a special school? Or have specialist support?

We want to hear what you think about these services.

How to get involved

1. Complete the online questionnaire

Complete the questionnaire quickly and easily on your computer, mobile or tablet at:

www.kirklees.gov.uk/highneeds

The questionnaire is confidential and should take no more than 10 minutes to complete.



2. Come along to a drop-in session

**Methodist Mission, Huddersfield HD1 1QA
Friday 24 November 10am - noon**

**Northorpe Hall, Mirfield WF14 0QL
Thursday 30 November 12.30pm - 2.30pm**

**Textile Centre, Huddersfield HD2 1YF
Wednesday 6 December 7pm - 9pm**

**Al Hikmah Centre, Batley WF17 7AA
Tuesday 12 December 7pm - 9pm**

No decisions will be made until the consultation has ended and all comments have been considered by councillors.

Verbatim report of consultation responsesResponses from Kirklees Primary Heads / Kirklees High School Heads**As leaders of your schools, what are the challenges of meeting the needs of all your pupils?**

- Resources and staffing; top up funding does not cover the provisions outlined in the EHCs; different paperwork and expectations from different authorities; also admission numbers of students with EHCs from different authorities to be taken into account when places are allocated.
- INFANTS PHASE: Ongoing issues with children entering reception with significant SEND with no consideration from other professionals as to how the child will cope with the demands of full time education. Children come into the setting with no support plans or involvement from external agencies. School then have to start the process of gaining the right support for the children which takes a great deal of time. This often leads to situations where children with quite complex needs, who have come through the normal schools admissions policies from the LA, are not able to access the right amount of support. This leads to a very negative start to their education and school experience and can often impact on the smooth transition of a child into their cohort. These children can be in a school setting for a considerable period of time before the correct assessments can take place and assessments of need are carried out. This time can often impact on their progress, achievement and social and emotional development. Ongoing issues on the length of time and the difficulties in gaining children EHCP assessments – waiting times for referrals for support and guidance. Many children in school with complex needs without the support they need to be successful and this then having a negative impact on other children's learning as well as their own.

JUNIOR PHASE: Responded separately

SECONDARY PHASE: Ongoing issues with young people starting school in Year 7 with clearly complex needs and little in place from the junior school settings; a lack of a consistent approach in schools across the LA. Young people arrive with little information and no formal assessment routes identified, inclusive of outreach, My Support Plans, EHCP assessments, EP support; whilst this is not in all cases, it is very much the norm. Students arrive in Year 7 with no identified support and find the already challenging transition to secondary school even more difficult. This can, and has led to students becoming disengaged and unable to then access the demands of the school environment. We then have to start the processes of the documenting issues and concerns alongside implementing all relevant support plans to start to track a young person's challenges, further delaying the assessment period. There has been some delay in response from SENACT with regards to updated documents (such as EHCP / students transition to another school / setting) which has caused not only school significant challenges in supporting the young person, but equally leads to period of instability for the young person.

Moving students to alternative provision through SENACT has become beyond challenging. Whilst as a school we can appreciate that settings may be full, thus not able to take any more students, it is no longer manageable from a school perspective when it has been made clear through EHCP reviewed that a school can no longer meet a young person's needs. The movement for a young person, with identified complex needs has surely to be managed in a prompt and timely fashion, even more so when these cases tend to only arise when all other strategies and support plans have severely broken down in a school. We have had an ongoing issue with a young person for over 9 months

who continues to not be in a suitable provision, but also further disengaging with education and causing further distress to the young person and the wider family. On a more positive note, from a secondary perspective, we have benefited from a lot of support from the outreach teams who have been excellent and worked tirelessly with us to support a range of complex additional needs. We have worked with a range of staff from the outreach provisions, mainly ASD, HI and SALT services.

- Funding – less money in our base budget; amount of paperwork and time required for inclusion leaders; amount of time to get support – paperwork / panels; ICAFs for SEMH without support and as a way to ‘get around’ exclusions / behaviour needs; dealing with increased needs, more diverse needs within a mainstream.
- Very high levels of pupils with SEND (double national) - finding the funding and suitable personnel to provide the necessary levels of support; high mobility – parents of pupils with SEND actively choosing to send pupils to ██████ putting further pressure on a very overstretched system; support available for pupils with SEND (and SEND with behaviour) is very limited – sometimes non-existent; outreach support very limited; MSPs very onerous and time consuming; EHC requests turned down (or lost) on very unreasonable grounds e.g. request a SPR for a pupil with **no** behaviour issues – this really delays support that a child and school deserves.
- Extensive – far too lengthy paperwork; funding; specialist provision; expertise and resources of PVI sector – not addressing significant needs of SEND children; impact of children with significant needs on education of other children.
- The main challenge is the lack of resources and expertise of staff. Admitting children with significant needs to a mainstream school without EHC or funding puts a tremendous strain on resources and there are not enough ETAs to support 1:1 without disadvantaging the other 29 children in class.

Outreach support is valuable, but often they only see a snap shot of the behaviours that school have to deal with on a daily (sometimes hourly) basis.

Sometimes the advice given by EPs or other agencies is not possible or realistic in a mainstream school which is very short of space (separate work stations, break out space, chill out or sensory rooms).

Another challenge is the expectations of the curriculum, children with SEN in mainstream provision need a highly personalised curriculum which is often based more on life skills than the year group curriculum. However, they are still counted on the data which the school is judged against.

As a school we are complimented on the provision for SEN pupils and as such we are becoming the school of choice for families of children with significant needs. This obviously impacts on our budget as we have to provide element one expenditure before we can apply for funding, which even at Band A does not cover the salary of an ETA.

- The volume of resources/specialist skills to meet the needs of individual children is too great and the amount of specialist support for advice is severely limited. We have used significant portions of the school budget to supplement the SEND budget allocation which is simply not reflective of needs presented and provision expected by the LA and parents.
- The funding does not always match the level of support needed by the child. I don't always feel satisfied that the child is getting enough support – because of funding for adults.
- Not got adequate resources/space for the wide needs of all the pupils. Funding not enough to support the pupils and their needs. Staff not got the relevant expertise. MASSIVE increase in school being named on EHCP.
- Children with increasing significant needs without adequate funding and the length of time it takes to get to EHCP in order to provide support required. Staff unable to meet

the needs of all children in their class due to disruptive nature of some pupils with SEND. Increasing number of pupils with SEMH difficulties.

- Extreme needs children in mainstream take resources from the provision for other children. Child's needs v's safety/wellbeing for staff. Practical – space/time to provide what is needed. Specialist help available when needed. However, problems with contradicting advice cause's loss of confidence.
- Poor/slow access to external service, particularly to access support for children with behaviour, social and emotional concerns. Limited funding – high cost of providing full time support required for some children with EHCPs compared to top up funding received.
- Finance – never enough money to provide for all needs without taking away from non-SEN children. Access to timely, appropriate support for children.
- We are a [REDACTED] with 5 places – apparently only 2 places taken by RP children but there are several children we have that should be RP and require some RP provision but they are not in a RP place – staffing.
- There are a growing number of children with complex and significant needs entering school without the support they need. We are constantly juggling resources, particularly staffing to try and support these children. This means that the rest of the children, who need lower level support miss out.
- The challenge is being able to support all pupils with SEND with ever decreasing budgets. The notional SEN budget is just that 'notional' and means that resources are very thinly spread. Very often staff are finding that the ever-increasing demands of the curriculum are making it even more challenging to support pupils with high needs. It becomes a difficult balancing act of trying to support the cognitive and learning needs of pupils (improving accessing to the curriculum) and meet additional crucial needs; social, emotional and physical. Often a high proportion of a SENDCOs time is spent on paperwork in order to achieve appropriate outcomes and there is little time to spend practically supporting colleagues within the classroom or to release staff to up-skill them or to support pupils with particular needs. An additional challenge is ensuring that all staff have access to high quality, effective training specific to pupils with high needs.
- It is very difficult to plan budgets using the notional £6000 when you do not know how many children will be arriving in your setting with SEND in September. Also, some needs arise mid-way through the year when budgets have already been set.
- High nos of pupils with significant SEB difficulties that require intensive level of adult support to keep them safe and ensure they make academic progress. The strain on resources is so severe that not all pupil needs can be met with current funding; lack of additional time / support / funding to allocate to specific interventions; number of different needs across academy and within each class.

What would you like to see changed to improve outcomes for children with SEND?

- The administration and ownership of provisions to be taken on by social care and health. It seems that education often does the vast majority of it.
- As above, a clearer picture of needs when students enter education or transition through to the next phase; a more consistent approach with school. A faster service for young people who are not managing and coping with the demands of mainstream education to a more suitable and appropriate setting. Faster responses with amended EHCPs and documentation.
- Greater consistency across sectors (especially EHCPs written by PVI's); an understanding that sometimes SEND needs appear very quickly and by requiring certain number of reviews we are actually 'harming' the child, the family and the school.
- Attainment of SEND not to be compared to **all** children nationally. It is an unfair comparator and has a very negative affect on school figures with high levels of SEND;

more available support / more quickly available for pupils with SEND and social and emotional needs resulting in behaviour issues – Do we have the correct provision??: Provision for pupils with social and emotional needs; Long term suitable primary / secondary provision for children with severe behaviour problems (social and emotional needs) – this is causing a backlog in the system so PPRS is overstretched and therefore children with lower level / escalating needs are left for schools to manage without the necessary support; pupils with SEND for learning / cognition only (not behavioural) appear to have lower priority for EHC / top up funding which is an unfair reflection of their learning needs. Their needs are less likely to be met – potentially becoming behaviour needs in the future.

- Training for PVI sector – more children in PVI than school nurseries. Number of children (SEND) entering reception classes without any significant early help / intervention rising; funding issues as schools having to provide 1:1 support (including lunch times) with only notional £6000 – schools tighter budgets; need for specialist places has to be addressed – frustrated parents and infant schools ‘holding’ children until place available.
- The constantly changing paperwork of MSPs and EHCP is often repetitive (cut and pasted on to 3 documents is onerous and time consuming). The process of awarding EHC plans is complex and there does not seem to be set criteria. School’s opinions are not always taken in to account. A snap shot observation by an EP appears to hold more value than that of a class teacher or ETA who works with the child daily and knows his / her needs.
- Better targeted funding. Increase in specialist advice/provision. A more realistic expectation of what can be met in a mainstream school without compromising meeting the needs of pupils who do not have SEND. More realistic measures of celebrating pupil success not restricted to academic subjects.
- Funding better matched to schools whole budget. When budgets are tight the funding needed to meet the needs of SEND pupil’s impacts on the education on non-SEND pupils.
- Parents to visit the school before naming on EHCP to see if suitable. LA to visit school to look at numbers to see if got capacity before signposting parents our way.
- More support for pre-school providers to begin ‘My Support Plans’ and have them in place for when children with additional needs begin school. Funding from the outset/support for children with SEND if they have had it in pre-school provision. Above would help if in place as schools would not have to start all over again from scratch collecting evidence etc.
- More help from LA with child and their needs. More support from LA for Head Teachers trying their best to keep children in mainstream school e.g. guidelines/rules around legal requirements are often contradictory (exclusion, reduced timetable). Advice tends to be ‘woolly’ lots of Head Teachers discretion. We need a system that helps us use that discretion when we are well-informed to do so please!
- Swift access to support – particularly CHEWS, CAMHS and PRU. Longer timeframe for support – 6 – 8 weeks not long enough. Pro-active support – being directly involved with supporting children rather than distance advice. Increased funding to enable needs to be met without impacting on needs of other children. Recognition of the impact on the Head Teacher whilst balancing meeting high SEN needs with meeting needs of whole school and ensuring staff well-being is being monitored.
- Increase funding to support notional budgets. We have the skills to make a difference but our skilled staff are spread too thinly.
- 1:1 or 2:1 pupils with significant physical needs is a drain when number of pupils with an EHCP band it is high but budgets can’t stretch any further. A reasonable review of the realistic staffing and budget implications.

- Earlier identification of need; often no paperwork or support until children enter school. More realistic expectations of what mainstream schools can provide without compromising needs of other children and/or teachers well-being. Better funding within EHC Plans to match actual costs. CAMHS and CHEWS support to be more readily and speedily accessible – there are too many children with emotional/mental health needs without timely support.
- More joined up thinking regarding the identification of training and professional development for those working with pupils with High Needs, specifically teaching assistants. Schools to work more closely to develop professional learning opportunities and training packages that are closely matched to their needs (as a group of schools).
- Specialist provision outreach for children with cognition and learning needs / learning disabilities beyond Early Years; practical support for behaviour (inclusion workers to come in and support in schools) from PRS, not just advice; consistent approach to assessment for pupils with SEND with advice and support from Kirklees.
- Funding that covers the full school day for those that need support at lunchtime; realisation that whilst some schools have a small number of pupils with SEND, some schools have high numbers; the 6K school budget use per child is not viable for high numbers of pupils with SEN; more specialist provision so that pupils can be allocated the right setting for them and so they have to 'make-do' with mainstream; EP support that is not just available for pupils at risk of exclusion / LAC.

Any further comments

- “Emergency help” for when a child joins your school and they have significant need which impacts on the whole school; support for EYFS with complex SEMH.
- Recently our SENCO uploaded information to SENACT via secure system for panel to consider – a letter was sent to parents and ourselves saying the panel had rejected our application because the school had provided NO supporting evidence. We have reported this and been told it was because of changeover from one system to another so hopefully will not happen again but very disconcerted and upset that a parent has been led to believe we did not fulfil statutory obligations almost for a child with SEN.
- The impact on staff and children of having a child with significant needs in their class is not always recognized. We have a child in Reception and a child in Year One who both have violent screaming ‘meltdowns’ which often leave other pupils distressed.
- All schools try their best yet it never seems to be enough. As an inclusive school we try our best for all pupils yet I feel we are deemed to be ‘failing’ some children who despite our best efforts, we have not been able to support.
- Perhaps we could employ people at LA level that could be allocated to schools so that we could have high quality support on a temporary contract with no long term employment commitments for schools.
- More timely outside agency support for children with significant SEN, currently we are left waiting too long for advice, equipment and training. CAHMS support is still taking too long despite restructuring. Too often sent back and forth between CHEWS and CAHMS, particularly if a ‘complex’ child. Better support needed from health in terms of attending meetings and giving advice – this is often where unmet needs occur.
- Mainstream schools cannot bear burden of funding RP or high level funding if funding removed. The impact on all children will be educationally and as a safeguarding concern.

It would help to have more specific and supportive concrete advice from ED Psych’s. Seriously lacking in health advice and support for care plans; staff in school do not have the expertise to inform these adequately.

The outreach support from EY SEN is vital in supporting pre-school settings to make EHCP applications – it is so much better for the children if their needs have been

thoroughly assessment and outlined in an EHCP before they start school so that schools can prepare, train staff, recruit staff and budget effectively to meet needs.

Responses from SEN Co-ordinators

Are the needs for children with SEND generally identified before they come to you school?

- No x 9
- No, transition from pre-school is good but often SEND isn't identified and often parents may not be aware of differences with their child
- No generally, some are.
- No – unless transferred from Yr2 – Yr 6 setting, some from PVI but only initial i.e. IEP / SALT ref.
- Not always as they transfer from different settings within the area; some have identified and liaised with school.
- Not consistently.
- Yes, when coming from our infants school. Not often when coming from other schools / authorities.
- It varies from child to child. Some we have plenty of information, others less so. In addition, children with significant SEN needs can be allocated to us with extremely short lead in times which makes staff appointment difficult.
- No – we are an I & N school therefore are often the first setting children have come to. These children often have no MSP or EHC in place regardless of multi-agency involvement.
- Some are, 2 children recently have been identified by Portage and health visitors and have been on a TAF due to their needs – others in nursery we don't know; In Reception PVIs usually pass on info.
- Yes x 3 (1 special school)
- No, generally we get very little information from feeder settings. Though one playgroup does work closely with us.
- Children with more complex SEND are generally identified.
- No, not from previous experience; Sept 17 – first identification of a child with complex needs.
- Not always, much improved this year, children came into school with EHCPs in place in time to allow us to recruit, meaning we had appropriate support in place from Sept. EY SEN support for pre-school settings has been instrumental in ensuring this happened.
- Sometimes. Referring schools provide varied information. Some Provide SEND via SPR form (with and without supporting evidence). My Support Plan / EHCP usually sent with referral. Quality varies.
- Yes, but this is dependent on which nursery they come to us from.
- Sometimes. Some primary feeder schools provide lots of information. Sometimes we get information that the student has SEND but no information further than this and sometimes we get nothing at all. Very inconsistent.
- Some children. We had a difficult year last year with 4 children joining our reception – 3 of whom needed EHCPs. Need was identified but nothing in place.
- Yes – two incidents of pupils arriving with an EHCP (or request) in place.
- No – we are a primary school so often SEND children are identified by ourselves, however if we have children join us there is no paperwork often from other authorities.
- No, they are sometimes identified as having needs but do not come with paperwork in place such as MSP or EHCPs. They are often recommended but not completed.

- No – parents sometimes voice concerns, I have had to go to PVI's and write MSPs with them, so some paperwork is in place. I regularly have to phone PVI's / playgroups in September and ask if they noticed...or had concerns. Only one place has ever sent paperwork of concerns.
- For us very rarely, some children have been identified.
- Not always. Sometimes identified / recognised on a surface level but often we see students managed in primary internally but then when transfer to us in Y7 this creates problems as there is a gap in provision until we can identify officially. When identified then yes it has huge impact on our transition arrangements which is recognised also by parents.
- Mostly yes – 75% - 50%.
- Not always – PVI often don't identify children as having SEND.
- Not always. SEND seems to differ in some schools.
- On the most yes, although there are pockets of need especially SEMH that are not always identified and plans / reviews are not always current.
- Mostly – I'm a secondary school SENDCO.
- For some but not all as for the very young children, needs have not been identified.
- Yes. We have home visits and visits to feeder nurseries. In the past we have experienced delays in EHCPs due to nurseries lack of understanding of review process (MSP reviews and timescales).
- No. Most of our children come from home and not PVI placements and parents have not seen a SEND need. Some come with e.g. medical and speech needs known.
- Usually come up with EHCPs with being a Junior School, however, no children ever come up with MSPs already in place.
- Not always – this differs from setting to setting
- Children with very significant SEND or complex needs are usually identified before they come into Reception. However, there are children who don't always present especially with cognition and learning difficulties that don't always present until KS1.
- Not always
- As a Junior School, yes around 70% have been identified at Infants. Some needs / gaps increase as children go through Juniors and get older.
- If the needs are profound then yes, we are made aware and very occasionally the child might have an MSP. However, if needs are identified then it is only brought to us via conversation. Often no referrals etc.
- This often depends on the level of need and previous setting the children come from. On most occasions, high level of need is identified.
- We have a playgroup attached to school and our own Nursery so on the whole, children with SEND are identified early.
- The majority are often picked up in previous settings – if not they are identified in our nursery setting.
- No. It appears that SEND is not always identified effectively by Health Visitors / PVI's. Health Visitor 2 year check appears to be a paper questionnaire done with parents and often the child's skills are not directly addressed or even seen, which leads to additional needs being missed. PVI's seem unwilling to write My Support Plans.
- Good links with local PVI's enable SEND needs to be identified and strategies put in place prior to transition.
- Most are, but because our children come from a variety of PVI's and pre-schools, there are some surprises! Also, the My Support Plans from these providers have been of a varying quality.
- No, not always – some children entering Reception with MSPs so there is a delay in applying for EHC assessment (and funding associated).

- Complex needs and diagnosed children are but SEMH generally not (in particular); SALT issues often not identified unless complex.
- Historically no – the SENCO was off long term in the feeder infants and the deputy (acting) was trying to keep things going. We had about 3 years of children arriving at Juniors with unmet needs. Now we are merged and a SENCO is appointed.
- About half of children identified before school.
- Not very often. Although slightly improved this year.
- No – attend nursery with no identified need.
- Some identified but no steps taken to address.
- Majority of students come with EHCP plans however we have 1 to 4 each year that have not been identified clearly.
- Mostly children who come in from PVI sector are beginning to be identified sooner, however, work still needs to be done in how the EYSEN support continues and what school can expect.
- In the main, yes, by our closest PVIs but some PVIs may identify at the point of transition during our transition meetings with them – in these cases children have no external agency involvement.
- Yes and no – depends which setting pupils come from. Some settings – not equipped to identify early enough – is this a ‘knowledge’ issue??
- At early years – dependent on pre-school setting; In-school transfers – mostly.
- When from PVIs yes, but still not informed us early enough. We find it difficult to get info from health when a child has been at home and we are the first setting in Reception.
- Not always – we have children arrive in Nursery and Reception with no SEN history but very obvious needs such as ASD, SPLCD. Higher up school pupils transfer to us with little paperwork and no transition meetings with previous school.
- Rarely – I have found that there are many unidentified needs from primary schools.
- Students with more complex needs are identified by primary schools (usually those with an EHCP). Primary schools seem to be less forthcoming with information regarding other students.
- Generally, but not from some external local settings.
- School takes preschool 2+ pupils and has a nursery, so often high needs are identified within placement. Most families of pupils with high needs take advantage of pre-school provision. EY Senco works with families before entry if known to have high needs.
- Not for early years; sometimes for children joining the school midway through. Often these children do have SEN or SEMH needs.
- Only small %.
- No – outreach services are brought in too late / needs to be much earlier and then they should then see them through transition to mainstream school.
- Yes – if they have been accessing a pre-school setting.
- To a certain extent – needs mostly identified, however action taken to address needs and follow processes not always in place.
- As a nursery teacher we often get children with significant needs that have “slipped through the net”. Parents who have missed appointments, health professionals who have not re-visited families. Children coming from private providers often have no SEN paperwork in place although present with a high level of need.
- Generally, but not always. Sometimes information from feeder primaries is quite scant. Approx 1-4 students with SEND are not identified each year.
- We are a complex needs school [REDACTED]. All our pupils have an EHCP and their SEND needs are outlined within the plan, through liaison with previous schools and discussions with parents.

- Yes, as a specialist provision we are aware of general need although do not always have a full picture.

If yes, how has this affected your transition arrangements?

- More meetings with settings (nurseries etc); transition visits.
- When children have joined us from ICAN nursery or from specialist provision we have been able to support their needs much more effectively and quickly – parents much happier.
- Where identified, key school staff have met with professionals to discuss the children's needs and how best to move forward; links with transferring schools are also made.
- We have arranged to visit settings and meet with staff, children, carry out observations, discuss current interventions, support in place etc; attended My Support Plan review meetings, liaised with outside agencies (S&L).
- Identified children from the infants have additional visits to school; meet with SENCOs at infants.
- If known, transition arrangements are extended and key members of staff and new children and parents have a longer time to establish themselves in school.
- Transition arrangements are extended to support pupils moving into mainstream school and support in terms of staffing and provision and budgeted for using the notional / school budget.
- We can be prepared early and allocate staff, time, resources.
- We have a very robust system for transition in place which parental feedback shows is effective and valued.
- Where we know of children we have additional visits – staff and parents have visited school.
- A child with complex SEND was given a place for Sept very late in the summer term and this has made staffing difficult.
- Other issues relating to the family has impacted on transition but initially an effective transition plan was in place.
- Much earlier communication with settings meant improved transition / information sharing.
- It allows me to better judge which SEN group to place pupils. The better the information provided (and honest) the easier it makes transition arrangements.
- If we know about need and child has MSP or EHCP we are able to put a transition plan in place however, we do find it hard when a pupil's funding has been given to previous setting.
- We are able to provide an additional transition day for those who would benefit.
- 1 PVI rang us as a school in May to arrange some visits into school. MSP was very poor quality and all work needed to be started again.
- Spring term transition meeting very useful; nursery setting and school have jointly completed MSPs / EHC requests.
- Transition can be difficult – for us it is when children move on to high school – some schools don't make contact until children start in the September, even when we have tried to arrange extra transition.
- Makes it a difficult start for both the children and parents to make the transition.
- Much harder – accepting children who should have had an EHCP – 2 children have received EHCPs in our nursery in the last 2 years with no previous paperwork.
- When yes, smoother transition – plans in place ready to implement / edit.
- Negatively – funding, staffing, interventions not in place at start of high school; Positively – enhanced transition plans, extra visits, attendance at annual reviews, outside agencies set up.
- Good relationships with PVI and child minders.

- Transition is smooth, support in place ready for child to move; transition meetings held.
- For those that have identified SEND, transition meetings are arranged and observations of the children are carried out.
- When identified, smooth transition is established; when not, difficulties with children settling in.
- Yes – we now do additional transition visits - starting as early as the end of Year 5 – we are also looking at early parent consultations meetings.
- I liaise with junior school SENDCOs – additional visits.
- We are able to bespoke our transition to meet individual needs working closely with the child, parents and school transferring from.
- Transition from Early Years settings into Reception is very effective for all children. For those with identified needs we offer additional opportunities.
- Better staff understanding of how to support the child and adapt provision. Extra interventions required to support speech and language needs.
- Not impacted on transition. We don't get speech and language reports and for our Early Years children coming straight into reception we often get children who we identify with SEND needs but previous setting has not.
- Children on SEN support don't settle in as well.
- Often pupils are not well prepared for transition and school has to identify needs and call the pre-school settings to find out what was done before.
- Provision can be set up more easily and we can address needs quickly and effectively.
- We have very close transition and [REDACTED] so we're using a shared drive on computer for all documents and SENCOs meet at least twice a week.
- When applicable, then strategies / staff can be discussed in readiness to meet need.
- This provides with further detailed information to enable an appropriate level of transition. Often nurseries will contact us earlier to discuss a child with significant needs.
- We work closely with playgroup etc. to aid transition.
- If yes, smooth transition, effective support; if no, this slows the whole process down and it can take until the end of Year 2 to get an EHC plan in place (the children leave us in Year 2).
- We have had to change staff around in school to support these children.
- Paperwork not filled in; funding not in place; children vulnerable to the new environment; parents out of the loop.
- Meetings held with pre-school providers prior to transition. Difficulties at present as pre-school currently does not have strong relationship with school.
- We have allocated support for 2 of the children to meet the notional SEN budget of £6000.
- We have a robust transition procedure in place already and sometimes this is when we identify needs ourselves.
- For those we are aware of we have two extra transition days on top of the common transition day. We also arrange school visits to primary setting.
- It is improving.
- We have been invited to MSP review meetings giving opportunity for knowledge of needs to be gained, relationships with parents to be developed and enhanced transition arrangements to be put in place.
- More visiting to settings prior to pupils starting school – by class teacher / SENCO; enhanced transition for pupils with identified needs coming into school.
- Additional transition meeting; info sharing with previous school / setting; support identified for entry; extended transition.
- It hasn't because we were informed too late (July for a September start in school).

- When they are identified we make early contact with previous setting and parents to create a transition plan; additional visits, transition booklets and early meetings after they have started at the school.
- Transition can be tailored to suit the needs of students; data collection sheets are often returned suggesting no SEND but contact with parents differs.
- Transition plans usually in place; liaison with agencies involved with identified children are encouraged.
- If known needs are identified, transition is carefully planned to ensure provision has capacity. EY Senco involved in seeking funding if 1:1 support is needed for safety.
- Headteacher meets and discusses new starters with parents when they join midway through. EY lead and family support worker meet parents of children joining Early Years.
- We have had one child but Mum changed her mind of school at the last minute so transition was very rushed.
- Impacted on links with families, visits, meetings with professionals for that small percentage. Good transition planned if able to make links with pre-school setting; meetings can be arranged to identify current provision and reflect this in school (where possible); different funding an issue.
- Increasingly visiting PVI sector to support with identifying needs and SEN processes earlier and earlier in the year prior to transition, impacting on role within school and work load.
- If no, parents need a lot of support. Staff need to spend vast amounts of time trying to find out information about children to provide them with that they need. The two year old check sometimes does not pick up on children needs.
- Extra transition days are put on for students with additional needs. In the past, did summer schools but funding stopped.
- We offer an extended transition programme which enable school to identify any additional concerns. We also work closely with parents at this early stage to gain a picture of their vision for the child.
- Transition generally effective. Ranging from home visits in EY, dual placements for Primary and transition days/weeks for Secondary/Sixth Form.

Which needs are you able to meet?

- Delayed academic achievement; SEMH – through in class strategies and nurture activities
- Often we are able to meet needs but some children require one-to-one support – if this is not in place before entering the setting it puts strains on staffing and can affect the progress of other children.
- SEMH; academic / AN / low attainers; low level behaviour; supporting families
- We are expected to meet all needs as per SEN CoP. Therefore we have to make immediate adjustments to do so.
- We identify S & L needs and ensure that they start interventions at the start of term before waiting for S & L input.
- Cognition and learning; communication and interaction; social and emotional – most; sensory and physical – most.
- We attempt to meet the needs of any child who wishes to come to our school.
- We are able to meet general cognition and learning as well as communication and language needs with the training / resources the school have embedded in our provision.
- We can continue MSPs and ANPs; we can allocate some staff time; can usually meet cognition and learning and communication but social and emotional difficult;
- The needs of students with EHCPs are generally well met. The needs of children with specific needs / disabilities.

- Moderate learning difficulties
- We work hard towards meeting need from school budget.
- Most with enough time, information and funding; very complex ASD needs harder to meet.
- SEMH; SpLD; Behaviour (within limits – dangerous behaviour is not manageable); cognition and learning.
- SLCN; SpLD; Some VI; Some HI
- Children whom have EHCPs having funding to help them meet their targets. Children without struggle as the SEN notional budget is unrealistic from school's budget.
- All four areas of need. We currently have physically disabled pupils (cerebral palsy), Down's syndrome, ASD, as well as many pupils with SLCN / cognition needs.
- Cognitive and Learning; some social and emotional; SLCN
- We strive to meet needs of all children and currently address needs such as Autism, hearing impairments, ADHD, cognition and learning, speech and language, social and emotional, pastoral bereavement...
- Endeavour to meet most needs.
- Cognition and Learning; Speech and Language
- We meet a wide range of SEN needs currently have 65 EHCPs including many complex needs.
- We meet all needs to the extent of the funding available. This does not always ensure the progress we would like or could achieve with greater funding.
- Generally we try to meet all needs to the best of our ability / resources etc.
- We can meet most needs but are looking at how we can support young people and families with SEMH needs.
- Autism and associated needs.
- SALT, Cognition and Learning, Physical.
- Most with referrals and support from external agencies.
- Speech and language and communication needs; health and medical; SEMH (with occasional external support); behaviour (when we have the staff).
- All areas but SEMH.
- The pupils needs in the 4 main SLCN, SEMH, PI, C & L
- Most learning needs but a huge budgetary impact as this often needs 1:1 teaching assistant input. Some SEMH needs – but one learning mentor for nearly 500 children.
- We can meet all with referrals and support from agencies.
- All – we work hard to meet needs of all children but usually find by the end of Yr 2 children can move to specialist provision.
- We aim to meet most needs, with the support of external agencies. We tend to find that we can support sensory (HI / VI) needs and behavioural / SEMH needs very well.
- Majority of needs can be met.
- We are able to support most areas of SEND in school. We currently have 4 children with an EHC and 3 further children with an MSP.
- Slight to moderate needs that can be catered for inclusively alongside peers; children with physical difficulties and visual impairments.
- All with appropriate funding (where adult support is needed).
- Most needs as best as possible with some outside influences and support, however, this is proving harder each year with more and more children being identified.
- VI, HI, SCLN, Cognitive and Learning
- Motor skills; cognitive and learning to a degree
- C & L, SLCN, SEMH

- With budget cuts the way they are – meeting needs generally is tricky in school; lower level needs e.g. SALT
- (But constrained due to funding) Cognition and Learning; communication (e.g. sign language / Makaton / BSL); Autism – if get support from Outreach Team.
- SEMH needs; cognition and learning.
- Educational needs
- Communication and interaction; moderate learning difficulties; ASD.
- Speech and language; SEMH
- Most needs are able to be met for physical disabilities.
- Cognition and learning in school however, struggling to know which external agencies to call upon.
- SLCN and C&I; SEMH; C & L; VI, HI
- Beginning to be knowledgeable about profile of Down Syndrome support.
- SEMHD; cognition and learning; less complex hearing difficulties; attachment / nurture.
- Cognitive; physical; social; emotional; communication; speech.
- With the appropriate funding and specialist support – ASD, Downs Syndrome, SPLCD, SEMH, EAL, PI, VI, HI – unless very high level which results in the child not being inclusive within the classroom.
- SEMH, C & L, C & I, Sensory and some physical (we have many stairs!).
- Portage and SALT as links are good with these agencies and effective provision can be made. It helps when MSPs are started.
- Most mobility / severely visually impaired ASD as 1:1 support and minor adaption to where pupil is receiving education.
- We are a [REDACTED] and strive to meet all needs however this can be difficult. We are also in special measures so the school is focusing on all round development. Inclusion has generally come out positively from OFSTED and HMI.
- SALT, Cognition and Learning, Physical.
- As many as poss; communication and language; ASD
- All
- Able to meet needs better where good transition is in place. Still difficult to access additional support in school – other professions to recognise complexity of need; different funding strand in pre-school – school can't access.
- Use our best endeavours to meet all. However nature of the building impacts on ability to meet some physical needs. Size of cohort / NOR impacts on ability to meet needs of children / parents who want less busy environments. Other than that, we have experience in meeting C&L, SLCN and Sensory needs.
- As a school we try and meet needs with supporting agencies. Sensory service give very good input as do physio and occupational health.
- Cognition and learning; physical impairment, hearing impairment.
- We pride ourselves on having a nurturing, responsive, flexible approach which tries to meet the needs of each child that comes to us.
- PMLD; MSI; general learning delay, most medical needs.

Which needs are you not able to meet?

- Some SEMH cases, where we have used all of our strategies but little or no impact has been seen.
- Some behavioural needs; extreme non-compliance; autistic spectrum needs
- Struggling with speech and language support; dyslexia.
- When very high needs come in requiring immediate support (1:1) and we haven't had time to organised internally / recruit externally.

- S & L have promised input / resources and then not made them available for start of summer term; SEMH is becoming more of an issue, presenting more behaviour difficulties (particularly Reception boys).
- No nurture room or provision; no sensory room.
- Any needs which result in provision outside of the classroom as we have no additional space. In addition, budget restraints can cause difficulties when more staff than in the classrooms are needed to deal with challenging behaviour.
- High level behavioural needs; We attempt to meet the needs of all pupils however, budget, space and staffing can impact significantly on our capacity.
- We cannot suddenly find extra staff hours for children with additional needs out of our notional budget for children with extreme needs without an EHC
- Students without an EHCP who have a high level of need.
- We struggle to get agencies together to inform planning on MSPs. Managing all the suggestions that outside agencies recommend as we often need to purchase resources, reorganised support.
- Struggling with children with high level SEMH needs as this can impact whole class teaching. This is very wearing for staff / experiencing a lot of staff illness at the moment.
- Physical – space and resources are limited.
- Very appreciative of Portex support, which is greatly needed.
- Very complex ASD e.g. children who are pre-verbal, no social interaction, no awareness of danger.
- PMLD; VI; HI; some physical; acute SEMH
- Dependent on child's needs but high needs global development delay or significant ASD.
- Complex SEMH
- We have 2 severely ASD children at the moment both of whom ASD outreach are involved with. Last year one was turned down for specialist school based on EP advice – we felt very unsupported by SENACT. He is now struggling in Y3 and very vulnerable.
- One case (2016) of profound / multiple needs that speech therapy / Portage deemed unsuitable for mainstream (2:1 care needed).
- SEMH – we are having an increasing number of children who have emotional and mental health issues, even highlighted early, it is not too late for some families which leads to difficult situations in school.
- No experience of difficulty as of yet but I imagine physical needs such as visual impairments, wheelchair bound.
- Some physical needs; some visual impairment; nurture group provision.
- Severe disability – access.
- Complex SEN needs where we don't have access to the resources detailed in the EHCP. Cases where we have expressed that we are unable to meet need but student is with us (usually complex SEMHD needs).
- In particular the needs of complex SEMH children with challenging behaviour is an area of concern as the PPRS is extremely overstretched and unable to provide timely support.
- Some sensory / physical due to lack of space in school. No shared areas / break out space.
- Needs that require building work / adaptations as we are already tight for space.
- VI
- Although we can provide support in an educational setting it is often the larger picture i.e. information from outside agencies and who to contact for help.
- Physical

- ASC, ASD (severe)
- Children with major physical disabilities would have difficulty moving throughout the school due to steps and levels. Access would be through external doors; We have no room for 'nurture' for children with complex SEMH needs.
- We can meet all except don't get the funding to do so!
- SEMH
- The family support needs / parenting are harder to meet.
- HI – need more support.
- Additional SEMH needs where a mental health professional needs to counsel a child; SALT needs where it's a medical need.
- The problem often lies when children come from the PVI. Some settings require more support with early identification and the associated paperwork.
- We tried to meet the needs – sometimes it's a case are we the best place for the child.
- The area we find most challenging to support is Cognition and learning. We find that many of our pupils are affected by Global Developmental Delay, often also affected (or caused) by genetic disorders (GDD). Learning / Global Developmental Delay / Cognition / Genetic disorders we find more challenging to support. Many of our pupils go from us to ██████████-Special School.
- However, physical layout of building means physical disabilities could be hard to meet. Also size of school / staffing can have impact on meetings needs of SEMHD children.
- Severe autistic children that need smaller class sizes and less engaging classrooms.
- More support from outside agencies that is easily accessible.
- Violent and consistent SEMH issues where the child is at risk of exclusion; children who are within a very difficult home life where parents don't see the issues are at home and so won't engage.
- Physical disabilities / wheelchairs etc. – no disabled toilet / changing facilities etc.
- VI; more complex cognitive and learning; SEMH.
- Physical disability has proven a great challenge due to building / access.
- The 6k which is in budget for all children with SEN – isn't ring-fenced. Every meeting / outreach worker I speak with remind me unhelpfully of this budget. Lots of parents and outside agencies expect 1:1 for a child which even with the 6k and full top up funding isn't affordable. Higher need therefore Autism – low functioning, Downs – low functioning incredibly difficult to provide right level of support for.
- SEMH – difficult to meet needs as not much in-house expertise. These children often take up a lot of time that is disproportionate.
- Disability needs – school building doesn't lend itself to be physical disability accessible.
- Physical disability which impacts significantly on mobility as we have KS2 upstairs and cannot have a lift fitted.
- Complex leaning difficulties; complex SEMH.
- Severe global delay as the children reach KS2.
- Social, emotional and mental needs is an area we struggle with.
- SEMH when in crisis. CAMHS / CHEWS thresholds for children are not always met but no alternative support offered.
- Needs that require any building adaptations e.g. for children in a wheelchair who need changing facilities – we have the changing facilities but the size of the room doesn't allow the wheelchair access.
- Complex needs when not already identified in pre-school settings; SEMH / ADHD/ ADD – this take time to consider and monitor before effective support can be put in place.

- More complex ASD – wave 3/4; more complex sensory and physical; less knowledgeable about ADHD; where no specific SEN is identified but children not making expected progress.
- Some sensory needs are difficult to meet and some physical.
- Hi-level complex needs across the board which require 2 adults supporting (SEMHD) or when the pupils development results in them becoming increasingly isolated from peers.
- Some physical needs are difficult – due to large amount of stairs.
- Disability – due to restraints on the school building.
- SLCN with severe social communication needs where agencies have not been involved.
- Not known at present.
- Profound needs – e.g. we have pupils move to [REDACTED] and [REDACTED] as we were not able to meet the most complex and significant needs (we are mainstream).
- High social communication (ASC) needs are the most difficult.
- We haven't recently had any children with a high level physical disability / mobility issues but would try to meet needs if it arose.
- Extreme violence – even though team teaching completed by all staff once these outbursts becomes the child's norm it is very hard to change.
- Difficult to meet needs when support is not available – from external agencies. Also – huge delay in receiving EHCP from SENACT – not able to identify needs from the outset.
- Takes a long time when children arrive at nursery with no paperwork in place and no concerns from outside agencies although children present with need.
- Social, emotional and mental needs are the most difficult to meet.
- Increasingly we struggle to meet the needs of pupils with high level SEMH needs. Also pupils with profound difficulties, as we do not have the facilities to meet their physical, sensory and learning needs.
- Some ASD (especially with higher cognitive ability). Due to nature of our cohort we aren't suitable for some associated behavioural conditions.

What makes the difference?

- Attendance at ANP meetings to consult with other SENCOs and EP; EP guidance; specialist provision guidance
- Specialist trained staff; money; time; resources.
- If they have had prior speech and language, unsure of extent etc. Don't want to try lots of new things. All a bit unsure.
- Early identification and access to services; contact and discussion from SENACT / health professionals.
- Early identification supports everybody in aiming to overcome any difficulties etc that a child may have and ensures the relevant professionals / agencies are involved.
- Funding
- Space; parental support
- Pro-active parents; space / staff for interventions to take place.
- Extra staffing
- Money!
- Staffing; using an alternative curriculum.
- Outside agency support
- Support from external professionals; hard work of staff within school.
- Funding / EHCPs in place before they start school.
- More accurate (and current info and data); good liaison with referring schools.
- Knowing information about child from a variety of sources.

- Training; support from services. I know things are stretched but we cannot begin to meet needs when we don't have support and advice.
- Great staff morale – people willing to go to the extra mile; open and honest home / school communication; outside agency input (we have a great Ed Psych, and designated Speech and Language Therapist).
- More experienced practitioners available to help and support schools, we are teachers!
- Early identification; paperwork already in place; more info from previous EY setting.
- Early identification; funding at PVI's then not at school is tricky
- Time; budget
- Early communication on transition; support (timely) from SENACT where specialised provision is detailed in an EHCP but not available in school or the LA.
- Availability of funding and specialist support.
- Space; money; collaborative working – parents / health / outreach
- MSP plans being in place before the children join our school; money; space; trained staff.
- Communication between establishments; relationships established with all stakeholders.
- Early interventions and meetings to gain greater understanding of needs rather than depending on the administration.
- The environment and age of the building (listed status) inhibit being able to meet the needs of children with a significant physical need.
- Staff experience; support available.
- Communication and relationship with parents and external agencies. Person centred approached from all; ability to use TA's to support needs.
- Sorry but it's mostly staffing = funding; difference also swift external agency support.
- Having support from specialist services.
- Children having MSP in place before they enter Reception.
- Outside agency support; autism outreach, Early Years support, SLCN, EP.
- Training we can take on board in school relating to that children's needs; money – learning mentor is so successful but not enough of that time.
- Support / advice and follow up from agencies. School does not have specialists in and therefore in order to produce a meaningful MSP / IEP then advice is necessary.
- Support from Portex – to train PVI will end is improving the situation.
- Funding to employ staff to support children and to access resources and services.
- Inclusion Team (PRU) – very supportive; Sensory Team (HI & VI) give outstanding support ; Headlands Specialist Unit gave us excellent support; Physio / OT team (Dewsbury) give outstanding support; cognition and learning – there is a lack of support.
- High Quality Staff (CPD); opportunities for enhanced / personalised learning; appropriate funding.
- High quality staff – both teaching and TAs. We also think 'outside the box', with one child with behavioural issues currently accessing an outdoor learning / forest school curriculum.
- Adult support; training; resources and equipment.
- Funding; training and documentation for EY settings.
- Time for filling in paperwork effectively; money into schools to support children's needs.
- Time; money; no allocated SENCO time this year.
- Time; money.
- Support from EP; good communication with parents / families; good support from health (SLT, OT); support from Outreach
- Having the correct staff in place; having some referrals completed and on the waiting list.

- Training for support staff; high quality interventions and resources.
- If a child has a MSP or an EHCP then we have funding and indications of how to meet need.
- Making adjustment to meet the needs of students who are struggling considering BFL. This is supported by the headteacher. Wellbeing centre as extra support.
- Timely external agency intervention from knowledgeable adults; frequent panel meetings and good quality panel feedback; good parental support; funding that matches needs and provision.
- EHCP in place when start in school; effective, honest MSP in place (reviewed in detail before start of school); outside service - referrals already in place; parents already aware of 'additional needs' for their child.
- Working alongside other professionals to support in school including setting targets and identifying interventions and resources; listening to children and parents / carers – hearing and acting on their ideas.
- Setting e.g. sensory room, soft play, ramps.
- Effective support from specialist provisions, funding to be able to provide the individualised support; parental support – regular good and honest communication between home, school and external agencies.
- Early identification of SEND; Outreach.
- Multi agency working.
- Planning; thinking outside of the box; positive thinking – 'How can we?'; flexible staffing; funding – grants / applications for EY pupils; no spare staff so must have monetary support pre-school.
- How early support can be in place; how effective it is; how significant the needs are of pupils – how many children with high needs pupils we have e.g. we have many but they don't have EHCPs yet.
- Advice and support from outreach.
- Staffing; money; professional support; referral; assessment; review time (paperwork).
- Zones of regulation; 'safe' room i.e. Rainbow Room and 'going to green' room.
- Support from specialist services – not always available. Referral system very difficult – not recognising the complexity of need – difficulties to meet need.
- Effective transition; processes in place prior to transition, especially MSPs up and running and appropriate involvement from external agencies; adequate level of funding.
- Children who have been identified came into school / nursery smoothly and their needs are continued to be met.
- As stated this morning, SEMH is a whole school approach which requires the support of the Headteacher and all teachers; training on this area, de-escalation techniques, understanding of SEMH behaviours is key.
- Being able to train / recruit staff to be able to meet the needs of specific child (particularly those displaying significant SEMH difficulties). Being able to provide this is often dependent on funding, which is in itself a major issue.

Are you able to see what the trends are?

- SEMH needs – so varied and complex
- Lots of children with attention problems finding the learning environment difficult.
- Nursery's PVI transition information poor
- Missed needs and follow up in PV; SLCN very high; EYFS ASD identification currently high; social and emotional needs KS2
- Increased number of children with SLCN difficulties; increasing number of SEMH cases within school
- S & L – speech articulation (immature); SEMH – difficulty with self-regulation of behaviour (more physical in Reception)

- More SEMH needs and children with complex backgrounds which contribute to their needs / gaps.
- Increase difficulties in children in reception appear to have in following instruction.
- Yes – increase in behavioural difficulties in adjusting to routines and boundaries; speech and language delays.
- Children are arriving in nursery with fewer skills; poor parenting involvement; lots more medical needs; more severe SEMH.
- There is not enough funding. It is that simple. Notional means NONE. It is a farce which disadvantages pupils.
- Lots more need for Communication and Language.
- A definite rise in children with SEMH issues with unpredictable behaviour.
- No x 3
- Speech and Language / Communication; social and emotional needs.
- Much higher number of children with ASD or on ASD assessment waiting list; more children with SEMH needs – unable to comply with school expectations.
- Generally yes. SEMH is ever-increasing and forms majority of our referrals; ASD is increasing year on year.
- Higher level of needs – children who would previously have been placed in specialist placements being allocated mainstream placements.
- Rising number in complex SEMH.
- More and more children with complex needs are in mainstream schools. Some of these children's needs can be met – sometimes they need specialist provision. However, this is not always provided.
- Had involvement in SEN since 2006; pupils previously “eligible” for a non-mainstream setting no longer seem to be; cutbacks / buy in services have a negative impact.
- Trends are difficult to see but SEMH is increasing for both families and young children.
- High levels of autism coming through school; more complex needs coming into school.
- Behaviour
- We are experiencing very high numbers of EHCPs year on year. The details of trends (from out of catchment too) have been discussed in meetings between SENACT and school leadership. This is having impact on the resources available for our students.
- Increase in need in SEMH and Speech and Language needs, which both impact on Cognition and Learning.
- Complexity of need; SEMH / communication / learning; medical.
- Complex / multiple SEND; communication and interaction; medical (epilepsy) and physical (mobility).
- More complex needs being presented in more children but not enough support / resources available; far too much paperwork!
- Trends can be difficult to see – although a larger number of referrals via safeguarding concerns linked to SEMH has increased over the last 6 months.
- Children coming into school within the EY; appropriate provision within the authority to meet very complex autism needs at post 16 (currently there is nothing available).
- Increasing number of children entering school with MSPs already in place
- Lots of speech and language needs coming through; lots of SEMH coming through.
- More so: speech, language and communication; social, emotional and mental health (parenting / safeguarding e.g. “toxic 3”)
- Lack of consistency in terms of paperwork – MSPs / SEN support
- Lack of funding leading to lack of services / schools are also over-testing pupils leading to increased SEMH needs / communication interaction difficulties.

- Parenting is often the huge issue and there's no support and we have no proper power to insist on parenting skills.
- We seem to have more children with complex C & I needs and ASD traits.
- Communication / interaction; ASD traits.
- Within our school community we seem to find that there is a high incidence of GDD and genetic disorders, also notice a trend where boys, particularly APKN / WB boys feature prominently on our SEN register.
- Increasing SEMHD
- There is a growing number of children with social and emotional needs and children that are behind in their language and communication; there also seems to be an increase in autistic children.
- Gaps for Reception entry children.
- ASC – more children coming through; SEMH – huge in school – consistency hard for teachers.
- More SEMH / ASD pupils coming through.
- Yes – increased SEMH.
- SEMH needs increasing dramatically – also struggling to meet SEMH needs. The amount of hours and staff 3 children in 500 can take up is completely disproportionate. I imagine as an authority the exclusion rate is high as schools have lost staff and budgets are cut.
- More children lacking communication skills; children with more SEMH needs.
- S & L issues; children not being school ready.
- Significant rise in children with SALT needs entering nursery and reception.
- More children with ASD type traits.
- Speech and Language are sometimes mistaken for EAL issue if English is a second language.
- Increase in identification of students with SEMH due to child centred approach.
- Communication & Interaction is becoming more evident in the youngest children.
- Complex needs; SEMH increased; mobility difficulties and medical needs – medical conditions not heard of before.
- Seen an increase in SLCN and SEMH (ADD / ADHD tendencies) needs in recent years.
- Sometimes this can't always be classed as a trend as children join the school mid-way e.g. SEMHD – PRS. We have seen a rise in attachment based needs as we have re-integrated children into school. Otherwise ADHD / ASD / Dyslexia – which would reflect the prevalence shown in accessible info for all e.g, internet , media.
- Increase in SPLCD in younger children and SEMHD in children especially in our school high number of previously LAC (15).
- More ADHD & ASD needs coming through and SEMH needs developing in Years 8, 9, 10, 11.
- Significant increase in social communication / interaction with boys.
- Number of needs we can manage at one time; mainly C & L and SEMH at school currently.
- Increasing number of ASC needs.
- Speech, language, communication, ASD, physical DCD.
- Growing number with communication and interaction issues through huge growth in number of children with attachment issues / deficiency.
- A lot of pupils coming into school with SEMH.
- Autistic Spectrum Disorder massively increasing; SLCN significant area for our school also.

- Within our school, SAL / behaviour / cognition seems to be at the forefront of our work alongside PSED. Boys continue to appear heavily on our SEN register.
- An increase in the identification of SEMH – an increase in awareness of it. But the provision to support has not caught up with this.
- More pupils are displaying complex SEMH difficulties.
- Early identification and improved life chances for premature children has led to an increased cohort currently in our Primary years.

What are the challenges?

- Parent support; budget cuts – staffing; knowing what to do when services aren't willing to support – CAMHS etc.
- Communication & language; Who to refer to? What is out there?
- Children transferring to us when we are named on the EHCP by parent but only informed at the last minute by SENACT; space for children who need a quiet / calm / unstimulated area; access to services for children who require immediate help especially MH crisis (CAMHS / CHEWS).
- Constant changes to the services as budgets are cut and thresholds risen; lots of services are no longer available and this increases the pressure put on to school, yet we often don't have the expertise / knowledge of the best ways to further support; limited capacity in terms of staffing / resources / space etc to meet children's needs fully.
- Timely support through SPR – we have had quite a few cases returned with 'No further support offered' etc. after a referral.
- Not having a nurture room / safe place for those children with SEMH needs; also EHCP requests being turned down but children's behaviour / learning needs means to 1:1 support still needs to be in place; specialist provision – good but stretched and therefore reports / referrals take time.
- Budget and space; increased number of children with medical needs who attract no funding but draw from the SEN notional budget.
- Financing high need whilst completing the MSP support cycle in order to apply for EHC.
- Staffing; money; paperwork; having to support children whilst MSP cycle is in place; top up funding does not fund an ETA full time.
- Providing effective support in the classroom. Lack of outside services that are available, everything is traded or needs 2 MSPs which we cannot afford to implement. The paperwork is ridiculous.
- Getting reports back from other professionals within a time scale that is supported by parents. Often we need to chase reports up.
- Staffing; staff training; ideas for alternative curriculum.
- Supporting pupils with SEND who do not yet have an EHCP; pre-school children not coming into school with any MSP / EHCP application paperwork – starting from scratch is a challenge.
- Meeting need of complex cases; lack of support / access to external support.
- Lack of communication / info sharing with health; Children who have no plan in place before they start school – the time it takes to gather evidence through the graduated approach before you can apply for an EHCP can be many terms for that child without the support they need. Often support only comes before they move on to Junior School = massive impact on our budget and children's learning.
- Co-occurring presentations are becoming more prevalent.
- Lack of funding; support from SENACT.
- The needs of our pupils are wide-ranging – capacity to keep the team adequately trained / updated has its challenges; annual reviews held Feb 2017 still not processed.
- Other professional inform schools to do the referrals and increase work load. This is difficult when the child doesn't exhibit issues at school.

- Putting paperwork in place quickly so that the child can have the best possible start; communicating with parents who sometimes are hearing about a child's needs for the first time.
- Lots of complex needs early on; needing to get all the paperwork in place; lots of paperwork and duplication for annual reviews.
- Increased need for health support for complex young people – not employees of school but work within it and the family home.
- Recruitment of enough staff who are able to meet the needs of complex pupils; funding; lack of support from other agencies e.g. social care due to eligibility criteria for service being very high. Many services delegated back to school e.g. TAF.
- The provision to support schools in dealing with SEMH has not caught up with the increased awareness and identification.
- Getting what children need and having to complete vast amounts of paperwork that takes a long time; parental involvement continues to be a challenge; health service input appears difficult to get.
- Ensuring that the LA recognises the severe and complex needs of children submitted for Needs Assessments and that timely funding is put in to place to support school in meeting these needs. Ensuring parents do not feel that they are 'fighting' when requesting specialist school places and being told that there aren't enough places available.
- Accessing support from external agencies; receiving EHCPs from SENACT (including updates from reviews) – changes to level and funding; funding from EHCPs does not cover the support needed to provide for pupils with complex need (high need only £6900 top up).
- Co-ordinating SALT reports – they are understaffed so write reports less often so not always available for EHC plan requests; co-ordinating paperwork.
- Time – SENCO – referrals, reports, assessments; professional input – LOCALA; educational psych input – very limited knowledge and £
- Training staff on specific needs
- Funding to match needs
- Budget – particularly for high needs children
- MSPs! Incredibly difficult format. Not friendly for pastoral to fill out – surely this could be simplified to be more child friendly?
- Amount and complexity of paperwork, length of referral process and cost of traded work with EPs to get funding or correct support; support from some specialist provisions not effective.
- When PVI settings don't prioritise paper work e.g. getting an MSP or EHCP in place.
- Effective tracking of all interventions – impact measures; lack of training for specific needs without high cost (budget in school does not stretch to 'buying in' or 'trading'); whole school understanding of QFT in the classroom and additional 'waves'; lack of physical resources e.g. interventions / ETA due to budget.
- Getting support in place early; getting SEN budgets (collating evidence for referrals and EHCP application); informing parents about process of referrals etc in 'parent friendly' language; consulting with other professionals and eliciting effective contribution to provision management; co-ordinating other professionals involved to attend meetings; getting other professionals to write reports after visits to school.
- SENACT availability via telephone and email; schools being named on consultation requests where parents haven't visited.
- Knowing who to contact for timely intervention without making / sending several irrelevant emails / phone calls.

- Provision to support these needs has not caught up with the higher demand and needs of the students.
- The challenges are different assessment processes and understanding.
- Identifying need; not enough funding to provide adequate support.
- Time; staff; money.
- Getting EP involvement; too expensive on traded service.
- Supporting all children with SEN with limited adult support and resources e.g. if have a child with EHCP who needs 1:1, then they will have TA support and teacher then has all the other children.
- Budgets; qualified staff, SEMH needs.
- Being able to spend quality time with SEN children to fully identify their needs.
- More challenging behaviour now; no SENCO time; parents who assume 1:1 support is a god given right.
- Parents not engaging; funding, or lack of; accessing outside agencies (due to their waiting lists); having time as a SENCO to do an effective job where are areas can be monitored and paperwork completed effectively, also person centred approach overseen.
- Transition from EY setting / home to Reception; putting in appropriate high level support without funding; complex referral systems with high criteria and inflexible.
- Training and staff to support specific needs; resources and specific equipment; understanding of special needs; money / funding.
- Finance – school has to find the first £6000 of all EHCs and when these children arrive mid financial year the funds or personnel have not been put into the budget! As we have 4 EHCs – that equals £24,000 per annum!
- Funding / finance, especially in a small school.
- Parental engagement / willingness to recognise SEN within our school community; how best to support cognition, learning and GDD especially now that the Portex remit has changed. This was a real blow to us!
- Children with complex needs ASD – providing the support and environment.
- Unlike the PVI settings, we are unable to access EYSEN funding – children will arrive and appear to their families as having reduced support?
- Staff / support, in order to provide the work needed and identified. Quality time and resources – school staff are often spread too thin!
- Money – we need so much more individualised teaching, emotional support, mentoring, SALT / communication work; parenting skills.
- Time; teacher training; teacher / staff knowledge; SEND not always priority.
- Kirklees cutting school budget!
- Money!; academic focused curriculum; paperwork.
- Lack of training; paperwork for new referrals quickly
- Allocating support staff to individual and small groups; making the money stretch far enough.
- Time – to communicate / discuss etc; resources.
- Lack of expert knowledge; specific training for staff for children with complex needs.
- Ensuring that the whole school environment is fit for purpose and enables us to meet the needs of children with Autism; building layout and arrangement, décor that is able to withstand potential damage, resources internally and externally appropriate, space to reduce class size.
- Increase in work load and issues when young person doesn't always display the behaviours in school.
- Time; differing views and opinions; not enough support.

- Children that are support by funding in PVI are not supported as they start school. It therefore takes time and school resources (people / money) before any EHCP request can be made. If they have a need in PVI that need doesn't go away!!
- Meeting needs of pupils with insufficient funding - even when early review held.
- Getting the most out of the funding; supporting children with SEMH and challenging behaviour.
- Specialists needed to deliver very specific interventions; lack of specialist teachers / staff; resources spread thinly as number grow; shift need in curriculum as more students cannot access GCSEs; lack of special school places??
- Training / development

Thinking about your professional development, how do you access training and development to support children with SEND in your setting?

General:

- As a new SENCO I am still finding out where and how to access training.

Online:

- Mainly safeguarding, Prevent etc
- Nat award SENCO and NASEN
- SEN Award

Training course

- Offered through Dyslexia Action
- Through SEN Team

In-house training

- Educational Psychologist
- Too expensive
- Whole school INSET for emotional wellbeing e.g. Drawing and Talking therapy recently

Work shadowing

- Too expensive
- Would like to

Other:

- Professional partners
- Linking with other specialist provisions
- ANP x 2
- SENCO learning community meetings
- Support from EP
- ANP support
- ANP meetings within the pyramid of schools
- Networking; Additional needs meeting with EP and other SENCO.
- ANP; Ed Psych training
- Own research; support from other SENCOs and through referral; ANPs; EP service etc.
- Sourcing bespoke training myself e.g. Down Syndrome Society
- ANP; Networks
- Just google it!
- EPs and Portex have given me specific advice which is succinct and far more useful for my time and children in my school.
- EP training and signposted through SENCO Net etc
- Specialist provision training
- Independent research
- Outside agency and Ed Psych 1:1 advice and support when needed
- Outside agencies
- ANP meetings; SENCO Net

- ANP groups
- Referrals to external agencies who give strategies; SENCO
- Support from Outreach services when available
- ANP, SENCO clusters

Any further comments

- Very hard to communicate with certain services & provision (speech and language).
- SENACT's involvement in EHCP reviews would be extremely useful for all parties.
- I feel SEN is in crisis. I think SENCOs are under a great deal of pressure and it is only getting worse.
- More training around meeting needs for cognition and learning would be useful. SALT and ASD outreach great for communication and interaction strategies, but who can support with cognition and learning?? (EY / KS1) particularly if Portex now only 0-5.
- I have recently completed 3 EHC applications where health professionals were needed and invited but did not attend. This is worrying.
- Currently acting SENCO, new to the role so may not be fully aware of all the issues.
- Kirklees should be able to provide parents with a list of school who have setting able to meet complex SEMH needs – nurture room etc, just so parents have a clue where to start looking rather than trawling every website!
- The training sessions delivered by Champions have been very useful; support from outside agencies has been vital in meeting the needs of SEND.
- Thank you for the opportunity to give feedback on our views.
- We feel struggle to gain EP support that influences practice and practical hands on advice / support to move children forward; lots of limitation; EP doesn't have knowledge of services, other professionals / SENACT – could this be due to not attending reviews?
- I find it difficult to find training for staff.
- Very challenging role – increasing demands in recent years to manage 'high needs' means very much more (sometimes unnecessary) paperwork. Need a magic wand!!
- Affordable 'whole school' CPD packages would be very useful as children move class each year and training one person and cascading means vital info can get 'lost' plus many strategies benefit more than one particular child and becomes more inclusive overall.

Responses from Early Years Settings

Have you had support from other agencies and/or received additional funding?

- No x 3
- Yes x 13
- Speech and Language Therapist x 2
- Speech and Language Therapist. District nurse to support medical needs – EPI pen.
- Yes x 2 (the 2 not specified on sheet)
- Inclusion Officer and Access Fund.
- SEN Support, Speech and Language and Access Funding x 2
- SALT, EYSEN Support, Access Fund x 3
- Yes EYSEN. No additional funding.
- Yes sought for one child with visual impairment.
- N/A
- Yes – SEN team very supportive and access funding received. Although not enough to ensure child's safety!
- Support but no funding.

- Early years SEN team, Speech and Language and Visual Impairment.
- Access fund for one to one support.
- Kirklees and Calderdale.
- Support from agencies. No funding.
- SALT x 2
- Access fund to offer one to one support. Physiotherapist and occupational therapist.
- EYSEN and SALT.
- Access Fund and DAF.
- Support from physiotherapist. Received additional funding.
- Access funding for 1:1 support – EYSEN team involved in helping doing MSP.
- Received Access Fund. Support from Inclusion, Speech & Language, Play worker from the Rainbow Centre.
- Access Fund and EYSEN team.
- EYSEN team.
- Access Funding for 1:1 support/support from OT/Physio/Speech & Language/Play worker/Portage/SLI team/hearing and visual impairment.
- Not this time.
- Yes in the past have had Access Funding. SALT.
- Yes in the past we claimed the Access Fund.
- Yes – both. One to one support and support from additional agencies is a huge support to Nurseries, without which we would be much less able to support children with additional needs.
- Yes speech therapy for some children but only a few sessions. Yes dyspraxia assessments and support.
- SALT, SEN team. No funding this last year.

Have you ever felt unable to accept a child with SEND? If so, what were the barriers?

- No x 29
- SENCO left our setting and in the process of training new SENCO.
- Yes – to complex regarding mobility, feeding etc.
- No. We accept all children but have had requests for children to stay all day with SEND, this has been a barrier as the extra funding doesn't stretch.
- Have never said no to anybody. Yes – availability of one to one support * resources a barrier.
- Not for the children will have had and have got presently but who knows in the future depends on suitability of setting, our trained staff etc.
- It is becoming increasingly difficult due to funding at meetings, training etc. to meet needs cannot be financed.
- No, we have always accepted and adapted for any requirement.
- Yes – child attends two settings and other setting already claiming most of access funding. We have accepted child but 2 of child's 6.5 hours have to be covered by setting providing support staff at cost to setting.
- N/A x 2
- Not at the moment, currently going through a process of getting insurance on side. Hopefully this will be resolved soon!
- Yes we didn't have staff or availability for the child.
- That's not something that I have influence over due to my job role, however it can be difficult to provide for them due to staffing.
- No we would never not accept a child with SEND unless we felt that our service was not suitable for the child e.g. for access/health and safety reasons.
- To be able to meet needs limit how many SEND children we have.

- Yes – not able to meet needs and provide one to one support.
- No not at present moment.
- No - but wouldn't be able to if Access Fund wasn't available.
- Yes – the impact on staff, relevant training and cost.
- We have had to refuse 1 child with severe complex needs as we couldn't accommodate the hoist for lifting.
- No, however without Access Funding and professional involvement it would be difficult to accept a child into Nursery with SEND and ensure that their needs are met.
- Yes. Staff felt as we were so small did not have the time, staff etc. to support their needs one to one.
- Felt yes, but not refused (parents unreasonable demands) i.e. guarantees that child won't fall etc.

Thinking about outcomes and/or readiness for school, what difference does your support make to the child and their family?

- Working together sharing information to support the child's need. Offering support to parents. Offering strategies to work on at home.
- Inclusive.
- Enables secure transition visits to school/special provision.
- The support provided by the setting and outside agency makes a huge difference in getting a child ready for school.
- A lot of difference.
- A major difference those children have gone onto mainstream school with the support needed, parents have received help to cope at home, also some accessed special schools, also some now ready to apply for EHC Plans because of work/input by ourselves.
- Transition period allows for needs fully identified. Parents report back they feel listened to and supported.
- We can support the family and child to transition ensuring the new setting understands their needs fully.
- With our support parent was able to access support from outside agencies. Parent had support from us which helped with emotional and physical needs of their child.
- Advice on support available. Help with transition on to school.
- As an outstanding setting outcomes for all children in our setting have been highlighted as any SEN children showing progress.
- 1 – Support to enable child to reach full potential
- 2 – Support family to find school/come to terms/access funding/follow the process of MSP/EHC.
- 3 – Support settings to ensure child reaches full potential.
- 4 – Prepare child (and family/staff) for a tactile curriculum.
- We give them the opportunity to be 'ready' for school and put adopted provision in place and support for the family.
- Transition to school went really well.
- We can prepare them for school, one to one support, speech & language, toilet training, develop, encourage concentration, listening and attention.
- It prepared the child and school for transition and had the support in place.
- Gives them a start in life.
- Help with confidence to go to school. Help identify any more help/support they may need at school.
- I think it makes a huge difference. The family have told me how much progress their child has made even in a short period of time.
- It helps staff and parents work toward small steps with expert advice.

- Routine, support in all areas, stimulation to child.
- Helped the family and child understand the importance of being able to communicate effectively with peers and adults in their lives.
- Helps bring child on in development and support them in the setting.
- Helps them to progress, even if slowly, closing the gap between them and their peers.
- Promotes the child's development and reassures parents.
- To help get the child and families the correct support when child moves on to school.
- Massive support for parent/child. Gave support to parent with school visits, giving confidence to both.
- One child – support made massive difference child was school ready. Other child was different as parents didn't take on advice.
- It gives them support knowing their child is included within the setting that target can be met with work and strategies.
- That the parent(s) know they have support and help for their child.
- Early development support.
- We have been able to obtain EHCPs to help children receive further support. Used SALT targets to aid children's communication.
- Helps children achieve small steps and targets, able to support parents and carers. I am able to give the child chance to access everyday provision and to have a purposeful time when at the setting.
- The support child has at school. Transition is smoother.
- It has a very big impact and helps support the family and child and help them with concerns, issues etc. Also this is helpful for the child too to prepare them for school.
- The support we give a family allows children to be able to move to the next stage e.g. School. We support parents with this change and take children to school sooner so transition is smoother. My Support Plans also restrict this process.
- Huge difference. Family become more comfortable with discussing concerns.
- Determine whether the child needs mainstream/special – parent knowledge.
- We are first point in many circumstances and begin MSP and SEN assessment to help apply for the right school for their child.
- Child moved from 22-36 (prime areas) to 40-60 emerging and parents ability to support child greatly improved.
- Support will hopefully be in place and EHC started before school.
- It makes a huge difference. It allows parents to continue to work whilst knowing that their child is being cared for. It also allows us to support the child to be as ready as possible for school or to highlight what support is necessary in school, if this is applicable.
- Supporting the child and family and have the confidence and knowledge to move forward. Giving the child a better start for school.
- It has helped the child/children involved a great deal in coping with future school life and making good progress.
- Support given means that parents have reassurance and a person to talk to. Children get the much needed social emotional interaction, plus learning and developmental progress (if only small steps).
- Helping the family receive the right support and signposting to the right services. Emotional support for the family who can struggle with diagnosis, changes and the sometimes negative views of development.
- We help support the transition, and give guidance, help families where able.
- Comfort, reassurance, knowledge of what next pathway will be. Ensured child has been ready and supported.

- Provides opportunities for social interactions and develop social skills and wellbeing. Also provides support and respite for parents. We also work with schools and other settings to support children to reach personal, social and emotional, communication and physical outcomes through offering and providing opportunities individual to the children.

Any further comments

- Just taken on Deputy and SEN role along with new SEN Support [REDACTED].
- All made possible by Access fund/one to one with child.
- We are lucky to have contact with school and are updated on these children's progress.
- Hope to access support from other agencies/funding in the near future for a child that's just started pre-school.
- The child was able to transition to a school which met his needs.
- Any times we have applied for access funding it has never covered the full hours the child attends. The setting has always had to subsidise additional staff to support child.
- Some parents think the child will just grow out of it and be 'normal' one day.
- We have been very grateful for all the help and support from SEN team.
- My Support Plans are very time consuming, this document should be adjusted so that time could be given to the child to help with their development.
- The support and funding we receive from the SEN team allows us to support our children with SEN better as advice and guidance is given.
- Early intervention is essential and need to be supported for these children.
- We are becoming more stretched as more children especially on 2 year funding are requesting places – we are trying to adapt 'normal' provision into specialist settings – our staff are expected to be physio's, speech and language experts, nurses (included diabetes, catheter, feeding tube and oxygen training). They are expected to deliver complex therapies and also play programmes. We have tried to recognise this by awarding these practitioners with additional pay as they are now called Advanced Pre-school Practitioners. Plus extra paperwork, MSP meetings etc.
- Children in private nurseries need support, just as those in state schools. Early support is vital!
- Funding is short so as a setting more hours have to be provided by the setting for one to one care, self-funded, limiting how many children we can support.

Responses from Governors

As leaders of your schools, what are the challenges of meeting the needs of all of your pupils?

- Lack of joined up services. No specialist expertise to draw on in a timely way – waiting lists!! Lack of resources within mainstream school. Trained staff needed quickly to meet changing and immediate needs of children, especially with behaviour and mental health issues.
- Lack of funding and resources. The 'notional' funding is unfeasible and unmanageable. Time takes to achieve the banding for what little funding is available.
- Financing the extra support that has to be provided to a child with SEN £6k is a huge amount of our budget and means that to provide support takes away from other pupils a lot of whom have SEN. Funding for that child's need should be there as soon as the need is discovered. This should be separate and for that child (in an ideal world!).
- Resourcing and specialist assistance. In a small school, we already have significant problems with finance and a lack of flexibility in addressing issues. A single SEN child can cause significant disruption when financial support is not forthcoming for some considerable time and the amount of additional work is substantial.

- Complexity of need. Lack of provision. Unplanned costs of children who join school with no upfront funding. Lack of support from LA to advise the steps open to school.
- Challenge to getting an EHCP in place. Lack of funding. Lack of understanding perhaps of what might appear to be low level needs but which impact on attainment.
- We have higher than average numbers of children with SEN and feel school budgets are less and less able to cope. Children are entering school with more and more complex needs and we are, from time to time, seeing parents/children referred to us by other schools!! More support is required in pre-school settings to help.
- High cost on staffing and other resources to support indiv high needs pupils. The Pupil Referral Service - Single Point of Referral is a vital resource to / for support these children, parents/carers etc. especially in present financial climate.
- Funding for the future to maintain at present it is not there.
- High % of SEN children presents challenges. Getting EHCP assessments done in timely way particularly in early years (i.e. when children move from other EY settings). Resources to provide support in class TA (given reduced staff) completely insufficient.
- Getting children assessed for various needs. Funding rules seems to have been tightened to reduce support. Specialist TA's to deal with children's needs.
- *Funding – SEN teachers/assistants and resources in a small primary. Timeframe on getting statements in place, while having to fund out of a tight budget.
- The biggest challenge is lack of funding in school. The budget cuts are making what we need to do in school unachievable.
- Funding. Access to immediate support – timely. Hubs – making them work. Parental issues/understanding. Training and support for staff.
- Funding the support needed for some of the increasingly complex needs. The increasing complex needs that we have in our setting. The length of time it takes to gain EHCP.
- Broad and balanced curriculum. Suitable qualifications and progression routes for pupils. Accessibility of the building. Funding to support Quality First Teaching through training teachers. Budget cuts have led to staffing reviews, loss of a high number of support staff.
- Having enough funds to support those children not with statements or EHCP. Lack of support e.g. ED Psychologist etc. Also lack of diagnosis quickly enough, children have waited years for a diagnosis and therefore funding.
- Inadequate assessment by LA staff.
- Unsuitable premises. Lack of flexibility of premises, resources – human and physical. Additional pupils entering system through the year. Specialist staff training. Small class sizes, high staff ratio.
- Lack of funding from the LA. Lack of imagination in linking across Health/Social Services/Care and Education. Speed of change to be able to deal with our YP.
- Wide range of need/complexity – making career pathways a challenging process. Keep up to speed with current changes in mainstream (and) to ensure students can access life opportunities and go on to lead purposeful lives – jobs/job satisfaction.

What would you like to see changed to improve outcomes for children with SEND?

- Reduced waiting lists – no wait for EP's for speech therapists etc. No 'fobbing off' i.e. being refused consideration of our evidence for SEND tribunal because we had not met with EP prior to sending in paperwork. This was because the EP could not meet us for a month and the child needed immediate EHCP plan. IT'S SO FRUSTRATING!!!
- A more cost based approach to funding. Review the notional funding approach. Honest open approach to determine what is the best setting for each child.
- The speed and efficiency of getting help. We have a current child with obvious severe need, we are going through the steps to get the help but in the meantime the child can't get the support needed and where we can provide support it is at the cost of the rest of the

school. This should not be the case! They should get the finance for or provision of support as soon as the need presents itself.

- There needs to be considerably more help available, both financial and non-financial for small schools who are not in a position to dedicate the support required.
- **Options, costed offered to schools. Funding needs to follow child. Greater support from the LA so schools can make informed choices/decisions and thus ensure VFM in support of each child.
- Better focus on the needs of the child. Rapid response to EHCP submissions. Better provision for all children with SEN needs.
- Identify problems and issues before those children arrive into reception, otherwise time is wasted and budgets squeezed putting in support well before any top up funding might be received. We have raised issues we've experienced with children being directed, that process could be much better managed. More and more referrals to other agencies are needing to be made and this all adds to the time needed to provide adequate support.
- Increased funding and support provision across Kirklees.
- Assessment timescales are not realistic and need to be reviewed. It causes.....
- Better information with what qualifies for assessment. Fewer blockages in the system.
- *A review of the two points above.
- The length of processes. More provision/support. Increased funding. More support for mental health and recognition for emotional development gaps. Not all children can achieve at chronological age.
- Less paperwork. Trust judgements. Ensure criteria is well known to access support. More places for children who need support at schools such as [REDACTED].
- Increased specialist/special school places for those young children with high needs. Improved communication between multi-agencies (i.e. invites to attend meeting). Improved signposting for parents.
- Different emphasis on the word outcome, a grade 9 -1 is not a suitable measure for SEND pupils. Recognition and reward. More training for mainstream teachers/typical secondary school staff to enable them to support/teach SEND pupils.
- Quicker diagnosis/funding in place. Need more professionals available with the backing of what is needed is provided quickly.
- Assess much earlier in the age range and put appropriate help at infant schools.
- Specific training – it is happening. Appropriate facilities. Longer days to support families. Wrap around provision. Holiday openings more frequent.
- ** The above! Specialist services on hand in relevant quantities to support the whole person not just their immediate educational needs. Holistic family support.
- Broad and balanced curriculum to recognise qualifications other than 1 – 9 grades/academic GCSE etc. linked to work life skills, recognised by employers.

Any further comments

- More funding at every level of the system required – our NFF budget means we are having to cut TA's therefore our capacity to support 1:1's is reduced. This means that especially children with behaviour problems are increasingly difficult to cope with within the mainstream classroom.
- Open up the feedback to the widest audience possible.
- Moving to EHCPs has been helpful on the one hand, on the other it is very time consuming.
- If PRS/Pupil Referral Units are to become part of a MAT how will the LA and users/schools/other academies have a say in the way needs and provision are provided? Will there be no fundamental differences? Potentially there could be perhaps?
- Consultation and dialogue.
- I am not the SEN Governor so do not feel able to comment further. Can schools respond directly?

- Could we not have a paperless system to aid schools and parents raise issues and monitor the process.
- I am resources not SEN. This would be helpful to be emailed to all governors with specific responsibilities to provide answers.
- Early intervention should be targeted together with specialist support for particular groups.
- SEND parents are often very vulnerable and isolated. Accessible information for them is paramount.
- Parental engagement and support needs to be improved. Family support. Adult and community learning. Innovative approaches to the SEND offer/school policy.
- SEND children are often left for years to wait for specialist help/support. This is not fair on them, other pupils or staff and has a huge impact on them all.
- Need more special school places.
- There is a lot more to add.....
- Engagement needs to be effective, honest and timely. Dates need to be out now for consultation with all interested parties. We need to start by thinking again before major consultation.
- Excellent piece of work thank you [REDACTED]!

Responses from parents

Needs profile of your child – please tick: (*Think about your child's needs and how they impact on their education and daily life e.g. Medical needs like epilepsy, sensory processing, mobility issues. Please add any needs that you think are not covered in these boxes.*)

Multiple response question (so percentages won't add up to 100).

58 (75.3%) Communication and Interaction (including autism) - 29

21 (27.3%) Sensory (hearing/sight) - 16

14 (18.2%) Physical disability - 10

55 (71.4%) Social, mental and emotional health - 27

2 (2.6%) Don't know - 0

15 (19.5%) Other – *please specify below* - 17

27 responses (listed below). 29

- Attachment - Early Life Trauma
- Dyslexia
- Dyspraxia, hypermobile, coeliac
- Noonan syndrome, hyper mobility
- Epilepsy
- SLCN
- Sensory processing disorder
- ADHD and a rare medical condition
- I am a school governor so there are a variety of needs in school
- Dyslexia.
- Profound and multiple learning delay Genetic disorder
- Learning difficulties – PTSD
- Dyslexia
- Sensory Processing Disorder
- Learning difficulties and medical
- my son is autistic
- dyspraxia
- ADHD but not formally diagnosed yet as only 3.
- Unable to identify any pain/ unaware of hazards No diagnosis Requires 24 hr care
- Severe learning difficulties genetic

- Cognitive -- our daughter was assessed privately at [REDACTED] this past summer, and we were told her cognitive functioning level is about that of a 5 year old (our daughter will be 10 in January).
- Behavioural.
- Poor fine motor and some gross motor issues.
- Awaiting assessment from CAMHS (waited two years after initial meeting then found out that he wasn't on the waiting list - now on waiting list, have been for a couple of months - still waiting for someone to call me back to find how long it might be).
- Awaiting assessment for Autism from CAMHS - been waiting a year
- Dyscalculia, dyspraxia, auditory processing disorder and hearing impairment
- Multi-sensory impairment and sensory integration difficulties
- Downs Syndrome, mobility issues, heart murmur
- ASC, PDA (Pathological Demand Avoidance), a nursery selective mute
- ADHD and Epilepsy
- Doesn't make growth hormone – 6'4" – 6/7 year academic functioning, learning difficulties, unique chromosomal disorder, partial depletion of chromosome 3 – not specific title, gastrostomy – special diet – feed as doesn't absorb, respiratory issues
- 4 year old – Epilepsy, ASD? Hypermobility, 2 Tuberous scleroses. 6 year old - ASD?
- Difficulties in school - easily led, lacking common sense, not picking up others talking to him, lack of understanding of needs early on, lack of acknowledgement of difficulties managing change, started at Calderdale moved into Kirklees Y4 [REDACTED] [REDACTED] – picked up on issue (ref to RELATE).
- Dyspraxic and Dyscalculia (screening)
- Issue with urinary incontinence
- 2 boys - 1 x development delay at Castle Hill and 1 x VI and albinism at Dalton JIN School – affects emotions, frustration/anger improving.
- Mild sensory, anxiety, ASD but not diagnosed. Difficulty with CAMHS because school not seeing problems and not sent FSW report in so have to pay for private report
- Lack of confidence, working on communication skills, muscle wasting condition – deteriorated – now not mobile and delayed speech and language
- Learning difficulties, autism, verbal but repeats and social skills – waiting in queues.
- Learning difficulties
- Referral to paediatrician to see if ADHD/Autism or something else. School suggested it. Referred through GP
- OCD maybe Asperger's
- School have raised behaviour issues
- Schools need to focus on learning levels and pick up on it quickly
- Wears glasses, can explode
- Life limited health condition
- Sensory processing, loose stools and anxiety
- ASD – feel like child doesn't fit anywhere at headlands, 6 terms up to May 2018. Lost faith in mainstream school [REDACTED] Felt under pressure to accept SP place as HT had threatened PEX. Had lots of FTE
- Anxiety and depression, sensory – crowds, noise etc. severe ADHD, Dysgraphia.
- Sensory processing, high DCD (developmental coordination disorder/Dyspraxia). Dysgraphia
- Complex health and medical needs. E.g. gastric dysfunction, dystonia, high postural care needs
- Downs Syndrome – learning difficulty. Health needs – asthma, gastro-oesophageal reflux. Sensory processing disorder, OCD, low Muscle Tone
- Angelman Syndrome
- Down's Syndrome – global developmental delay, low muscle tone, obsessive behaviour. No sense of danger or what is safe. Continence issues – still in nappies
- Traits of ASD – He has Down's Syndrome
- Down's Syndrome, low muscle tone
- Down's Syndrome, learning at a different pace to everyone else, language needs

Does your child have: (Some schools may have their own plan to monitor your child's progress. You can add this in the 'other' box.)

Multiple response question (so percentages won't add up to 100).

- 10 (13.5%) Individual Education Plan (IEP) - 6
- 14 (18.9%) My Support Plan (MSP) - 8
- 44 (59.5%) Education, Health and Care Plan (EHCP) - 18
- 11 (14.9%) Statement of Special Education Needs - 2
- 5 (6.8%) In process of being assessed - 4
- 3 (4.1%) Don't know - 3
- 8 (10.8%) Other – *please specify below* - 4

18 responses (listed below). - 15

- nothing
- Still waiting for transfer of statement to EHCP after 62 weeks.
- IEP since 2014, School are now putting together a MSP.
- Professional working with SEMH children
- counselling
- All of these documents in school. See above comment.
- Additional Needs Plan - There are set targets for my child each term, and at the end of term they are reviewed.
- None of the above
- At 2nd Draft EHCP phase
- None
- He is on year 3 at [REDACTED]
- Think in process of moving to something more formal might be MSP or EHCP
- We are currently in the process of an emergency review and transition to an EHCP for our daughter.
- Desperately trying to get assessment, but have been advised the best setting for this would be residential, but Kirklees won't support this due to resource issues.
- He's had other plans, support plans, IEP's and now being assessed for an EHCP
- Spoke with school, they said they are going to put some things in place so am meeting with the SENCO on Wednesday. So not sure what will be put in place yet.
- NOTHING!! Despite numerous requests and recommendations from National Deaf Children's Society and other bodies
- one page profile
- 3 years in place
- Risk Assessment, behaviour report and strategy
- Statement being converted to EHCP
- Hasn't read it
- 4 year old – MSP - In reception, trying to set EHCP parental request turned down – going to mediation. 6 year old - No plan in school, difficult at home – lots of difficult behaviours but seems to be angel at school, doesn't sleep and wakes 4 year old up, had SALT previously – made slight progress and parents thinking of a referral, making reasonable progress, no support at home, PX involved just stated high functions so appears ok, excluded a number of times since September, no provision on site – 1:18 copes better and managed better.
- Requests for help from an early age from mum resulted in being told parenting and 2 counselling sessions – [REDACTED] at 9 years – RELATE – told he'd be okay. Referred by school
- 2 boys – 1 x PEX communication system. 1 x Carers Trust 1x 2 weekly at [REDACTED] after school. Wants YPAT in holidays. Schools very good. Need out of school activities.
- Working below average but school don't feel need to have any plan. Compliant at school – difficulties on leaving. Parents feel school think its home based.
- Transferring Statement x 2
- MSP initially completed by grandparents. Possibly on SEN/IEP. Not known as grandparents and not parents

- Mainstream lack of understanding of SEMH needs
- Has only just started at school. It is likely to go to my support and possibly ECHP following assessment
- waiting for panel decision regarding assessment
- Applied for assessment – in process of getting assessment
- Statement has not been transferred as yet, very disappointing for my child and identifying needs. This will be past statutory timescales – I've asked and asked but still not transferred over to EHCP

What type of setting does your child attend? (Where your child receives their education.)

- 4 (5.1%) Early years e.g. nursery, playgroup, childminder etc. - 1
- 43 (54.4%) Mainstream school - 20
- 7 (8.9%) Mainstream school with specialist provision - 2
- 14 (17.7%) Special school - 7
- 6 (7.6%) College/further education - 4
- 5 (6.3%) Other (e.g. apprenticeship) - *please specify below* - 3

8 responses (listed below). - 21

- PRU
- Tutoring
- Unable to work
- Special [REDACTED]
- He is year 3
- Primary [REDACTED] school
- Our daughter is currently home educated. We de-registered her from [REDACTED] [REDACTED] in December 2016 after continually having to push for our daughter's needs to be met as written in her Statement. We raised our concerns to the Chair of Governors who told us, "It has nothing to do with me. Governors don't get involved in the day to day running of the school."
- None at the moment. Trying to get [REDACTED] into a residential setting Monday to Friday (ideally this would be a school) where he can be assessed, but we keep being told that we have to try a day school setting, even though this has already been tried and [REDACTED] refused to attend, had fights, assaulted . teacher and this causes even more episodes of violence at home.
- Primary. [REDACTED]
- [REDACTED] I & J School
- Secondary ([REDACTED]) Year 10. Lack of special school with average or above average ability. In terms of attainment things are not broken down sufficiently
- [REDACTED] – post 16
- Attended [REDACTED] – no support apart from lesson break. Had a good vocab – people misread this. Post 16 – [REDACTED] – didn't do as well GCSE as could have as struggled with revision. Mum explained to [REDACTED] about his difficulties and need for extra support. Struggled with emotional issues – melt downs. College saying had help available but he needs to access it himself. Left education post 19. Working part time.
- Specialist Provision ([REDACTED])
- High School ([REDACTED])
- High School ([REDACTED])
- Wants him to interact with other children, swimming on Mondays, after school/ holiday at [REDACTED]
- I & N
- Primary [REDACTED] (Ofsted outstanding but individual cases not picked up). Residential trip – Robin Wood – 2 nights, 3 days
- [REDACTED] Junior School
- Secondary
- Primary [REDACTED]. I had to get the MP involved and insisted he have an assessment he has just recently had a diagnosis this week

- Assist dad at work but not in a full capacity. Hates education, badly let down and doesn't trust no one
- Primary [REDACTED] School. Excellent school! Structure to the support, great staff. Liaising with other agencies – issues with wiping himself
- Felt like things have been a fight e.g. setting, ASD assessment, getting her level of funding when got statement – Blue Badge. Some support from SP at home when in mainstream really useful. At mainstream was always given negative side, never felt like focus on what was positive
- [REDACTED] (Age 13)
- Mainstream with autism outreach
- Recent setting – out of area residential specialist college. Current setting – out of area non-residential specialist college
- Special [REDACTED]

What has helped your child progress? *(Include anything that school provides: changing the timetable or lesson, involving your child in activities, changes to the classroom environment, checking targets / outcomes, therapies delivered to your child in school. Consider how well the school communicates with you. Is your child in the right school to meet their needs? Do staff have an inclusive attitude?)*

77 responses (listed below) - 30

- The support from the school SEN team plus head & assistant head of year. Being given space to reduce her anxiety & panic attacks when needed. Being given the opportunity to talk to staff members when required. Having the opportunity to use a pen which reads text for her.
- He attended the Resourced Provision at [REDACTED] School from Year 9 and this was when he began to make really good progress in an environment where he was fully supported by specialist staff with a genuine understanding of his needs.
- One to One lesson support, Morning Greet & After School Handover, Visual Timetable, Ability based work, Small groupwork, Consistent approach & Inclusive attitude (every child is special & unique). Part Time timetable gradually built up.
- Changes to the college environment, understanding my child's need for time out on their terms. My child is in the right setting, and they are meeting my child's needs.
- Using yellow paper to write on and using a blue overlay to read with so far
- The teachers give him additional help
- Staff she can talk to but no other support offered or provided.
- Offers a separate area for break/lunchtimes, which isn't as noisy. My son can access help and support here from qualified staff. Has a care room, for him to access disabled toilet facilities. Considers suitable seating arrangements - so he can sit near the front, process the information on the whiteboard more easily. Prints some homework/classwork in bold/larger print, so he can process information more easily. Leaves class slightly earlier at the end of the school day, to avoid busy corridors and the noisy. Worked out which groups he would be in, to ensure he didn't have to go further than necessary from one lesson to another. Re therapies; hardly any, even though EHCP mentions this. Certain key workers communicate well, but there are times when I feel to be constantly emailing/phoning etc to try and sort matters out, which I feel should have been sorted already. My child wished to remain in mainstream and follow his peers. There may be have another school which educationally he may have fared better at, but emotionally, it would have caused problems to move him out of the pyramid. Key staff definitely have an inclusive attitude. The school as a whole, I do not believe they do. The school seems focussed only on being a platform for those children moving onto higher ed / university. I don't feel it caters as well for those children who cannot always access standard subjects and doesn't seem to offer sufficient help towards their future in this respect. Nor would my son be suitable for a specialist school, so there is a gap in provision for those children with moderate learning difficulties, but also who are suited to main stream, if the help and support was there.
- Intensive support from the Thorn Centre has meant my son has come on lots. Def the right school. Wonderful attitude from all the staff.
- Support majority of the time whilst in school. Lots of visual aids i.e. now and next boards. Has his own personal space within class. Social therapies recommended my educational psychologist. Things were incredibly difficult when my child started in Reception. He was

excluded twice yet investigations showed he was working at age 3 for most of his development areas. I do not believe that school have an inclusive attitude. He would spend very long periods in isolation and was restrained on a regular basis. We were told to punish him at home when he did something wrong in school. We had to fight to get him to the point he's at now.

- Her 1:1 support time helps her progress. Interventions to help her socially as well as tailored phonics when it was being delivered.
- Visual timetables, slanted writing board, pencil grips, Lego therapy, art therapy
- all staff aware of sons anxiety/autism and know the 'signs' to look out for and how to respond. - provision made for extra exam time/separate space - SEN staff available at all times of day - staff just generally 'look out for him'
- 1-2-1 support has improved all areas of my child's development, they include him in class but have to make some changes. For example in PE they ask all the children to copy him for 5 minutes then at the end they do the same, as my child likes this he is more likely to stay for the whole lesson and take part. He has a visual timetable and has Autism outreach in regularly to see if they can change anything or make any improvements. I feel I have a good relationship with the school and I'm kept up to date.
- His school have been brilliant in incorporating [REDACTED] in every activity and have adapted some sports so that he can take part the same as his peer group. They have secured a sports wheelchair, so that he can use this in PE as and when needed. They have also included all of his physio that he needs to do and have also provided additional support for him outside of his statement hours, so that he is safe at dinner time and also at break times. He has been included in after School clubs as well, which has really helped with his social skills.
- One to one teaching at PRU littler class sizes
- Nothing
- Not in the right school to meet his needs. Staff treat him as naughty rather than understanding his needs. Challenging behaviours mean he is put either in isolation or excluded. Not allowed to go on trips. Staff have previously told me autism doesn't exist!
- Absolutely amazing school, fab communication
- Specialist autism staff, access to place for input and calm tome, mentoring and 1-2-1 support.
- His teacher. She has made a great effort to gain a better understanding of his very complex needs. His school is well structured and I believe he is in the best place available within the LA. He makes very little progress despite having the ability to learn and despite staff working hard to figure but new strategies for him. On a positive note his school provides a good and varied level of outbound activities which I believe our son benefits from tremendously.
- School has started to have activities where my son mixes with other children i.e., cards group so that he's on a level playing field and it's not just running around which he can't do - that's good. Also good is that they have found him a computer to work on instead of writing all the time as he finds fine motor skills really hard - that's good too. I find some staff a challenge - talking about his difficulties in front of him to other adults - this makes me sad and my son sad. I don't want him to hear that they don't think that he'll ever achieve at activity xxx he has challenges but he's very clever and picks up on everything. I know that this worries him as he has said so
- Our child is in the wrong school to help him with his needs. We are as parents trying to get him into [REDACTED]
- Music therapy , sensory room, pecs, teachers who understand their needs; visual time table
- A mother who has been proactive in orchestrating and fighting for support for her child from the very start. The fight started in 2014, when child was 3 and the SLT at time said there was no issues with his speech and language and that he was just 'delayed by 6 months'. I would not take no for an answer and insisted he was given slt. 4 years down the line he is still under the slt caseload with a diagnosis of DLD. I have paid to be Makaton trained, I have paid to be pecs trained, I have paid for private assessments and therapies, I have attended meetings after meeting trying to get the right professionals around the table to discuss ways in supporting my child. Kirklees have this 'too little too late' support system for children with moderate levels of SEN. The severe needs are given an EHCP, the mild needs are given QFT and SEN support the moderate SEN needs are given support in a form of an IEP/MSP which does not reflect the level of their complex needs. I have built a portfolio of evidence on how my child has been

supported since 2014, and we have been refused a needs assessment. I am taking the LA to disability discrimination tribunal.

- Our children progress due to the alternative, specialist package that is on offer to them. They are able to access a practical curriculum with individualised support and plenty of outdoor space. The staff are specialised in therapy interventions and tailoring support to fit each child's needs.
- Home counselling
- Formal interventions have not helped as much as a positive attitude towards SEN, commitment to supporting my child, and an ethos of acceptance and understanding. These attitudes permeate the daily routines of the school and mean that my child gets the support he needs naturally. Since transferring from an 'outstanding' primary school to an 'inadequate' high school, he has been allowed to work towards outcomes that are relevant to him, rather than being pushed into getting better academic results to support the school's performance in league tables. Accordingly, he is happier in school and ironically his academic progress has also improved. I strongly feel that schools' performance should be measured on their commitment to inclusion rather than academic results. Far too many of the Kirklees schools judged by Ofsted to be 'outstanding' have appalling SEN provision, and a complete lack of understanding the needs of children with SEN. This is a well-known fact amongst Kirklees parents who have been in the SEN system for a while, and amongst professionals who work in the education/SEN system in Kirklees, and it is about time this matter was addressed forcibly. As long as schools are judged on results alone, only those schools who are willing to prioritise emotional wellbeing over academic results are going to truly meet the holistic needs of children with SEND. Unfortunately, these schools are penalised by the system (e.g. Ofsted) whilst the schools who tend not to accept/include SEND achieve better results and are regarded 'outstanding'.
- My son really struggled terribly when he started high school. This improved a little when we went to tribunal because he then had 1:1 support full time and a dyscalculia tutor and has dyslexia tuition. However school are not very inclusive at all, e.g., they refuse to provide him with a room in which to eat by himself (with supervision) and they also refuse to let him do the PE sessions he enjoys and finds the most accessible for him. So he hasn't done PE at all since the very start of high school. Before the tribunal the Senco told me that her school don't do 1:1 for any pupil. If he find a class too noisy he will have a seizure so he doesn't want to go into some lessons, he then goes to another room with his 1:1 support. School do not understand autism or anxiety, yet they told me and the LA they could meet his needs. They have recently said they can't meet his needs so we are now looking for a new school. They should have done this much sooner as he has missed out on so many lessons. The communication between myself and school is terrible. They don't reply to my emails. We had to complain to the governors. School were saying that I email them too much. Yet I had told them many times that I have my own communication difficulties so therefore email is my preferred form of communication. They insisted that I should speak to his 1:1 when I drop my son at school or pick him up even though I found this difficult and also told them that the reception area isn't private.
- Changes to timetable, provision of small group work, emotional support, behavioural support, speech therapy, physical therapy, inclusion in mainstream classes, changes to the school environment, provision of specialist equipment (e.g.laptops, coloured overlays), small manageable targets, staff training.
- Personal experience of key staff members. Advice from other agencies (autism outreach, PPRS) and enthusiasm of the educational psychologist. Modified classroom environment & activities, visual timetable, lots of one to one (not funded) and inclusive attitude amongst staff and children. Social communication group with TA, extra staff training provided by the ed psych. At the moment the school meets his needs reasonably well although this may change without extra funding (EHCP) The school does have a higher than average percentage of SEND children.
- Continuity and environment as in same classroom familiar staff and peers regular reviews.
- Nursery adopting a gentle parenting approach.
- The ANP that my child has helps him to improve one step at a time and not be overwhelmed. Also he was to move into the yr6 class in September but has been kept in the yr5 class, as he was behind in Maths and English. He receives one to one help in the classroom. The teacher has assured if she thinks there are any issues that must be raised, we would be informed.
- Don't know

- One to one full time trained intervenor. Daily physiotherapy.
- Triangle pencil; my child is defo not at the right school to meet his needs they're struggling with him yet no support for him.
- Northorpe Hall interventions including counselling and group therapy. Although initially referred by school this is the only support our child has had and it's been out of school.
- The school has been flexible in allowing my child to attend gradually and get used to a very different school setting to the mainstream setting he has attended in the past.
- Specialist staff who have had training in SEMH. They understand the needs of my child which has been paramount in helping him progress in his personal, social and emotional development, but also in his academic achievement too. School/class environment very different to mainstream schools. Class sizes are small and high adult to pupil ratio to ensure needs are met for my child and the other children in his class. School has encouraged my child in what he excels in-PE. This has included giving him opportunities to help coach younger pupils in school, playing sport outside school e.g. part of a football team. Also encouraging him to participate in a PE coaching course outside of the school environment and supporting him in communicating with pupils from different schools who were on the same course. Outside agencies being involved with the family and with school thus working together to benefit my son. Good daily communication with school.
- My child has only recently started at special school but seems to like it there. The environment is more nurturing but he is finding it difficult making friends because of the varying needs of the other children. He is Autistic and is in with children from violent and abusive backgrounds and is picking up there colourful language.
- Unfortunately nothing has helped my child progress. He has not coped with mainstream high school and has had less than 50% attendance in the last two years (now in yr 9 and on a part time timetable). It has not been the right setting for him but it has taken almost 2 years to go through the process of My Support Plan to EHCP and also to reach the top of the ASD assessment waiting list. His EHCP will be complete shortly and he has been awarded Level A funding, I have asked for him to be moved to an ASD specific unit. The staff in the Learning Support Unit have really given their all to try and make it work for him but often the rest of the school, in terms of policy and practises, works against what he needs and what the LSU have tried to achieve with him. This has resulted in a very disengaged and alienated child and I, as his main carer, also feel like I am working outside of the normal school system and getting nowhere.
- Yes it is the right school as they are meeting her needs now. However this wasn't the case initially, my daughter had a support plan in place due to her being adopted and having significant delays both mentally and emotionally. The school tried their best but did not have the resources to fully meet her needs. It took a considerable amount of time for her EHCP to be accepted as she was turned a couple of times. Since I could see my daughter struggling I could not let this slip through as she needed more support within the school environment. Now she has a 1.1, the school did not have the funds to provide this for her previously. She has band A funding, my daughter would not have received this if I had given up. This was a fight as I wouldn't have given up on her behalf. My daughter has PTSD, she is HI and has a learning difficulty. She needs a lot of support within the school, the school did their best to support her with the funds they had available but it was a constant struggle for the school. It was surprising she was turned down twice and then have the full award given, if she had been awarded earlier it could have helped her social and emotional wellbeing. It was getting to a crisis point especially at home as her anxieties were not been addressed within the school environment. (Through lack of resources) no fault towards the school. The school have been very supportive and still are, they provided the best they could with the resources they had.
- Small group support; personalised curriculum; playtime provision; commissioned speech therapist; daily one to one support.
- The school provide an individualised timetable using visual supports also. His one to one will change things round if needed depending on what type of day he is having. They communicate fairly well using a home school book and email. Despite the many adaptations the school have made he is struggling in a mainstream school environment and the deterioration in behaviour reflects this. I feel his one to one and school Senco are brilliant. It's a big problem when his one

to one is not there as the attitude some staff members have is not helpful and many struggle to deal with him often having to get the Senco to deal with him.

- One to one with a teacher. Meetings with me (mummy), flexible with times.
- My child was progressing with a lovely staff who was patient with my child and took the best out of him until this year September the headteacher got 2 staff who already were working in school to work with my child one in morning and one in afternoon they both had no patience whatsoever they kept pointing out on my sons negative behaviour and constantly told him what not to do, this resulted in him getting frustrated and showing challenging behaviour, he has been excluded and it was due to having untrained staff to understand his needs and difficulties. He is at home and is so sad upset bored he doesn't even remember the staff he worked with this year he still remembers the one he worked with before she was caring and lovely. The headteacher should've discussed this with us before appointing new staff to work with my son. But she didn't she just did what she felt like and destroyed my sons capabilities.
- One to one support; quiet time away from the class; special PE lessons to help with physical development; lessons in small groups away from the class.
- Hearing Impairment specialist once a week; one to one support in Maths and English.
- Learning a language has been removed from my son's curriculum. His transition from junior to high school was handled well.
- The nurture provision is excellent in the infant school, but has greater need than it can meet. The staff are lovely in nurture and in general, however the eta are again not able to meet all the needs of the children. My sons EHCP only enables him to have one to one support for half the school day, in the junior school there is no afternoon play, so he has no chance to burn off his energy and struggles to access the curriculum in the same way as his peers.
- I am a current teacher at [REDACTED] and I believe that the children in our setting make good progress with both their SEMH and academic needs for a number of different reasons. These include; The support of the staff at [REDACTED] [REDACTED] which include their ability to provide personalised and targeted support for all pupils due to a recent increase in staffing numbers. The positive and wide ranging curriculum that the pupils access. The development of links across the [REDACTED] [REDACTED] that provides opportunities for staff CPD and leads to enhanced knowledge and expertise. This is an area that the [REDACTED] has a wide range of expertise, knowledge and ability to share good practice and offer training and development across a range of local authorities. As a teacher at the school my attendance at a number of CPD days within the trust has increased my understanding and practice around effectively meeting the needs of SEMH children and ensuring that they continue to make positive progress. The [REDACTED], I believe can offer a number of support services to different High Needs groups across the LA. The strong and positive leadership and direction of the school which uses the latest training and development around neuroscience and neurophysiology to impact on the pupils SEMH ability.
- I've already submitted the survey but have an additional point to add. I have noticed that Kirklees Council staff don't use 'out of office assistant'. This means that you may not receive a reply for many weeks, for example to an email sent to the Senact team, but then it transpires that person has been on two weeks holiday. The simple step of using 'out of office' would mean that you were aware why you were not receiving a reply (although it has to be said the Senact team often do not reply for many weeks or not at all, even when no one is away on holiday. For example we are still awaiting a reply to an email sent to [REDACTED] on 21 November (today is 7 December).
- Teacher support [REDACTED] is a success The staff member has experience of SEND your concern is if this provision will follow; allowed for flexibility because of the diagnosis; allows to have different access to arrive at school. Follow up meetings.
- Full time support 4 weeks early days to say how well they will deliver his needs Transition done over two days.
- Not much support, delay in learning but minimal support given. Working memory poor and needs reminding but no support given. Meeting at school and school feel they are doing above and beyond funding but parent and child feel the child is not supported. Advice from school is always positive and not honest and they update what's happening the week before the meeting working below his peer level group

- The school communicate very well with us , but I feel that my child not receiving the right therapy at school as he did not achieve his target last year
- Movement/core stability group; small group work; one 2 one support; differentiated curriculum; wobble cushion; pencil grip.
- The clear consistent structure in school. Following the same thing at home but not always successful. Health visitor helping with toileting issues
- [REDACTED] supports him well at the moment but will not offer a place after post 16 recommendations have been given for [REDACTED] or another school in Huddersfield. Not happy with limited options of post 16 schooling.
- One to one support full time helps with safety but I feel he can improve further in learning. He needs to be challenged with his work and not be underestimated. School need to work harder with his goals especially communicating and social skills. Inclusive in trips, assemblies. Receives speech therapy but we see very slow progress. He needs to be shown how to progress and develop existing knowledge and we don't feel the school does that well. My concern is that our child acquires many talents e.g. Languages / maths but are the school supporting him to apply his knowledge successfully? Do they have enough experience and knowledge to help our son celebrate and achieve success
- My nephew attended but achieve nothing, other than a certificate of attendance!
- Specialist school
- Sadly, the school our daughter attended did nothing to help. We were told our daughter's 1-1 support would receive training (they didn't). We were told our daughter was in a "high achieving class" as an explanation for why she wasn't making the same progress as her age peers. We were accused of "looking for a label" for our daughter when we questioned whether she may have specific learning disabilities. We were then told that even if she had specific learning disabilities, they wouldn't change their approach to teaching her because, "the curriculum is already differentiated for every child." We were repeatedly told our daughter wasn't far behind her age peers academically, and that she just needed to focus and try harder (though we now know it would not have been possible for our daughter to be working anywhere near the same academic level of the average age peer group). Our daughter was isolated from her friends at lunch time, forced to sit with the reception class because she is a slow eater, and when our daughter finally got up the courage to ask if she could invite friends to eat with her (at an earlier time than her class year would typically eat), the class teacher asked for volunteers, rather than ask our daughter who she'd like to invite. Our daughter was unable to attend swimming lessons with the rest of her class, as the location where the lessons took place was not wheelchair accessible. No effort was made to change location so our daughter could be included with her classmates, the alternative option offered meant our daughter would've missed critical lessons, the alternative option was not suitable for our daughter's physical needs (competition pool water would've been too cold, the instructor didn't have experience/training teaching a disabled child to swim/be safe in the water), and we agreed with school and [REDACTED] the best way forward would be for our daughter to continue with her private lessons and be observed there. When we asked who would fund this, we were told there was no funding available because an alternative option was made available (despite it not being suitable for our daughter). Our daughter's 1-1 support was pulled to work with other children in small groups. When we questioned this, school advised us they contacted SENACT and were advised placing our daughter in small groups without 1-1 support was acceptable. We immediately contacted SENACT, and when we asked them why they told school that, their response was, "most Statements state small groups are acceptable alternatives to 1-1 support." They had not read our daughter's statement, which clearly stated 1-1 support all day in no less than 2 places. Their excuse for not reading our daughter's statement before responding to school, "We are not education specialists, schools are." Our daughter was not allowed to "drive" her powered wheelchair to the village church for the annual harvest festival, citing "health and safety" as a reason. We were told parts of the route had no dropped kerbs (untrue), that parts of the route had no path (true, but apparently walking along the street wasn't a health and safety issue for able bodied students), and told our daughter did not have enough experience using her powered wheelchair (in their opinion). In fact, our daughter had experience taking her powered wheelchair into the village and was never given the opportunity to use her powered wheelchair once at school. School advised us we

could either escort our daughter to the church service (by walking alongside her in her powered wheelchair or via car) or they would pay for a taxi (but did not offer the option for our daughter to invite friends to join her in the taxi). In the end, school offered to escort our daughter in her manual wheelchair, but we questioned this because in previous years "health and safety" was used as a reason why she couldn't be pushed in her manual wheelchair to church alongside her peers. Our daughter was having daily meltdowns at home after school and when we expressed our concerns to school, we were told she had no behaviour issues at school, and it must be a parenting issue. In the days leading up to de-registering our daughter, the head teacher threatened us on 3 separate occasions with reporting us to child safeguarding. Please feel free to contact us directly to expand upon any of the above situations at [REDACTED].

- Nothing has yet been made available to [REDACTED]
- Visual timetable, intensive interaction, workstation, SaLT, turning off the school bell, weighted blanket. social stories, adapted timetable, sensory breaks, Makaton.
- Things that contribute towards progress: 1. Inclusive attitude of staff (e.g. Maths teachers thoughts on "how can I get her to engage" rather than it all being her fault. Asking for help from RP unit for tips and techniques, the starting point that all students go on the residential (which was a great success). College have made a lot of adaptations too. 2. Adapting curriculum and differentiating within the classroom. 2 national curriculum subjects dropped in Y9 and a "blank" left in Y10 and 11 in order to allow time to decompress and work on other more "social skills". Dance teacher at college adjusts the routine for her in a very practical, not picking her out kind of way. 3. Being sensible with the behaviour policy - a meltdown isn't a conscious decision to misbehave always. Additionally if a child learns that "kicking off" gets them out of a classroom and being in a classroom is an issue as social situations are hard for them then that's what they do. Being excluded is not a punishment when you find it really hard to be in school - the punishment is being in school in their eyes. They soon learn how to get excluded. The best staff understood this and also understood that sometimes the child needed to be out of the classroom (not always because of behaviour but because working towards a meltdown) - but if they were they took the work and it was expected that it was done. 4. Feeling valued by at least some members of staff. This could be particular teachers or TA but it really helps if there is someone in school/college the child feels is on their side. Especially when they have behaviour issues. They feel no incentive to try if they think (not always rightly!) that everyone hates them. 5. The ability to go and work quietly somewhere else i.e. in a separate classroom with or without TA. Not all schools have this break out quiet space. We're not talking about internal exclusion rooms. College try to do this as well. 6. Having a good communication method with school/college - usually email works best - hard to get hold of staff on the phone. It is valuable to have good things communicated as well as "bad". It isn't helpful for parents to feel the only time school/college ring is if there is a problem. 7. Having creative approaches to problems - eventually was allowed to drive on site at school because she would not get out of the car. Everyone else had a taxi and was dropped by the RP unit and she wasn't. Once this changed she was more willing to get out of the car and the staff could see if she wasn't - all it took was appearing by the car and she'd get out. Before it had taken up to an hour to persuade her. 8. Having a TA - her anxieties and behaviour vary throughout the day and depending on what she is doing. It really helps to have someone who knows her well and can head off and de-escalate behaviours. Without it she would not be able to attend college. 9. Having amazing staff, one in particular who talked to college to help them with managing her - she actually went in to college to do this (daughter was part of an education project she was writing up but still).
- The school meets all the above and have tailored timetable to child's needs. The school also had a Makaton club for friends in school. All staff did Makaton training that was involved with her. They have also provided a communication book and will phone if any issues arise. We have regular meetings and reviews. All meetings are documented and paperwork detailing the meeting discussions sent out in the post. For junior school, they are not sure if they can meet her needs so plans are being put together to have a possible link with [REDACTED] to meet her communication needs. Not quite sure how that's going to work yet. Have been very happy with them and don't want to leave!!
- SENCO has been fantastic, head has been fantastic, they've adapted the toilets, worked with him to understand his needs. Has physio delivered in school, standing frame in school, still goes

special needs swimming on Monday mornings. Communication with school is good. We work closely together.

- When he started at school, I told the Head (SENCO) that I thought he had additional needs. At that time he had not been referred anywhere for assessment. They said they "would keep an eye on him" but actually he was just punished all the time for "behaviour". That went on for three years - until a new Head teacher started when he had speech and language assessment and they got Autism Outreach out. I got him referred through CAMHS via GP. We waited three years for autism assessment and he now has a diagnosis of high functioning autism. He got support after new Head started - IEP's and MSP's and I was kept informed of what was happening. He continued to have real difficulties in school - struggled to concentrate on work etc. My son didn't like some of the support in place because it made him look different to everyone else and he is aware that he is different and it's really upsetting in. Autism Outreach have been fantastic at helping with this. They come to school once a week. Some of the TA's have been better than the staff - currently his teacher is not very understanding. They communicate well with me and are very supportive (the HEAD teacher particularly). Not very happy with teacher - I've had to report her.
- School have put him in a smaller group since the last parents' evening as it has become clear that his understanding is not where it should be although on the surface his maths is good and his reading is OK. That was only since October half term so not possible to assess if it is working.
- He only started college in September so I want to say something about school as well. The big difference between school and college is that college listen to parent and student - the student voice is heard and encouraged - quite the opposite of school. The Support worker is well informed, it's consistent (one person), she comes to all his meetings, is knowledgeable about his condition and how it affects him and will contact me if needed. Generally everything is in place that was required by his EHC Plan. The only issue we have is that they are not very good at breaking things down into manageable chunks as this is new to them and my son does appear very academic and is very articulate so it's deceptive. They are trying to sort this out. The big difference is that they make an effort. Communication is very good. [REDACTED] have an inclusive attitude.
- Not much progress in [REDACTED] Not very happy with the school - please see comments below.
- The Maths tutor contacted me directly to offer extra support, however see below as this was not as positive as it sounds. Nothing the school has done has helped my child progress. In fact her grades are gradually slipping. The school tell me that they've got children with significantly higher needs to support and that she doesn't need extra support. She has just done her mocks and the results are very poor. Sorry, nothing positive to say and would not recommend this school to any parent for their SEN provision ([REDACTED]).
- She goes to [REDACTED] where they do everything they can to help her. Things they have done include - giving her a pass to leave class five minutes early to avoid the crowds for her next class. giving her a corridor pass so she can leave any lesson at any time if it becomes too much for her (especially useful if the class gets noisy or disruptive.) she can either wait in the corridor for 2 mins (often she does this if she has got upset to calm down) or go to the head of years office or go to the TLC room which is usually staffed by a member of the sen team. If it is not then she can access the VI unit. She has a pass to jump to the front of the queue for lunch on the rare occurrence she is without a packed lunch as she struggles with the jostling in the queue. She also has permission to go to the toilet at any point as she doesn't realize she needs it till she is desperate. (usually they have to go at break or lunch). Some teachers will let her go back to the classroom during lunch/break (which fall halfway through a lesson) as she struggles with the crowds at these times. School are very good at putting strategies in place straight away as problems occur instead of letting them escalate. Nipping them in the bud means that only small changes are often needed rather than having to do "damage control" because the problems have been allowed to escalate into a large issue. The school is very inclusive to the extent last year when she won an achievement award I contacted the person in charge to explain that she didn't feel confident and was too scared to go on stage to collect her award they arranged for a member of staff to meet her in the foyer of the town hall and stay with her the whole time and even escorted her on stage as she was too scared to go alone. They also did

this for a visually impaired student as well. when they went to Alton Towers as a reward (they take every student that achieves their inspire me award) they made sure she knew where a teacher was who was prepared for her to stay with them if she felt that she needed it. She is struggling with friendships at the moment as she has made friends for the first time and is getting worried about what to expect and how to deal with friends etc so they have said they will do some one 2 one work around this with her. When she was scared by the book they were reading in English (to the point of getting nightmares) the senco sat down with her and went through it with her so the fear was dealt with and she understood it. She has a writing slope to improve her writing. She also has a tangle to fiddle with when she is anxious and a fluffy pen / pencil case to help sooth her. She is allowed to doodle and draw when listening as it helps focus her as she struggles to concentrate when people are just speaking. She also has the option to leave class when there is a supply / unfamiliar teacher as this change distresses her although when her anxiety is low she can sometimes cope. They also encourage her to go back to class if they feel she will cope rather than just letting her sit out. they also will send a runner for her work or encourage her to bring it with her so that she doesn't fall behind if going back to class isn't an option. She will often find the teachers after school to find out what she has missed or if she doesn't understand what they have covered in class. They all seem happy for her to do that and to go over the work/ homework which reduces her anxiety.

- My son attends an out of authority special school for children with complex communication issues. The school is expert in this field and his needs could not be met in a local school. The school has expertise across many forms of alternative communication and have the resources to provide this properly for children and young people. What has helped was a proper introduction to Picture Exchange Communication (PECs) so my son understood it is about two way communication and was really motivated to make it work. They have built gradually on this system over the years so he has quite an extensive vocabulary and can form sentences and is an effective communicator. They have an understanding of the impact of multi-sensory impairment and offer a "sensory diet" throughout his school day and can tweak this depending on his needs. They understand the massive fatigue caused by multi-sensory impairment and now that impacts on his ability to learn and make sure they are flexible with his timetable to make the most of his best periods of attention and concentration during the school day. Again the expertise is there. All the TA's are highly trained intervenors, fully understand alternative communication techniques and have extensive behaviour management training. Staff use BSL with him as well as picture symbols as he was in a signing school prior to this school for 9 years and understands some BSL despite his vision impairment. He has 1 to 1 support and access to all sorts of activities, e.g. cycling, swimming, music (experienced via a resonance board), cookery, IT, speech & Language therapy, an amazing art studio and bespoke support to help become a unique and talented photographer. There are outings in the community e.g. visits to the supermarket to help him purchase his own items and to help with the use of money, and visits to places like the local library. The communication is amazing via home school books and emails, meetings are well scheduled with lots of time allocated, and all staff understand the impact on families of caring for someone with complex needs and are very supportive. Individual targets are carefully selected and are challenging without being impossible to achieve and there is an aspirational approach with the belief that all students have capacity to achieve well. My son has flourished since he has been there and is capable of far more things than I ever thought he would be, and I have always believed in his abilities. They have always carried out person centred reviews (before the Children & Families Act) and everyone's views are included. They have an assistive technologist on staff who makes sure she is up to date with all the latest communication apps and technology so my son has access to these and is able to try things out. They use video to help him overcome his difficulties with transition to certain places or activities which reduces his anxiety and breaks down his unwillingness to change activities or location. They are always willing to explore creative new ways to motivate students and also always listen to what families have to say. They will create resources if needed and help us to help our son to learn new ways of working or new picture symbols. They have also provided training for his direct payments care staff. In post 16 he has accessed lots of different work type activities like delivering mail, shredding and copying, cleaning in the gym, washing cars and bikes, making dog biscuits for sale and delivering them and so on.

- Coming on leaps and bounds before 1:1 taken away. 1:1 learning Makaton, swimming, Shebang.
- Early referral to Autism Outreach – signposted by school – CAMHS don't accept PDA – CHEWS. School is amazing – head is brilliant – listen to parents – has daily contact with Head (very responsive), teacher and SENCO. Model of good practice. Can tell teachers all get on together, treat each other with respect. Well liked peer group – school supports other children's understanding i.e. aggression/violence/swearing. Very good SENCO. [REDACTED].
- Has her own safe place as was school refusing. One 'keyworker' who deals with her – consistency. Staff very caring in general. Location local to us – wouldn't cope with a long journey. Timeout card/toilet pass. Contacting the school – don't fob you off. When low level bullying occurred it has been dealt with.
- [REDACTED] – didn't work for secondary – lack of visuals at home 7 months. PDA. Slow integration to [REDACTED]. Mum hasn't been listened to by school, CAMHS, EP. Good teacher and support. Orchard View on Friday nights. CAMHS nurses working on behaviour.
- Headmistress – [REDACTED] fantastic. Very nurturing environment – outdoor, group work, practical work, applying maths/English to a practical setting. Built confidence in small groups – staged support into settings like supermarket. Understanding the concept of time. Built around structured routine which fit to needs. Staff listen to parents. Adapting curriculum/environment to needs.
- Lots of meetings with mum and schools. Coming up with ideas and tactics. Sharing ideas. Providing a place for my child to go and calm down if necessary. Very supportive of mum's concerns. Lots of advice from an excellent SENCO in junior School who ensured that he had a good transition to High School. Being able to attend out of school clubs to help him to socialise at his own pace and in his own way without having to conform to too many. Having particular adult to go to.
- Friendly support staff. Good peer group. Travels to college by taxi.
- No EY SEN referral in pre-school as coping. Using THRIVE – seems to be helping if in THRIVE room. Forest School. Thinking spot in class but doesn't always take him there. Feel school keen to exclude rather than deal with problem. Some improvements in school but feel needs 1:1 support to catch him early when going off to distract him.
- Moved out from home to live with Dad. Careers – 2 appointments helped with CV – applied for an Apprenticeship. Could have done with follow up support. Working part time 0 hours contract – sorted job out for him-self.
- [REDACTED] until age 13 – positive communication possibly due to other service involvement. Adjustments for toilet pass. Able to leave class early. Adjustments with dinner pass to go in first and take friend with her. Nurture group – year 7 (additional needs, small group, individualised learning, adapted curriculum) – overall worked well. [REDACTED] – full ed. Assessments – adapted curriculum, inclusivity and small group setting, sensory needs supported, named person to talk to.
- School has hearing provision – more awareness of needs. Regular contact with HI team. Staff have regular meetings. Successful MSP. Teachers are aware of needs. Adapted facilities to suit needs. Access to appropriate support worker. Adaptable to moving around school.
- Forest School/outdoor learning – allowed to get muddy. Singing/drama activities on offer by the school e.g. going on bear hunt. In school nursery for half days with a class of 18 there were more good day than bad (in a more unstructured environment).
- House modifications – Children with Disability. Sensory pack – Caldwell Children. Family fund service – Giving for Garden.
- FSW came into home to help manage behaviour at home from Action for Children. Helped tackle meltdowns but not need for rituals – support stopped – funding went. This helped with ongoing management. School – made progress reading and writing. Feel school doesn't communicate when feels don't have time to answer questions. Parents evening not long enough – teacher talked. Mum made separate appointment but didn't feel it went well. Parents don't know what school may be doing that's different. Thinks gets additional support – bottom group – don't know what work year.
- Gained a lot from being in mainstream – part of same group and learning with peer group. Challenged to achieving and social skills more than being in special school. Inclusion for other

pupils. School adapted PE curriculum well linking with coaches at [REDACTED]. Pro-active support – amazing ETA e.g. reading book too hard – gives video at home. 1:1 support unproved - stressful.

- Happy with school. School supports parents e.g. personal hygiene, brushing hair/teeth. Good routine in school – behaviour better. Confused reality e.g. children hitting her. Swimming. Does physio in school (not at home).
- Accommodating in terms of parking – flexibility – made a difference to my life. Communicator with SENCO is good. Very inclusive. Promoting independence. Regular EIP meetings every term. My child is happy at school. Responds to concerns well. Involving in lots of activities.
- Not quite clear (we are grandparents).
- This is definitely helping, the parents are working with her on the same plan. We are happy with the effort of school and the communication.
- New teacher this year seems to have helped. Speech and Language therapy.
- What's good about now! CURRENT:- School provide reassurance that they will manage child and not expect parents to come and pick them up. Staff understanding needs. Smaller groups. Routines. Transition prep KS3-4 flexible.
- Really listening to [REDACTED] needs, working at his pace and slowly building up his time in college and trust in the staff working with him. Having a plan written down of college timetable and if an issue arises, [REDACTED] have been flexible and responsive to change the plan whenever the need arises e.g. splitting a full day to 2 x half days. I have to say that [REDACTED] at Dewsbury have been brilliant with [REDACTED] (especially [REDACTED], who is [REDACTED] support worker).
- The right 1:1 support worker (male) responds better. Attitude of Head Teacher.
- He has 1:1 speech therapist fortnightly for 25 minutes. Lego club at school (not sure why). They haven't done anything for him, just the opposite the school has failed my child. I've had to have private assessment to identify needs, school have not implemented any of them. Very disappointed in the SENCO in particular who I feel has hindered my child getting a diagnosis of Autism – he was taken off the ASD list when the SENCO told professionals he gave eye contact etc. so wasn't autistic.
- [REDACTED]! NOT BEING THERE! No communication, knocked his self-worth, made him feel like a naughty child, no recognition of his additional needs. Told him he was lazy etc. 'Told to leave his disabilities at home so his parents could deal with it'. Put him in isolation rather than deal with his needs – teachers were part of the problem – no empathy or understanding.
- In the last school Calderdale it was poor communication and lack of ability to coordinate, no belief in my child's needs, no ability to recognise my child's needs. School is getting to know my child, communication is good, they believe me and see his needs. Good responses to emails. He has got an IEP with regular reviews. Safe space in class, now and next board, visual timetable – changing the support and depending on his needs. He has 1:2 support for lunch away from others. Ear defenders, lots of flexibility, recognise needs. Anticipating needs – skilled teachers know his needs.
- One to one support during lessons. Has a short attention and gets bored easily if struggling with work.
- Staff trained in ASD. Small unit – environment right, staff accept his behaviours. Son has changed from being blank behind the eyes to seeing the little boy. Being able to go into Mainstream classes helped with social skills. Provision staff are guided by the child – learnt to read at basic level, speech come on, can swim with arm bands, accesses Street Bikes, focus on independence and life skills.
- Has laptop provided but doesn't use it.
- Differentiate timescales – removed from foreign language – 2 additional English – 1 Social Skills/Life Skills. Listening to parents and responding to requests. Individualised approach – they 'get my child'. Flexible approach. Inclusive attitude. Peers are supportive – lovely kids.
- Recognition by LA that certain specialisms were not available locally. A round the clock learning programme in residential setting helps overcome the time disadvantage for my student, when everything takes much longer to achieve because of access difficulties and when so much time is lost due to health or care needs. On site therapies – speech, physio, OT, hydrotherapy helped maintain or stabilise physical difficulties to enable engagement in learning. On site

health and medical care with experience of complex physical and health needs, helped minimise the effect of health issues on learning. Highly specialised teaching and therapy staff with experience of very complex needs, e.g., Specialised AAC speech therapist (alternative communication), physiotherapists and occupational therapists with postural care training, assistive technologists with experience of alternative environmental and mobility controls. An inclusive attitude from staff but one that also recognises the need to be different. E.g., including a baking and cooking class on the timetable of someone who cannot eat orally, cannot use their hands and has no interest in food, is attempting “social inclusion” but is not inclusive education. A highly individualised learning programme focussing on what will most benefit the individual student and which will equip them with the skills they need to do whatever they plan for their future. Providing the tools to engage in learning and participate in society. EG using alternative communication and assistive technology to become more independent. Recognition that independence or life skills can be different for different people and these cannot be achieved on a one size fits all course. Our personal example; working on core skills of literacy, numeracy and computer technology to direct their own care, make their own decisions and be less vulnerable to others. Studying e-commerce and social media skills, to work towards goals of self-employment, social enterprise or volunteering in the community. These are far more meaningful than what was locally available – animal care, “social skills”, life skills aimed at students with physical skills and learning/behaviour difficulties, rather than physical disabilities without learning disabilities.

- They fully involve everyone in things like the Christmas play and everyone uses Makaton signing in those type of events. It’s a small school so everyone knows each other.
- It’s a special school so my child’s needs are met by class teacher. She is a good communicator (only this year).
- The school includes her in things, makes changes to include her. She gets physio, speech & Language support, educational psychologist. SENCO’s are well involved and Head Teacher is really good. She’s in reception but the whole school knows her and she’s included. All the kids in the school with SEN are involved.
- My son’s in the right school (██████████); small class size, he has severe speech delay, staff have placed him in a class with children who have good speech to support him – lots of encouragement – this helps his language. He goes to gym and Street Bikes weekly as part of his curriculum. His teacher is very good. Great communication with current teacher. Last year he wasn’t in the right class as his peers over-supported him which didn’t encourage him to speak. He was then moved to a different class/children which has helped – he’s settled with new children/staff. They do a lot of work with my child with speech and language which helps him to access the curriculum.
- She gets speech therapy which she never got at school, an hour a week with a trained therapist. They strictly follow the EHCP, eg. They have put travel training and cookery to match her EHCP. This is an additional full day on top of the three days that she gets. She has had to go to ██████████ to access a course that is appropriate for her needs – at ██████████, you have to do life skills or have to have high levels to do level 1 courses. She is in the middle so there was no local provision. She does functional skills, ICT, vocational tasters. She’s doing an Employability level 3 which will enable her to access a level course. Vocational tasters include 6 weeks on tourism, health and social care – nothing like that available at all in Kirklees. The communication is fantastic – SENCO on tap any time if you want to talk to her. Can ring any time, they keep an eye on her and if they have issues, they ring me. It’s really good. I can’t fault ██████████ for anything – they take everything really seriously. She’s in a class with mixed ability kids, very few with special needs. There are small classes – 10 or 12 in each, but they are doing educational stuff, not fun things or just passing the time. They listen to parents and young people. They talk to her regularly, for instance she was struggling with Maths and they have put on more support for her. Regular parents’ evenings.
- The school have the funding to differentiate, they have specific goals in his IEP, specific help, e.g. Scribe.
- They do all the ABOVE and more. The staff are amazing in how they manage and at the same time teach other children, and manage other children who have their differences. They make

sure my child is safe as she doesn't really understand dangers and the school and I are always in contact with each other.

What difficulties does your child have in their setting (apart from those they already get help with?) *(Consider your child's needs and whether you think they are being met. Can you identify gaps and if so, what do you think they are? e.g. equipment, additional reading support? State what you think is not working, even if you don't know how school might deal with it. Is school following the IEP, MSP or EHCP?)*

74 responses (listed below) - 31

- Lack of understanding from other students is very frustrating for her. Stand in teachers being unaware of students with SEN or lack of understanding of said SEN.
- getting to college, anxiety at unstructured times, getting from room to room, support in class, breaking down tasks, re-assurance, emotional regulation, anger management, organisation and planning, breaking down and de-coding instructions, emotional wellbeing, dealing with change, communication, social interactions, self-esteem, wellbeing, learning support etc. etc. (at school and now at college too
- Gaps in support throughout the day mean that our child sometimes 'gets it wrong'. Child's feelings are not always validated. Early Life Trauma in Adopted Children is not widely understood.
- The college is supporting and meeting my child's need well. School felt like a babysitting service, without a true focus on my child's needs. It was more about squashing the existing curriculum to fit their needs rather than their needs dictating the schooling.
- because she is working and achieving good grades in school it appears that she doesn't need additional support but this is impacting on her mental health. She suffers from anxiety and panic attacks and these are increasing due to the pressure put on her, although a lot of the pressure she puts on herself there is no one there for her to talk to when she feels anxious. In lessons she appears to be doing well and fully understanding of what is requested but this then develops into an anxiety attack where she has a melt down and doesn't know how or what she should be doing. She would benefit from additional support to confirm and clarify her understanding and what is expected of her.
- Equipment provided by the NHS for school, has not been used (unbeknown to me until very recently), when it should have been timetabled into certain lessons. Therapies which I believed were taking place (as per EHCP) have not been in place, again I wasn't aware of this. Advice recommending certain equipment/support tools recommended by therapists, does not seem to have been taken on board. My view of a more tailored timetable was not met with enthusiasm and instead, my child struggles in certain lessons, doesn't understand homework and is unlikely to be put forward for these particular exams in 2018. I would have preferred more help with maths/English and basic skills which would help him in his future, rather than sitting in a physics lessons completely confused by the lesson and homework which he receives. School are not always following the EHCP. It also worries me that although the EHCP covers the child/young person up to 25 years, it seems unlikely the support mentioned in the EHCP (for example, physio), will be provided post 16 as he will move onto "adults". So this seems to make a mockery of the EHCP and it doesn't appear to have been thought through properly. It's also confusing as to what services are under 16 / over 16 / over 18 / over 21 etc. There's no consistency and also, my child may be nearly 16, but he will struggle in a "adult" environment. Help and support seems to disappear the older the child becomes. I do hope this will make a difference to my child and other children and to their future. It not only causes anxiety to my child but also to me
- More social opportunities for them to practice the skills they are learning,
- Does not have a diagnosis. I believe this would help my child, us as his parents and also school. This would lead to a better knowledge and understanding of my child and his needs.
- Currently she struggles with poor teaching and understanding of her needs impacting on the delivered provision which I.S far less effective this year than last. She has lost some of her 1:1 support time and groups such as friendship group, emotional and talk programs are no longer run although she still needs them. Lack of time in the SENACT team means the review has not occurred and school I.S allowed to get away with poor ineffective send management despite complaints.

- Emotional support, social interaction, friendships, noise, other children, social environment, boundaries, coping strategies
- I'm incredibly happy with the provisions that the school have made for my child. He has grown in confidence, ability and happiness and because his Form tutor/Head of Year/SEN dept are all very responsive to any emails I may send, this has helped enormously.
- I do worry that they don't have enough funding to allow him access to everything he needs but this seems to come out of the school budget, they don't let him miss out, if he needs it so far they have got it. I also worry that they won't be able to support him as he gets older as it's a mainstream school and don't seem to have many children with ASD.
- Sometimes not going in his standing frame for a full hour. I have major concerns with going to High School at [REDACTED] and his needs not being met, like they currently are at Junior School. I have been told that he will be in his wheelchair more, due to the sheer size of the high school and this means his physical walking needs won't be met and especially when he's had Botox and is vitally important for him to be walking to keep his Botox going around his legs and working properly. Plus I have also been advised that [REDACTED] will have to wear a nappy for the first couple of weeks at High School, which I am not prepared to do, - he hasn't been in a nappy since Reception and this is discriminating against his needs and just going backwards instead of forwards.
- As he is at the [REDACTED] he is currently getting the help he needs but he is undiagnosed as his mainstream school ignored him for the last 3 years and just ignore his MSP without updating it with myself. Then he was excluded when they could no longer cope.
- Needs not being met in high school and EHCP not being used, read or implement.
- More funding for equipment and support. School following EHCP rather than ignoring it. Been treated as naughty rather than discovering what the trigger is to behaviours
- Needs are been met.
- Bullying by mainstream pupils. Difficulties with children attending provision who aren't coping.
- Our child is being let down by the LA. His school, teacher and classmates are being let down by the LA. My sons EHC plan is out of date and does not meet his needs. He does not get the support he needs in class and due to his high levels of demand avoidance he is disruptive and this impacts on the whole class. His anxiety levels are off the scale and he is stressed. Consequently this has impacted on our home life. His school is a special school with about 160 pupils but despite this there is no educational psychologist, occupational therapist or speech and language professional based on site. Teachers seem to have to take on these roles as best they can. I no longer believe that Kirklees are able to meet my sons needs and furthermore they are acting unlawfully in withholding the decision on his EHC Plan. How can school effectively educate our son when his needs are not properly outlined?
- It completely frustrates me that school and the professionals involved in [REDACTED] care don't communicate. When I speak to someone I believe them and trust that they will communicate together and the appropriate thing will be delivered in school but it is not being delivered. I like CIN meetings so that I can find out who is actioning what, but generally it's not followed through. I don't know who to turn to for help on this. I feel quite alone and unhappy
- No 'safe place' for him to hide
- Other children, not having control of environment, been outdoors no sense of danger, change of routine
- My 7 year old son has SLI (speaking and understanding of a 4 yo). He has been on IEP since 2014, and now that he has started a Junior School will be having a MSP. After 4 years of being under the slt team, his verbal ability is still on the 2 to 5 centile. A slt comes in ONCE A TERM to assess and give work to his TA who has no previous experience in supporting a child with slt. That is NOT adequate support for my child!! Like i said this is too little too late. My child is very able and the ed psych report does not suggest a global issue just a specific issues. Unfortunately for my child because s and I is fundamental in schooling this disadvantage impacts my child in all areas of learning even though he is a very able child (high average to superior in construction). The Kirklees sen support system is crippling children with moderate needs (children are not being supported in the right way at the right time) instead of empowering and equipping them with skills and tools they need to be independent learners and adults! Not happy!!!

- Buildings not fit to hold SEMH pupils. Other agencies within the local authority not understanding the need of SEMH children and just seeing their behaviour. No dedicated social worker to support families, or link to disabilities team like other special schools are entitled to. Poor communication and mixed messages from SENACT - no key worker for children once EHCP and school have been provided.
- At Junior school, my children (both of whom have SEND) struggled with the high academic drive. They do not have any learning difficulties, and yet they were in a system which made them feel they were failing. Staff seemed reluctant to agree that one of my children in particular had any additional needs, and this was a constant source of frustration. I am myself a Kirklees employee who has the luxury of a fairly high status job within the Kirklees SEN system, and despite school knowing this, it was a battle to get school to provide any support or intervention. This does make me wonder how impossible it might feel for those parents who are not fortunate to have a background such as mine. There is a huge gap in the training of school staff. The problems are not necessarily lack of intervention or support, but the lack of trained and experienced members of staff who actually know what they should be doing. This includes staff at all levels, from SENCOs and SLT, to TAs and lunchtime staff.
- No school are not following the EHCP, they admitted to this recently. They say that my son has not been receiving 1:1 support during break & lunchtime due to lack of funds. I feel that I had a right to know this much sooner. This provision should have been in place 12 months ago yet they never did it. It's not surprising to me then that my son isn't eating properly at school. He now comes home for lunch. It should have never got this far. There is no help for anxiety for my son. School say he can't see the well-being advisors because he is under the care of a psychologist yet there was a long time when he wasn't and was suffering with up to 16 non epileptic seizures in one day, yet they still didn't offer any help. CAHMS did not offer any help either. I have been waiting for help from them for many months now, due to having no help for him we were forced to fund a private clinical psychologist ourselves. School are trying to change the EHCP to suit them/timetable eg he is supposed to do touch-typing 15 mins a day yet school changed this to 1 hour a week in 10-15 intervals. My son tells me that he does 30 mins once a week. Mainstream schools need more training in autism and anxiety if they are agreeing to take children with these conditions.
- As a school we do our best but I feel that sometimes the external support that schools need is not available. This relates specifically to emotional and behavioural problems.
- Communication between different staff members, especially those who aren't normally working with my child, could be better. There isn't always one to one availability which may be remedied with an EHCP.
- communicate more and handover all information to relevant staff closer worker relationships keeping all parties informed of any changes or updates monitor closely child's needs be more informed and active with protecting data protection .
- Dealing with conflict and as a summer born being less able than others (impact on self-esteem)
- When my child had his dyslexia screening on the assessment paper it stated that there would be a follow up by an educational psychologist. This has not yet happened even though we have talked to the schools head of SEN and his teacher. I am frustrated that this is been over looked by the school. It could be a very important measure in my son's time at primary school.
- He gets detention almost every day for minor reasons without any consideration to his learning difficulties and behavioural issues.
- He goes to an extremely good special school. Any problems were ironed out years ago
- Soiling in pants they can't take child and make them sit on the toilet can only ask don't like to change child. Child struggling with writing been told not to force child with writing or child won't do it; he failing behind peers no support in place been told child borderline autism but yet no support and not significant for assessment been to GP and paediatrician and been told it's a wait and see approach.
- Needs are based on social and emotional so really doesn't affect her education wise. I do believe if she was supported more she would achieve higher grades.
- My child struggles to relate to the majority of pupils who attend his school due to their severe needs. He has autism but is high functioning and feels he has very few people he can talk to and desperately wants to be in what he calls a more "normal" school but with 1:1 support. He is

constantly shocked by the level of violence he witnesses on a daily basis which he is not used to seeing. I think more time needs to be spent by some staff on trying to connect with my child to work out how to get the best out of him. One strategy does not fit all with autism.

- Difficulties-change. My son finds change difficult and over recent months staffing has changed a lot. As soon as my son starts to develop a relationship with someone, it is broken when they leave. It seems to be at a moment's notice, so one day a staff member is there and the next day they've gone with NO warning. This is disruptive and has a very negative effect on him.
- The only issue I would say so far is that it is a long way from home and the getting there has so far been a challenge. He has to get a taxi to school which has been late picking him up and late getting to school and a couple of the drivers have been abusive to the boys. As yet he has not been at the school long enough to identify what additional needs the school have to assist him with his education.
- I feel there is a gap in recognising that children with established SEN (my son was diagnosed with ADHD age 3 and ASD this year aged 13) who coped well at primary level might struggle immensely at secondary level. I was strongly discouraged from seeking an EHCP at primary level and told he wouldn't get one because he was managing well. High school is a whole different kind of setting and if I knew then what I know now I would have tried to get him one so he could access a SEN setting when it became obvious full secondary mainstream wasn't going to work. As it stands the process has taken approx 2 years (and this is with a supportive school) and educationally he has made no progress since year 7. He is capable of taking GCSEs, he is particularly talented at maths, but has not been able to access the curriculum in a meaningful way. I'm hoping moving to a unit might improve his prospects but currently he looks set to not even sit GCSEs. I feel that children who have a diagnosis of SEN at primary level (and are coping at that point in time) should be at least on some sort of pre ECHP pathway so if/when difficulties occur at high school it doesn't take so long to put in place and move settings if needed. I realise IEP's and My Support Plans already exist but neither of these link into the LEA which is the gatekeeper to accessing specialist provision. Children should not have to reach the point of total mainstream breakdown before they can be placed in the most suitable setting. Although it's probably past the point of anything helping my son in his current setting, it is clear his school in general do not have enough SEN support staff to adequately meet the demand. I would also say there is not enough flexibility in the system for differentiated and/or part time timetables to work effectively as a solution for children that struggle. Under the right circumstances it's something that has potential to work well, in reality it just becomes a form of exclusion and further alienates. I would like to see the concept of nurture streams more widely implemented for children that struggle as a more inclusive option than just dropping in and out of the standard curriculum. Safeguarding is another issue his school have struggled with, he arrived in Yr 7 with a known history of running away under stress but in three years they have not managed to get a handle on ensuring he stays in school and safe as a very vulnerable child. I don't think they know how to do this and I'm not sure it is even fully possible in a large comprehensive but there has been numerous occasions where he has gone missing and nobody has realised for anywhere up to a couple of hours. I do have sympathy with the situation the school face with safeguarding as the length of time an EHCP has taken has left them in a difficult position. I recently discovered that the LEA offer home tuition but only if a child has been absent for a continuous period of time, my son doesn't meet this criteria because I tend to manage to get him into school on average 2/3 days per week between 10 am and 2pm. With hindsight, given his lack of engagement whilst in school, I feel a period of home tuition would have been more effective whilst waiting for the EHCP resolution and SEN unit placement and it certainly would have reduced the amount of stress I have been under for the last few years.
- Not enough information on attachment disorders and with children with PTSD. I believe the schools need training, I was lucky my daughters teacher and SENCO attended one of my daughters counselling sessions to help with her needs and to try and support her and me in school and her home environment. My daughter has challenging behaviour which she doesn't present in school but she will contain her anxieties and then lash out when she is at home. The school were and are super supportive but without them attending one of the sessions they couldn't fully understand why my daughter behaved in such a manner in school and so differently at home. More awareness needs to be given to schools to fully support children who have different needs and they don't fit the "norm" of disabilities.

- Not enough access to Educational Psychologist
- The environment is just too busy and noisy for him to settle due to sensory issues. The lack of access to outside space is problem as he loves been outside and this does calm him.
- I'm happy so far but he's the only child with special needs and no language in nursery and I think it would also be good for him to be with kids similar like him.
- The school staff that worked with him from this year just try to follow what autism outreach keep telling them . My son has never used pictures of a start and finish task at home I've done various activities with him I don't need to show him pictures. Also the staff never came on time to School if they were so worried about his routine they would've welcomed him daily like the previous staff who did this continuously for 2 years. Just from September till now they have damaged my sons enthusiasm and he has been crying and very sad. I have never seen my child so hurt. The School should've kept the lady that had been working with him for past 2 years. They got these 2 who have no clue what they are doing or how to work with Sen kids all children are different they keep comparing him with a child who had autism last year. His needs are different to my sons. My son has been out of education for 4 weeks now I am due to have a baby in the next 3 weeks. I am struggling and there is no one helping. We have decided to put him in [REDACTED] School and are still waiting for him to get a place . The Senact team said they are going to decide on 12th December. My son has a right for his education by 12th December he will have not been in school for 6 weeks. Also the School just assume too much negativity about him. As parents we have seen our child he is bright little boy just needs some help guiding him and giving him positive attitude. Schools need support workers who are fully trained and qualified and with Sen kids and have worked with different sen children or in a special school for at least 3 years. Then they will have some knowledge instead of damaging a child's feelings and taking the worse out of him by negative speech and remarks.
- Independence, getting around school without one to one support, joining in with the work and activities the rest of her classmates do.
- Lack of support from SALT, refuse to reassess despite pleads from myself and school about the need for advice and support.
- See previous question.
- My son has speech and language difficulties, including Verbal Dyspraxia. He was refused a place in the resourced provision at [REDACTED] School but I was assured he would get his needs met. When he started In September 2016 the speech and language therapist discharged him. He was re-referred. However the Head told me that the speech and language therapist didn't know anything about verbal dyspraxia and therefore couldn't deliver this part of his EHCP. I didn't believe this could be true. I suggested they use his Pupil Premium Plus (he is adopted) to train staff. Nothing was delivered from September to December 2016. In addition his literacy had declined. Finally from January 2017 it was agreed to train an ETA to deliver some speech and language therapy. However this has consisted of the sounds 'sh' and 'ch'. I received a progress report from the speech and language therapist in the Summer holidays. It was glowing in terms of progress, but it did not reflect my son who had made no progress. He was still working on the same sounds from September to November 2017 and was becoming increasingly bored and frustrated. Finally he refused to go to any more sessions. His verbal dyspraxia is still not being addressed. I asked for a different ETA to work with him. The existing one was far too familiar to my son. He has known her since he was six when she ran his Beaver group. She is not able to maintain firm boundaries which my son needs. I was refused a different member of staff. Over the years my son has been consistently denied appropriate support and help for his difficulties with speech and language. I have complained to the Children's Therapy Services. I also went to the Health Ombudsman. All to no avail. My son was disadvantaged from the moment of conception. I naively believed that he would be considered a high priority for help and support because of this. However I have had to fight for every little crumb of support, and have never been able to resolve the issues concerning his need for help with speech and language. It is well researched and accepted that speech and language difficulties will impact on a child's ability to learn to read. I am concerned that he will never progress with literacy unless he gets the help he needs with speech and language. If he doesn't get the help he needs now he is less likely to be able to live independently. In which case more money and other resources will be required to support him.

- The budget he has been awarded is not enough to meet his needs throughout the whole school day. I have requested that his support is in the morning to develop his maths and English skills. This means in the afternoon he had no dedicated support and no play time, so he finds it difficult to maintain his concentration and he is impulsive so he can find himself in trouble due to his ADHD and lack of support to keep him focused.
- I think that [REDACTED] provides a strong, stable and effective environment to meet the needs of a range of complex and challenging pupils within SEMH. However a barrier to the further development and progress of the pupils at [REDACTED] is the building, which limits the opportunities, resources and practice that can be implemented for the pupils at [REDACTED].
- Due to language difficulty will only send to special provision. Will send to Huddersfield because nothing suitable close by (have viewed other schools in local area) Transport - Kirklees will only support with this if they feel that it is the right admission for her child- parent knows best.
- Teach children and parents to communicate with the non-verbal child education and information need to be provided to avoid frustration We need to understand them to support them to gain better results Create more strategies to help parents overcome their difficulties Play schemes to help include our children during holidays. Maybe some extra learning support- our children are behind and they need catch up time in education. They also need routine and continuity and consistency. When our children go back they are under more strain to settle have additional challenges and they are always playing catch up.
- More resources are needed to support child. After school support, no inclusive education or after school clubs What is out there for my child if college is not an option?
- My child's school has not done anything to help my child's situation, either put into a behaviour unit or nothing therefore my child has missed out on almost all their secondary school education.
- I think his teacher needs to help him more understanding his lessons ,he understand sometimes his lessons and what teacher say but he couldn't translate it in his real life
- child is well supported at this school
- Extremely low attention span, can't sit still for more than 2 minutes. Very stubborn. Still toileting issues.
- Limited options for further education locally
- The challenge of finding a mainstream school that will provide inclusive education for children with autism and other conditions in both primary and secondary schools but this support needs to be local. Staff need to be trained and fully equipped to understand and nest support autism in the school. Experienced staff is the best way forward.
- My nephew was neglected and spat out of the system!
- My child needs additional support. Not enough support staff in school. Also very difficult to find full time further education post 16. [REDACTED] not suitable for a child with severe learning difficulties. Need proper resources in place for these young adults post 16 in preparation for adulthood
- Since de-registering our daughter from [REDACTED], we have had her privately assessed for dyslexia, dyscalculia, and autism. We have confirmed she has dyslexia and dyscalculia. Our daughter also passed the threshold for an autism diagnosis. Despite this, our daughter has not been diagnosed with autism as Socrates felt her behaviour issues were attributed to her cognitive functioning level (half her age) combined with her frustrations regarding her physical disability. Our daughter requires support from people who are trained and experienced in teaching children with dyslexia and dyscalculia and who are knowledgeable of and empathetic to the difficulties children face coping with a physical disability. We feel the school and the LEA had a duty of care for our daughter and failed miserably.
- Refuses to attend day school, difficulty concentrating, violent behaviour towards those around him, very behind in school as has only attended around 40 days in the last 3 years, migraines, difficulty engaging in social activities, lack of empathy towards others, needs clear and structured routine but we don't know what is round the corner with regards to education etc. We have been consistently told that [REDACTED] needs to be in a stable environment where he can have assessments carried out with the view to a diagnosis, which we couldn't agree with more. Unfortunately [REDACTED] behaviour means that within weeks/months of living somewhere people are no longer to support him due to violent behaviour and outbursts. We have been told that

these assessments need to consist of assessing both his day to day engagement with engagement as well as his social activities, engagement and interactions. [REDACTED] refuses to engage with people and refuses to attend school, even with specialist support where the school comes to get him, if he doesn't get in the taxi. His last school which was a specialist provision in Salford were only able to get him to attend less than 20 days (some of these were only half days) out of 6 months. Due to this they were not able to carry out a formal assessment, but have recommended that a residential school, Monday to Friday, is the only option that will allow him to be assessed whilst support our family to keep him one place, thus providing a stable environment and a better understanding of how we can support [REDACTED]. Kirklees SEN are refusing to take this recommendation into consideration, instead insisting that we attempt to get [REDACTED] into day school yet again, knowing the history of him not attending, the fighting, the increase in violent episodes this has meant at home in the past ([REDACTED] has a five year old sister at home) and knowing that if that happens his living situation at home could become unsustainable very very quickly. [REDACTED] is even bought into residential school and whilst he won't necessarily engage with people has said he will complete answers on a piece of paper or online. In short, the lack of support we are getting from SEN and Social Services Kirklees at present is devastating. The longer this situation continues without the help and support that [REDACTED] and our family need, the more likely it is that he will no longer be able to remain at home. Due to his behaviour both at school and at home any placements he has had with family members have been short lived and have broken down violently and without notice. We have exhausted all other family options. We desperately want to be able to continue to support [REDACTED] at home, whilst seeing him get an education and the assessments, understanding and support that he needs, but as we carry on like this that becomes harder and harder. We have been told by professionals that a foster placement or care home could be the worst thing for [REDACTED] possible and so we need to find a way to be able to support him at home and access education during the school week. We keep being told that resources and funding issues are the reasons we are not getting this help, but this is not an excuse not to give him the support that he needs. [REDACTED] is 12 and very capable and intelligent, he just needs the right opportunities.

- The mornings work well as there is support for him. He used to have support throughout the whole school day now it has been reduced to mornings only so the he finds it difficult to cope in the afternoons.
- Still get some staff who just don't want to make adjustments or have her in their class - a feeling that rapidly becomes mutual - do they not realise that the student works out that they are not wanted? 2. Sometimes there aren't adaptations that can be made - why does she have to do Maths re-sit for the second time? The English functional skills involves a lot of group work and speaking and listening which is really hard for autistic people and college are having a hard time trying to persuade the exam board that she should do something involving less group work - she has the skills but not in that way. 3. Behaviour is still a massive issue and requires a lot of understanding on college's part - last year it was very much the case that they wanted her to leave. With support from SENACT we avoided this and the year went on much better but it is hard. I received good support from C and K careers at this point too. 4. No space to work quietly away from others - colleges are crowded places without this facility. 5. Very dependent on quality of TA and the training they have had. More complex children are entering further education and the staff are not always trained as they ideally would be. 6. Little ability to call for specialist EP help at post 16. College would ideally have liked to but are told they cannot use their own EP as she is an out of area student and struggling to work out what EP support Kirklees could provide. It doesn't help that the EP report was written when she was 10 and has never been updated in the form of a report - although school were given plans to follow etc. This leads to the issue of 7. TRANSITION. This is not handled well at all. We did not have an interview until April at [REDACTED] College and then a place was not offered, a meeting took place in May when it was clear they were not going to offer a place at all leaving us in the middle of GCSE hoping to find an alternative post 16 place. Most of this search took place on the phone and with help from C & K. We had an interview set up just after GCSE and luckily a place was offered but college closed 3 days later leaving no time for visits etc. and there was very little contact with school. Things did not get off to a good start as the Transition mentioned in the EHCP did not happen at all for the reasons above. She nearly ended up being removed from college as a result. 8. Choosing a post 16 place. This is not good either. If your child is unlikely

to get 5 C grades then there are only L1 or Foundation courses on offer. These are limited and the foundation courses are generally aimed at lower intellectual ability than students who do actually get D and E grades. Even though many L2 courses will take students who haven't got C grades in all they should, parents are reluctant to risk this because it can't be confirmed until August leaving no time for the vital transition that should be taking place. Also the attitude of ██████████ College was that students should be on Foundation as they'd didn't think they'd cope with higher level courses. With the right support students should be able to but the approach isn't that ambitious. SEN (often autism) might have quite spiky profiles with real areas of excellence but the education system does not seem set up at Post 16 to focus on what they can do but constantly on what they cannot. There isn't a lot of choice for parents as ██████████ run the only college for students who aren't going to get into ██████████ or ██████████. ██████████ only offer 1 L1 course. The issue with some of ██████████ courses at the lower end is the putting together of SEN/EHCP with students who have switched off education and can be very disruptive. This is a toxic mix. The SEN children might well start copying the behaviour or alternatively feeling quite threatened by it and I know of one of my daughter's former classmates who found the whole year very upsetting and got nothing out of it mainly due to the behaviour of the other students on the course (nearly all boys). My daughter has had problems with behaviour like this on her English functional skills course - she has in turn been disruptive and had poor behaviour herself. Which isn't happening on her L1 course. Students on courses they have chosen often want to be there and put a lot into it. Students on courses put there because there is nothing else are quite de-motivated. Careers were quite helpful but didn't know a lot about out of area places - although quite familiar with some colleges. Most post 16 offers are very similar though but it is a problem if ██████████ reject you as there is nowhere else within area to go to. Even if you went to an independent school they either cater for low ability with no aspiration or progression for someone capable of a L1 or L2 course (e.g. ██████████ - which was where college suggested!) or you need the 5 C grades, or it might be for high needs on the mental health side which again isn't appropriate. When we were not offered a place by ██████████ and when we were nearly removed from college there seemed nowhere to go at all.

- All needs are met support is excellent
- In EHCP meeting talked about toileting needs, suggested using nappy all day but this isn't appropriate because he only uses these at night, it will cause anxiety and will be embarrassing for him as other kids might know he wears one. At the beginning of Y7 this is not the start he needs. He will get more anxious. Worried he won't be walking as much, he needs to do this to keep his mobility but school have suggested he needs to be in his chair more.
- He doesn't get enough support in class and all previous plans have not really worked. He has concentration difficulties and works alot better when someone is sat with him. School decided that he would need assessing for EHCP. He needs watching at playtime and gets really angry if someone does something to him, like bumping into him. He doesn't understand that this is not on purpose and will get into fights. He needs extra supervision and will rip his school work up if he doesn't understand or gets frustrated. Some of the staff need training as they do not understand how literally kids with autism take things eg. "go and sit in the reading corner" - he will say it's not a corner. Then the teacher thinks he's being rude and argumentative and he's not. It's taken me a long time as a parent to understand this and I would expect that teachers are trained to understand this and why kids behave in the way they do. So they need training if they are going to take children with autism and other special educational needs.
- The school haven't recognised that he has additional needs because they are hidden at school for a lot of the time. When he acts up they think he is just rude and they are not seeing the hidden issues. The communication with me is poor - I am always the one calling them. We get more behaviour outside of school, home, church, supermarket so people have thought it was just a home based thing. We got a referral to family support services through the GP and the first worker was convinced that it was about me as I have health problems and was not looking at him and his issues. She left. The second worker said that there was nothing wrong with him and that his behaviour was just a "boy thing" and he would grow out of it. Her boss came out and observed her and afterwards told me that he does have issues and needed referral to CAMHS. School have not tried to unpick problems that he does show in class. I feel that schools and staff working with children should have training in this area. The support that we are meeting about shortly really needs to happen to support him, make him more independent and

confident, I learn how to go to the right person if he's frustrated, and support his with his learning. He's in year 5 and we need this support to be in place before he goes to High School.

- School has been years of misery. My son was unhappy for 12 years, really miserable in fact. I think that this has had a significant negative impact on his mental health and wellbeing. The difficulties were: getting the adaptations for multi-sensory impairment, getting accessible materials for him to use, the right seating place in the class (at the front in the middle - not rocket science). Getting a board and pens the right colour so that someone with VI can see. Making sure that a teacher can speak clearly and can check that what they have said has been heard - and be hearing aid aware (i.e. that it doesn't just pick up voice, but other environmental sounds making it difficult to concentrate). Having his own version of what is being taught, e.g. a hard copy of a PowerPoint so he can follow it in class. I know that his EHP plan was not followed consistently by staff members and that resources allocated to support my son via that EHCP (and previous Statement of SEN) were not used in the way that they should have been. Communication was sporadic at best, inconsistent support staff, not understanding his condition, and not having adequate training and understanding of the role required to meet his needs. For example my son is not allowed to carry or pour hot/boiling water as he is VI and has balance problems and no spatial awareness. A food tech teacher ridiculed him about this and couldn't understand why he wouldn't do it. She thought he was rude and un-co-operative. He is very aware that he can't do things like that and just stated that he couldn't do it, nothing else. I had to contact school, put in a complaint and get an apology from that member of staff. If they read his care plan, and followed his EHCP this wouldn't have happened. The French teacher made no adjustments for his sensory loss in class. Fortunately she left and he had a really good teacher afterwards and he got a grade C in his GCSE. There needs to be as part of the teachers' performance review - are they able to follow what a student with additional needs has to have in place, and that they can evidence that they have done this. The other thing is that Academies seem to think that they don't have to follow recommendations about local support services, e.g. Autism Outreach if they think that they can do the job themselves. There is a learning need generally - teachers don't seem to get additional needs. SENCO's are not consistent either. Mainstream schools do not support children with special needs adequately. They never listened to my son at any time he was present at school.
- My son started off in mainstream school but then moved to [REDACTED] School. He was there for two years and left three years ago. It awful, he bullied, the school didn't listen to us and although they promised to take steps, they didn't do anything. As a result he has really low self-esteem. He has been at [REDACTED] for three and a half years now. They don't listen. We have been asking them to do work around his self-esteem - they say they will do something but nothing has changed. He's in year 11, and they are not doing simple things like value of money - he is very vulnerable and would give money away if asked. I am always asking about this and they say they are doing something but I don't see any results. They don't seem to think that this is important. I am not happy about the school and don't think they do a good job. He can learn with good support. For example he knew all his times tables in junior school - he has forgotten them all now but he should be using them in maths and independent living skills e.g. about money. We had a recent review which took an hour - not long enough to go through his plans for the future. They were rushing us through it. They started late because they were running late, but they rushed us and said other people were waiting! I think his EHC Plan is not up to date. Last year in June, we wrote a new EHC Plan from scratch. As far as I know that has not been issued yet. I am not sure about the outcomes that are in his EHC Plan. The school never sent me any dates of the open evenings for [REDACTED] College - I am so upset about that. They didn't discuss his post 16 plans in the review because there wasn't time!!! The people who deal with behaviour management in school judge parents and say you should have done this or that. I have three other children who are all doing really well so I know what I am doing!
- Re above, my daughter has been moved in year 11 into lower sets as they have finally recognised that her grades are slipping to "give her extra support". However the peer group in these sets are either young people with behavioural problems or children with SEN. There has been no differentiation and in particular her hearing needs have not been met (ever in this school) and this is worse for her in these sets as the pupils are so disruptive and noisy so she can't hear or concentrate. She has experienced significant bullying from pupils in these sets and the staff are not managing the classroom at all, or even recognising that this bullying is taking

place. For example, the kids steal things out of her bag, throw her things across the room, are verbally abusive (e.g. she's fat and ugly), they also bully her on the bus. She has asked me not to do anything but in the end I have had to contact school and no-one ever rings me back. I rang last year about support issues and no-one ever rings back. Numerous supply teachers (particularly in history) with conflicting advice to all the children and who were not aware of her needs. At the last parents' evening, I saw about 8 members of staff and none of them were aware that my daughter has a hearing impairment or dyspraxia!! The cookery teacher said she could try harder - when I asked for clarification she said she could stir things and do things quicker and was not aware that she was actually trying really hard. The teachers all said that they were aware that she had additional needs. So I asked them what they were and no-one was able to answer.... I am totally dissatisfied with the school - it's been really poor but they talk a good game. They only do a 10 minute test to see if someone needs extra support in exams. However, this is not long enough as it doesn't compare to having to write to 2 hours which she would really struggle with. So she did not receive any extra support for her mocks, the results for this were really disappointing. How do I complain to a school who never acknowledges anything or rings you back? If I hadn't been distracted by my other two children who have additional needs and my own serious health condition, I would perhaps have been more proactive and pushy to get more support - but I shouldn't have to do that really should I? I don't feel that this school's attitude is very inclusive, for example I told them that I would be attending parents' evening in a wheelchair. They said no problem, access not an issue. They didn't tell me where the access was, no-one was there to meet me. It turned out that it was round the other side of the school! I feel that their limited budget (to use their words) is stretched and doesn't support the population of additional needs in the school - they have used the budget to support children with more visible needs and my daughter isn't one of those. My daughter started out as a grade B type student, now she's barely a D - a 3 in the new system. My worry is that she won't get into the college she wants as her grades won't be good enough and this school are not taking any responsibility for this. I chose that school because the SEN was provision and support seemed to be excellent on the open evenings and we were attracted by the pastoral care. We have to pay for transport for her to get to that school and she has to take two buses. It seemed to be worth it to attend a school that could meet her additional needs. Massive disappointment. She should have had at least a My Support Plan, but no kind of plan has ever been put in place and we have had no feedback on any progress apart from the general correspondence that comes out. I have been the person to get in touch with them about her grades slipping and I have been made to feel like a nagging parent.

- Overall they do well and she really enjoys school. I would prefer to be kept more in the loop as to what interventions are in place rather than relying on my daughter to tell me but I would rather things be in place and me not know rather than they wait for permission or don't put them in place at all. Supply teachers should be made more aware that there is an issue with a child, maybe have a list at the start of the class with issues as we have had occurrences where they haven't let her go which probably accounts for why she will sometimes refuse to enter the class if it's a supply teacher.
- As far as I am concerned, there are no gaps in his provision.
- Inclusivity very variable dependent on staff members. 4:1 removed. Working alongside another child with special needs – when worker with other child - now unattended. Incident – child wandered off and got foot stuck – in toilet area for 30 seconds. Concerned about risk – if 1:1 in place risks of this happening diminished. 1:1 cut due to staffing issues according to school. Due to 1:1 cut – not as much access to Makaton learning. EHCP process slow – too many meetings to consider a change to specialist provision. Transition is not working and transition between 1:1 to 2:1 worker. Only knew losing 1:1 worker one week before break up to summer holidays – don't feel school listens to our concerns. Considering a move to [REDACTED] – funding level B – query what this funding is paying for?
- Could do more but not enough funding. Early on, only presenting at home, but could have used more 1:1 in class, but now has improved. Younger brother needs more support with behaviour at home e.g. 15-30 minutes support in school to help him cope (especially for parents who aren't coping well). Younger sibling is copying behaviour. Impact on other children in class. Ex SENCO used to run group in coffee bar with SEN children. EHCP – including 1:1 support currently being done by mum e.g. escorting, school environment.

- 'If she was on her own just with the teacher she would love it'. 'Part of me is against segregation but I don't see how you can do it any other way'. Too slow to adapt to changing needs. In Year 9, anxiety and stress issues – seemed to be making excuses – took months of involvement of autism outreach who agreed with parents – then school adapted. Communication between staff (supply etc.) could be improved – needs not very well communicated. Need to ensure issues are communicated promptly (same day) to family members. EHCP process – funding from LEA not sufficient. 5 SENCO's in 4 years (including temporary staff) inconsistency around identifying changing needs. School is too loud/busy for her. Discipline in some lessons is poor. Needs more life skills, social skills time built in. School is cramped. 'if behaviour due to school issues at school'. School impacts a lot on home life. CAMHS poor – lack of therapies for children with Autism. Lack of autism specialism – autism specific counselling.
- Copies a lot of behaviours not hers. Social isolation. Activ didn't work. Social care at [REDACTED] not appropriate – escort texting etc. Different person came to escort than prepared for, or didn't turn up. Limited transition support into Year 7. Negative behaviour support. [REDACTED] could have a therapeutic approach e.g. massage, yoga.
- Limited places – other settings too classroom based. Post 16 kids need practical. An area of improvement may be communication as staff so devoted to the children or need to get children to advocate for themselves – needs ongoing communication – transition needs to happen from Christmas. Transition – such a long drawn out process which increases the child at the centre's anxiety. Action. What is written in the statement – 'transition early' must be actioned. Process is so difficult. Could Post 16 courses be longer than 2 years?? More consistent. Why can't settings work in tandem with other agencies like 'Waves'. Look at function and how education can be delivered in other settings – share facilities. Work better in partnership with places like Waves 'use their spaces'. Low functioning kids could apply learning 'practically'. [REDACTED] – same cost as [REDACTED] – 5 day provision, facing a battle over funding they don't look at long term – could be a possibility.
- Lack of understanding. Clashing with teachers who see his problems as 'behaviour'. Change of routine with no notice causes meltdowns. Often teachers see his meltdown but not what caused it. Other children sometimes goad him or lead him into trouble and he will not stand up for himself even when he knows it is wrong.
- Getting used to a new timetable and the area. Counselling to help self-confidence and sort problems. Requested but waiting. Struggles with English – writing – most work is practical.
- Issues from parent's perspective regarding CHEWS/CAMHS – say can't do anything until 7 years old. Creating massive difficulties with family dynamics at home regarding behaviour – 6 year old nowhere to get support. 2 children's needs not being looked at within wider context of family and impact on each other.
- Looking back - nurturing provision. Better understanding of high function ASD – just because looks ok on the outside. School accepting what parents are saying even if they don't see it. Support for emotional needs. Different impact of teachers who understand children's needs.
- School not acknowledging full picture (at home). [REDACTED] supporting anxiety with pastoral care. [REDACTED] - anxiety/self-esteem issues – unsure if fully recognised – unsure if fully understand her needs – is detailed in EHCP. Not listening to parents. Supposed to be having weekly reports – not happening. Lack of communication. High level needs of children with restraint = distressing. ETHOS not the most appropriate setting to meet needs – influencing behaviours to the negative. Lack of SEMH places. [REDACTED] were reluctant to identify mainstream placement, could not meet needs and to be evidenced in writing.
- Lack of communication. Emails and telephone calls not returned. Lack of support for children who are deemed 'lower level' needs by the setting. Moved to lower sets – progress for children with SEN in environment with additional kids with challenging behaviour. Lack of pastoral support with dyspraxia e.g. appropriate equipment despite recommendations from professionals. Had to pay for private tutor/therapist privately. Therapist help from Northorpe Hall made contact with school who advised no issues.
- Can't hear in noisy environments or where there are distractions. Difficulty with maths – screening for dyscalculia. Gaps – BSL or Makaton – would like provision for BSL (as part of curriculum as additional language).

- Child in reception. Staff are not catering for needs – not spotting the early signs of changing mood/behaviour. 4 to 5 days exclusion this year. Needs 1:1 to spot these signs and intervene. Soft helmet worn – request to wear outside but refused by school until letter of confirmation from an authority. 2 week deadline set by school to get a physio re-assessment not achievable! Mixed messages from school ‘he has special needs’ ‘he does not have’. Medical advice that he is on the autistic spectrum but told by school nurse / Northorpe Hall/Doctor that assessments are not made in Kirklees until 7 year old. Very different in Manchester where they make assessments 3 years old. ‘Every time we think we are getting somewhere we hit a brick wall’ – we get passed from pillar to post. CHOOSE/GP/Northorpe Hall (CHOOSE – deal with disabled children support. For mental health connected to Northorpe Hall). Feel we just cannot get the support our child needs. Trying now to get [REDACTED] but they will not take him until 5 years old ‘nothing out there for below this age’.
- Behaviours at home not recognised by school. Parents can see social issues out of school. Toilet issues – avoidance at home. Inclusive attitude, school have to deliver more with less money; so little time for parents. Would like to feel ok about asking questions and answers – listened to. Need to let parents know what options are if not EHCP more time beyond parents evenings. What would have wanted from MTS? Information on progress and behaviour for assessment. She said won’t get EHCP.
- Asset management adapted building (after a fight) – put toilet and sink in but no hoist so can’t use toilet (uses a pot or uses toilet with usable hoist across the site). Took over a year – wrote to MP – Muscular Dystrophy gap. 10 years 2 terms left. Discussing transition – [REDACTED] (1 hour travel) – [REDACTED] (cold, wouldn’t give tour of building, facilities) or [REDACTED]. Very limited choice (Dewsbury). School very positive which is good but needs to be honest to address issues e.g. mobility.
- Difficult to get short break respite – access groups like Crazy Kids but can’t leave her there. Safe at school, happy and smiling at school. Always someone to talk to.
- IEP meetings only with SENCO would be preferred with TA, class teacher they know child better. Not having access to 1:1 funded support – potential gaps during the day, how can I be reassured this is not happening regularly. Other high level needs without statements taking time away from funded pupils. What are school doing with statemented funding? Honesty – give me a full picture of attainment. Home/school behaviour difference. Not tailoring the work for my child, needs adapting to her needs. Are they honest about positive friendships in school? Communication between staff (dinner staff and teachers) etc. Not sure how much she is moving forward. Eye for detail ‘are they really planning for my child’. My child sits between mainstream setting and special school. Won’t give guidance on next move to high school.
- Not quite sure what the issues are that the school are concerned about. His play is quite different and won’t share, doesn’t like social contact. He speaks but is a low monologue that doesn’t make much sense.
- We don’t think so (Grandparents).
- Child copying parental behaviour. Social worker – told grandparents to back off. Suggested by school that 1:1 was needed. Nothing happening. Concern that good practice not being carried out at home. School not appearing to be able to deal with a child’s situation when the parents themselves have high needs.
- SENACT – ‘not listening’ – said would be ok on mainstream. General communication. Comments re. PPRU – said didn’t think right place – increased anxiety levels so suggested home tuition, could only manage 1 hour a day. All parents feeling these difficulties need catching early and not regarded as ‘naughty’. Disrupted school routine so took a long time to settle into school. Building and unit issues regarding lack of spaces to calm down. Building feels out of date, need calming and safe space when in crisis mode – more than one. Classrooms need to be bigger so reduce chance of getting in crisis. Child hurt in space he went into – hit hand. Northorpe /Early Help other agency engagement e.g. TYS/Social care. Rigid processes. Don’t understand need to develop relationship with CYP. Notion of ‘lack of engagement’ and struck off service list. These services not making use of pre-existing information – need to work closely together. School transport – Pilot Bus made a positive difference. Transport issues:- lack of continuity of taxi. Need to know children getting to school safely – no ESCORTS. Taxi drivers not understanding needs – one child put out of car by driver

and left. Punctuality of drivers (one drops his own children off at school first). Transport agreement not adhered to. Huge concerns regarding stress and anxiety levels for parents trying to feel listened to regarding placement. Worries about post 16 provision – year 10 case – a/think 'fit' form/S college and how decision gets made – information about options and process (specialist options).

- Child really enjoys going to [REDACTED] and he, and us, as parents, feel they take child seriously – they have been very accommodating to child, very adaptive and child is in a settled environment where his needs are being met and he is enjoying learning and preparing for future work.
- Professionals involved early enough to do something positive – identifying needs earlier. Spent 1 year at the PRU – made him worse (behaviour).
- They have not supported his needs as identified in professional reports, dysgraphia, sensory issues etc. For years they didn't recognise his needs and he was left unsupported. I was left feeling confused, undermined and a liar. My relationship and communication with the school then suffered. There is little communication from the school, who says he's fine at school. This differs from what it says in the EHCP – other staff have said his behaviour can be inappropriate i.e. personal space, hugging etc. They don't deal with him when he has a meltdown, they get his younger sister out of her classroom to help. They don't seem to have any experience with autism or how to deal with his needs. The SENCO is called [REDACTED].
- Emotional management. Expressing themselves in right way. Understanding process. Trust. Health issues not met or understood.
- School meeting needs, school finding his needs which can change daily. School is very flexible. We are waiting for outside agencies to do their job, CAMHS, CHEWS etc. Autism team and speech and language and OT.
- Needs a little extra help and constant support.
- Would help if people in schools to have a basic understanding of children with ASD – understand the behaviour.
- [REDACTED] started age 3. Age 5 – Mum identified ADHD – SENCO disagreed. Very poor listening/communication with parents who were pushing for investigations into ADHD/Dysgraphia. Don't appear to have relevant training to early id issues. Year 7 – left to drift – low level disruptive felt ignored. Year 8 – repeated suicide attempts – now goes part-time to school. TA with him 1:1 last week and a half only due to TAF meeting. Different TA for every lesson, lack of consistency. TA's need training around his needs – touching him – makes him frustrated. Communication very poor – communication book written twice in 6 months – need to know what's going on at school so at home can know how to approach. 'Lost' him for 26 minutes – high risk. Head secretary/executive head – lack of confidence – incident where head inappropriately communicated with son – complaint made – not properly investigated. Feel executive head needs SEN training. Not in appropriate place, high functioning, the right school doesn't exist. GAP – high functioning autistic/anxiety. Putting him in a setting with low functioning, low verbal autistic kids would not be appropriate. Needs nurturing, flexibility with other high functioning children. Trial days at [REDACTED] – son didn't feel happy because of the range of kids. If can get maths, English, science needs hands on apprenticeships. Comments below all relevant for EHCP evidence! Reports – 98.3 attendance – he signs in for attendance and then leaves – inaccurate reflection. Modern foreign language graded but he doesn't attend – grades – using very old grades – not accurate
- Could communicate better – MSP not been reviewed for nearly a year. Should be 4 monthly/6 monthly. English lessons – he needs a TA for 1:1 support to break it down. Restricted diet – doesn't have lunch – provided 1st lunch pass but then decided he wasn't able to eat in school. Needs support. To try to encourage him – unsure if this would work but would appreciate trying. Mum has discussed but they seem reticent to assist.
- In the case of complex physical, medical and communication needs, local specialised provision has been difficult to find in Kirklees throughout my child's life. Having complex physical and health needs coupled with intact, age appropriate cognition, means they don't easily fit in one box or another. Special schools have not been able to offer education at the appropriate level nor an appropriate peer group. Mainstream schools have lacked specialised services, equipment, access and most importantly, been unable to offer a bespoke learning programme. The most significant gap in my child's entire educational experience has been in the teaching of

communication and literacy to non-verbal children with age appropriate intellect. These skills underpin a child's, and adult's, ability to learn and participate in society and my now adult child is still hugely disadvantaged for not having these skills, but is still making progress in acquiring them. A lack of AAC speech therapists, lack of specialised teachers and assistive technologists still exists in Kirklees and provision of equipment alone will not teach a child to all of a sudden acquire language skills. There is now technology and knowledge in the field of AAC to overcome these barriers to learning and these need to be brought into the local area. It is hard to reconcile that a child in the Western world with age appropriate intelligence but no verbal speech can leave school without a basic standard of reading and writing.

- Poor communication from school. Don't get day to day communication from them. ([REDACTED]) and my son can't tell me. I don't think they follow the EHC Plan properly, for example he doesn't get individualised speech and language therapy. School say that speech therapy is delivered every day but it is not specific to his needs. It's delivered as whole class (10-12 pupils) or in groups. He is very unclear and hard to understand and this is not improving. When he was a hearing aid user, he got no support from Teacher of the Deaf. Not enough help with personal care – he is not fully independent with this – it's in his EHC Plan to support him but they don't. Losing property is a big issue, clothing always going missing and they never find it – I label everything. I really chased them about his missing jumpers and their response was to send me one home that belonged to someone else! Not happy with the annual reviews. You only get 50 minutes to an hour. They always run late and they are always rushed – they say “we haven't got much time, we'll just get through the main bits.” My son never attends for even part of the review. Although I know they have interviewed him in school about what he wants to do this never gets a mention in his review.
- Because of the needs of the children being very complex, parents don't have the energy to fight for them and deal with school issues as they have to cope with so much day to day. I need to believe in the school again and be a team. Am fed up of child suffering and being let down. **Behaviour is a formal communication – STAFF DO NOT GET THIS – they don't look at why she's behaving this way. They do not listen to me, they asked my advice about moving her class, but then didn't listen so she displayed challenging behaviour and I heard staff saying she was naughty. Lots of small issues where they blame other people for issues, e.g. Not changing pads/incontinence etc. If my child comes home hurt, no-one knows what's happened – not enough staff supporting – I feel this could be a safeguarding issue. E.g. In the morning, when children are being taken off the bus into school, children can be waiting half an hour. The school needs someone to come in and stabilise it as there's been no real leadership for a long time. Other parents feel that this school is letting children down. We are exhausted with our children and don't have the energy to get school communicating.
- I think that some of the targets are set too high for the amount of time she's expected to achieve them. They didn't have an LSA experienced enough to support my daughter when she first came – they couldn't get anyone. They have more training now so it's better but I feel they are learning from my daughter. I think that there is a funding issues in the school about supporting children's needs. I do a lot of fundraising for them.
- My child finds it difficult to go to the toilet at home and school. School are trying to help him with this but not successful at the moment despite years of trying – I would wish for more support from school or outside agencies to help more with this. As he doesn't have accidents at school, rather “holds it” they haven't really taken it seriously, little support. Staff at school are not cleaning him or helping after use of the toilet. He goes on his own. His EHCP says he needs help but school not doing this. Over the years, the school's communication has improved – still has room for improvement to help parents' relationship. E.g. If parents have a concern over child this needs to be taken seriously. My child communicates by Makaton, only a few staff know how to use this, this is not inclusive. He's the one who's teaching the signs. More staff need to learn! There needs to be courses through school to teach parents to use Makaton and staff at the same time. My child is 15 I am worried about school transport if we don't get it post 16. He cannot travel independently.
- Felt the need to keep pushing school to support my daughter with goals and education. No support available for manual wheelchair and self-care needs especially when the child has limited awareness. No physio given but am now being supported by physio to speak to school. I do not feel that the right support has been given for my daughter's developmental levels – now

being asked to move into college but she does not have the right academic levels to move on. No provision to keep her in school for longer to develop further. We are not happy to send her to college at this moment in time as we feel the setting and education will not meet her needs or be able to support her. Post 16 choices – feel unheard.

- I don't think there is anything that could be improved.
- The IEP's weren't reviewed rigorously enough or often enough. EG. His target is to learn the 6 x table. He might learn it in the required period. But if he doesn't keep using it, he will lose it in a year. There is no account taken of that. No-one keeps teaching you things like telling the time when you are teenager if you didn't get it in junior school because your maths wasn't good enough. It's things like that that need an individual approach. Also in a mainstream high school situation, the huge volume of staff involved is an issue. By the time they get to know your child and what they need, your child is moving on to another teacher, or your teacher moves on. There is no FE provision for my son in Kirklees as he can't get a high enough GCSE grade in English or maths to do what he wants. It's a huge barrier. For instance he could do a BTEC in sports but he would need a level 4 GCSE Maths to do it, and he can't get that. He is too clever to do the Foundation Course on offer. There is no middle ground and lots of young people fall down the middle. Some children with never get up to speed with maths and English if they have a spiky learning profile like children with Down's but that does not mean that they would be unable to work in a sports environment or be a car mechanic. All the research around Down's Syndrome says that the more children and young people are integrated the better they learn. But what happens at [REDACTED], he would be put in with all the other children on the Foundation Course who are much less able so he won't make any progress. There is a huge focus on life skills in education in Kirklees when they should be teaching him the academics or the vocational. It is my job as a parent to teach him life skills. Part time provision is an issue: If my child had severe learning disabilities, he would be in special education (full time) till he's 19. But at 16, a child with more moderate learning needs, would only get three days of education. If he was highly academic he could go full time to somewhere like [REDACTED], but because he is in the middle he only gets three days. So what happens on the other two days? Parents have to give up work to look after them, or you have to fight for funding to send your child to a day centre like Waves but that's not educational. This has been a gap in Kirklees for years. My son also wants to do dance which is not available in Kirklees. I am paying for training in Leeds.
- The school follows all the support plans put in place and plan ahead if there are any changes which effect on my child and always keep me informed of any changes for example a supply teacher and gives my child advanced warning of any changes so she knows what to expect.

High Needs Strategic Reviewof Post 16 provision

The High Needs Review will review all provision supporting Kirklees' children and young people with Special Educational Needs and/or Disability (SEND). This involves collecting and analysing data and information to create a profile of current provision.

We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Of last year's SEN cohort (2016-17), what percentage had their needs identified before arriving at your setting?

58%

How many had SEN identified after they joined your setting?

42%

In all cases except one (a late ASD diagnosis), the students identified after joining HGS with SEN were due to SEMH issues.

Have you had support from other agencies? If so, who?

External Private Counsellor, Northorpe Hall Child and Family Trust, IAPT, Kirklees Specialist Provision (VI / HI and ASD)

Have you received additional funding? If so, from where?

No.

For those young people with SEND, please summarise your success in terms of...

Attainment and progress

Based on the 2016-17 cohort:

Overall APS per Pupil:

ALL	94.38
EHCP	80
SEN Support	102.1

This year, in terms of VA:

ALL	-0.12
EHCP	0.00
SEN Support	-0.39

Broader outcomes

All of our students on SEN Support or above have positive outcomes, which include going on to FE / HE programmes.

Preparing for adult life (further education and employment, good health, community participation, independent living)

Students at HGS leave possessing the skills and independence to go on to further or higher education. Whilst some of our leavers with more complex needs have chosen to stay at home to go to university, others have moved away and lived independently.

Students with SEND study a Skills programme at HGS which focuses on preparing for adult life.

They receive additional support from the Careers Department in applying to university, arranging additional transition visits, completing DLA etc.

Have you ever felt unable to accept a young person with SEND? If so, what were the barriers?

No, as we have always strived to meet the needs of any student who wishes to accept a place here. However, we have needed to modify the site in order to accommodate this, which has included facilities such as an accessible toilet.

Progression: what is the range of destinations for young people with SEND who are leaving your setting?

Most go to university. In the past 4 years, our students with a Statement of SEN / EHCP have gone to the following destinations:

- Lancaster University (Psychology)
- University of Huddersfield (Law)
- Kirklees College (Childcare Certificate)

In 2016-17, all of our students with SEN went on to FE or HE, with the exception of 1 student who went on to do a gap year.

In the last year (as a % or a number), how many young people with **complex needs** have enrolled on:

N/A

- study programme
- vocational training
- supported internship
- apprenticeship/traineeship

In the last year (as a % or a number), how many young people with **an EHC Plan** have enrolled on:

- 1** study programme
- 0** vocational training
- 0** supported internship
- 0** apprenticeship/traineeship

Any further comments

Completed by: STACEY BARTON

Date: 18/10/17

Job title: SENCO

Name of setting: HECKMONDWIKE GRAMMAR SCHOOL & SIXTH FORM

Please return by Friday 20 October 2017 to:

Alison O'Neill

Business Support Officer

High Needs Strategic Review (SEND)

Children's Services – Learning and Early Support

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Byram Street

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High Needs Strategic Reviewof Post 16 provision

The High Needs Review will review all provision supporting Kirklees' children and young people with Special Educational Needs and/or Disability (SEND). This involves collecting and analysing data and information to create a profile of current provision.

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This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Of last year's SEN cohort (2016-17), what percentage had their needs identified before arriving at your setting?

EHCP – 100%
SEN Students – 66.6%

How many had SEN identified after they joined your setting?

33.3%

Have you had support from other agencies? If so, who?

Occupational Therapists	Community Enablement Team
Hearing Impaired Service	Local Authority - SENACT
Visual Impaired Service	Educational Psychologists
NHS – Diabetes, Epilepsy Specialists	Independent Travel Training Team
C&K Careers	CAMHS
School SENCOs	Northorpe Hall
Barnardo's	

Have you received additional funding? If so, from where?

Local Authority

For those young people with SEND, please summarise your success in terms of...

Attainment and progress:

EHCP students 100% pass rate on courses/SEN 100% pass rate on courses

85% achieved above target grade

All positive progression routes both internally and externally to university, apprenticeships, supported internships and other colleges.

Broader outcomes:

All developed independence, organized the next step of their adult life to progress to positive destinations. Progress made towards EHCP outcomes.

Preparing for adult life (further education and employment, good health, community participation, independent living):

Made contact with other agencies to support other areas in which intervention had been identified as required. Community participation developed within the college through:

- New College Diversity Club (NC/DC)
- Enrichment opportunities including:
 - Duke of Edinburgh Award
 - Access to the college Gym/Sports Activities
 - Drama
 - Journalism etc.
- Work experience opportunities and university transition visits
- the opportunity to be a Student Ambassador or engage in the Student Union
- Independent travel training
- College trips and visits

Have you ever felt unable to accept a young person with SEND? If so, what were the barriers?

Safeguarding of other students/staff

Significant VI Student – support not available within the Local Authority

Progression: what is the range of destinations for young people with SEND who are leaving your setting?

- University
- Apprenticeships
- Supported Internships
- Employment
- Gap Year
- Other Colleges

In the last year (as a % or a number), how many young people with **complex needs** have enrolled on:

a full time study programme (47 students)

In the last year (as a % or a number), how many young people with **an EHC Plan** have enrolled on:

study programme full time (34 students)

Any further comments

Completed by...Peter Kennedyname 19 Oct 2017.....date

Job title.....Deputy Principal Name of setting...Huddersfield New College

High Needs Strategic Review of Post 16 provision- Kirklees College

The High Needs Review will review all provision supporting Kirklees' children and young people with Special Educational Needs and/or Disability (SEND). This involves collecting and analysing data and information to create a profile of current provision.

We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Of last year's SEN cohort (2016-17), what percentage had their needs identified before arriving at your setting?

We are interpreting 'arrived' as meaning after the College's main enrolment or on commencement of their chosen programme of study.

2016-17

New EHCP applications consulted on for 2016/17 = 120, 99 Kirklees, 9 other authorities. 12 learners with EHCP/High Needs had no consultation before arriving at our setting in 2016/17.

Breakdown:

The College was consulted on 22 Kirklees Council resident learners and 9 from other authorities with an EHCP/High Needs prior to the 31st March 2016 national deadline. We were consulted on a further 77 learners with an EHCP/High Needs between the 1st April and commencement of College's main enrolment event on the 24th August. A further 12 arrived during or after enrolment, or on commencement of their chosen programme of study.

The percentage of EHCP/High Needs learners who had their needs identified before arriving at our setting in Sept 2016/17 is 90.1 %

2017/18

New EHCP applications for 2017/18 = 158, 140 Kirklees, 6 other authorities, 12 learners with EHCP/High Needs had no consultation before arriving at our setting in 2017/18.

The College was consulted on 94 Kirklees Council resident learners with an EHCP prior to the 31st March 2017 national deadline. We were consulted on a further 46 learners between the 1st April and commencement of College's main enrolment event on the 24th August. A further 12 arrived during or after enrolment, or on commencement of their chosen programme of study.

The percentage of EHCP/High Needs learners who had their needs identified before arriving at our setting in Sept 2017/18 is 92.4% %

Learners disclosing SEN 2016/17 = 2699 in total.
new starters were 379 with disclosed SEN needs and requirements.

1982 of 2699 were learners continuing or returning students

717 were new starters to the college of which 338 were EHCP learners

Current no. of learners with EHCP/High Needs = 338 in Total Oct 2017.

How many had SEN identified after they joined your setting?

2016/17

12 learners with EHCP/High Needs had no consultation before arriving at our setting. The percentage of EHCP/High Needs learners who had their needs identified after arriving at our setting in Sept 2016/17 is 9.9%

2017/18

12 learners with EHCP/High Needs had no consultation before arriving at our setting. The percentage of EHCP/High Needs learners who had their needs identified after arriving at our setting in Sept 2016/17 is 7.6%

Have you had support from other agencies? If so, who?

Yes

C & K Careers are represented at all EHCP reviews where transition and progression will be discussed in significant detail, for example at the end of their current phase of education or where the early withdrawal of an EHCP High Needs learners has triggered the review.

Social care attends a small number of annual reviews, limited. Some support from Social Care where there is an allocated worker – in terms of attendance at meetings, but limited input in terms of joined up approach to meeting the learner's outcomes.

Health does not attend any reviews. Lack of support from Health services – very difficult when need advice / support re: learner's mobility etc. in the College environment to help them remain safe. Individual health care professionals, when they can be identified do attend the College for meetings and to offer training and on-going support around specific areas of need; interventions such as mobility advice, seating and positioning including providing specific equipment, Enteral Feeding, Suctioning and care of a tracheostomy have been delivered to support workers in the College. The 'transition' from children to adult health (and social care) services is often cited as a major 'gap' by health professionals. Our learners are disadvantaged by this.

Speech and language therapy input is an on-going requirement
Camhs input is a requirement. Need better links with EP and more support re: mental health advice / services for learners. Educational Psychology have been in contact in regard to specific EHCP request for assessments made by the College on behalf of learners. Some Educational psychology advisory work has taken place.

Support from other agencies, Preparing for adulthood is a requirement. The College need more support from services that can promote this more holistically e.g. The Community Enablement Team, and since there is no longer an agency supporting learners with travel training in the wider community (except the one route to College) this has had an impact on developing learners independence skills.

Have you received additional funding? If so, from where?

We negotiated additional funding from Kirklees LA having established that current funding levels would not meet the support needs of our students.

For those young people with SEND, please summarise your success in terms of...

Attainment and progress

Outcomes for students show 3 year improving trends:

(Numbers in brackets next to each year is count of enrolment starts taken from ProAchieve, excluding non-regulated):

Each cohort is RAG rated for improving trends and above, on a par or below whole

college.

Amber denotes within 3% or on a par and red denotes over 3% below.

HIGH NEEDS STUDENTS: Significant increase in numbers and also showing upward trends in outcomes. Retention is 8.8% above whole college. Achievement is 10.56% above whole college and Pass Rate is 2.13% above whole college. 13.30% increase in Achievement over 3 year period. 13.72% increase in Pass Rate over 3 year period. Retention stable at 98% over 3 year period.

	2014/15 (276)	2015/16 (360)	2016/17 (427)	WHOLE COLLEGE 16/17	Upward trend	+/- whole college
Retention	98.55%	98.61%	98.31%	89.51%		
Achievement	78.26%	80.28%	91.56%	TBC. NR: 81%		
Pass rates	79.41%	81.41%	93.13%	91%		

EHCP STUDENTS: The cohort of 388 students with EHCPs have higher Retention rates than whole college by 5.96% and higher Pass Rates than whole college by 2.35%. Achievement is on a par with whole college. First year of data gathering.

	2016/17 (427)	WHOLE COLLEGE 16/17
Retention	95.47%	89.51%
Achievement	81.80%	TBC. NR: 81%
Pass rates	93.35%	91%

SUPPORTED STUDENTS (ALL): This cohort relates to all the students supported by the department for SEND, showing upward trend.

Retention is 3.75% higher than whole college, Achievement is 3.79% above whole college and Pass Rate is on a par with whole college.

12.79% increase in Achievement over 3 year period. 13.12% increase in Pass Rate over 3 year period.

	2014/15 (2,239)	2015/16 (1,461)	2016/17 (1,394)	WHOLE COLLEGE 16/17
Retention	92.54%	89.53%	93.26%	89.51%
Achievement	72%	73.85%	84.79%	TBC. NR: 81%
Pass rates	77.8%	82.49%	90.92%	91%

SUPPORTED STUDENTS SENSORY: This cohort receives support for visual and hearing impairment. Retention is 10.49% above whole college. Achievement is 8.58% higher than whole college. Pass Rates are 1.42% below whole college. 17.41% increase in Achievement over 3 year period. 12.73% increase in Pass Rate over 3 year period. Retention has increased by 6.09%.

	2014/15 (115)	2015/16 (100)	2016/17 (48)	WHOLE COLLEGE 16/17
Retention	93.91%	98%	100%	89.51%
Achievement	72.17%	77%	89.58%	TBC. NR
Pass rates	76.85%	78.57%	89.58%	91%

SUPPORTED STUDENTS ALPS: *This cohort is supported for specific needs e.g. ADHD, autism, Asperger's, medical assistance, mobility, ODD etc. Retention is 4.32% above whole college.*

Retention is 4.32% above whole college, Achievement is 5.28% above whole college and Pass rate is just above whole college.

11.26% increase in Achievement over 3 year period. 11.59% increase in Pass Rate over 3 year period. Retention has remained stable.

	2014/15 (1,097)	2015/16 (826)	2016/17 (729)	WHOLE CO
Retention	93.35%	90.19%	93.83%	89.51%
Achievement	75.02%	73.37%	86.28%	TBC. NR: 8
Pass rates	80.37%	81.34%	91.96%	91%

SUPPORTED STUDENTS DYSLEXIA: *This cohort receives support for dyslexia traits and assessments in the Learning Workshop and in class where required.*

Retention is 4.27% above whole college, Achievement is 3.02% above whole college and Pass Rate is 1.4% below whole college.

12.62% increase in Achievement over 3 year period. 13.21% increase in Pass Rate over 3 year period.

	2014/15 (1,056)	2015/16 (533)	2016/17 (482)	WHOLE CO
Retention	93.47%	90.06%	93.78%	89.51%
Achievement	71.4%	74.67%	84.02%	TBC. NR: 8
Pass rates	76.39%	82.92%	89.6%	91%

Have you ever felt unable to accept a young person with SEND? If so, what were the barriers?

Yes, we don't have access to specialist support within the main support teams at Kirklees College, ALPS HC/DC. There are smaller specialist teams at the College, for example communication support (HI and VI) and Dyslexia Support employ specialist support workers and tutors with appropriate qualifications.

We are experiencing an increasing demand for more expertise in supporting behaviour. Student Hubs and support bases, where solely relied on in schools, and smaller, more individualised learning environments/providers are frequently referred to in consulting EHCPlans. These are an area of provision where the College have to do a lot of background context checking, and sometimes feel justified in say "No", we are unable to meet this young person's need in Kirklees College. The change faced by learners in the transition to College can sometimes be predicted as being too great a risk. Where there are clear indications that a young person requires restraint techniques applying, for example reference is made to Team Teach approaches in the consulting documents, or where their behavior is quite clearly a significant risk to the young person's or others' health and safety we are currently faced with no choice but to give a "No" response.

Very complex, emerging or inadequately supported (in terms of accessing appropriate community health services) Mental Health and Wellbeing difficulties is another area where the College does not feel it has access the right levels of expertise to ensure we can always meet needs. These issues tend to be identified more frequently after the learner has enrolled, rather than through the consultation process.

Other barriers ongoing include ceasing plans, not necessarily for learners at Kirklees College, but prior to them applying (so ceased in school potentially), LA not responding in a timely way or at all to requests for assessment, this is Kirklees, LA losing documentation in work flow following LA led annual reviews, but the biggest potential barrier is not consulting with us at all, and schools not fulfilling their legal obligations to request an EHCP when the

need is so clearly there. This leaves learners unsupported through their transition from school to College, and draws heavily on resources at the College to put the correct support in place and request an EHCP assessment, all in a compressed time frame where the learner is potentially failing from the start.

Progression: what is the range of destinations for young people with SEND who are leaving your setting?

Employment, Further study, higher education, social care provision.

In the last year (as a % or a number), how many young people with **complex needs** have enrolled on:

- study programme 94%
- vocational training 0
- supported internship 0
- apprenticeship/traineeship 6%

In the last year (as a % or a number), how many young people with **an EHC Plan** have enrolled on:

- study programme 90%
- vocational training 0
- supported internship 8%
- apprenticeship/traineeship 2%

Any further comments

Completed by: **Polly Harrow (Head of Student Support) on behalf of Carmen Gonzalez-Eslava (Vice Principal)**

Date: **20th October 2017**

Name of setting: **Kirklees College**

Please return by Friday 20 October 2017 to:

Alison O'Neill
Business Support Officer
High Needs Strategic Review (SEND)
Children's Services – Learning and Early Support
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High Needs Strategic Reviewof Post 16 provision

The High Needs Review will review all provision supporting Kirklees' children and young people with Special Educational Needs and/or Disability (SEND). This involves collecting and analysing data and information to create a profile of current provision.

We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Of last year's SEN cohort (2016-17), what percentage had their needs identified before arriving at your setting?

49%

How many had SEN identified after they joined your setting?

51%

Have you had support from other agencies? If so, who?

Educational Guidance Services (EGS)

Have you received additional funding? If so, from where?

Additional funding for 5 high needs students from various LAs.

For those young people with SEND, please summarise your success in terms of...

Attainment and progress - We strive to improve outcomes through high expectations and high quality provision. Students' with additional learning needs benefit from a comprehensive programme of support and intervention.

- SEND learners achieve high A*-B grades (63.6%) as well as their peers (63.3%).
- Pass rates indicate that SEND learners achieve higher than the national average.
- The College SEND A- level achievement rates are commensurate with the SEND national average.

Broader outcomes - Learners with SEND are encouraged to develop their self-confidence by acting as worthy advocates and representatives of the College; all students with additional needs take part in the Work-Shadowing/Project week and a considerable number are involved with the Greenhead Voluntary Service Scheme (GVS) and are part of the Greenhead College Student Association (GCSA). The annual student satisfaction questionnaire enables students with disabilities to make a positive contribution to improvement plans.

Preparing for adult life (further education and employment, good health, community participation, independent living)

Education: Progression to Higher Education courses has remained consistent throughout the last three years: 78% in 2014 and 76% in 2015 and 79% in 2016 with 6% moving directly into paid employment and 3% opting for an apprenticeship. The department is fully conversant with UCAS application procedures and standard practice, which is disseminated to the Study Centre Team, who offer workshops focused on Personal Statements. Independent learning is encouraged at all junctures; generic study skills support preparation for adulthood and the team regularly collaborate with Personal Tutors and Careers Advisers.

Independent Living/Good Health: The Tutorial Programme delivers weekly support to all students on topics which support good health and independent living and the Learning Support Team further support this with appropriate workshops:

- Promoting positive mental health
- Risk
- Stress/resilience
- Healthy relationships
- Equality and Diversity
- Healthy Living
- Reflection
- Accommodation/Independence and Budgeting
- Let's talk life workshop
- Preparation for Adult 1:1 sessions
- Coffee Club (Nurture Group)
- Meditation

Employment: There is also a strong emphasis on employment and employability skills:

- C.V. Workshop
- Interview techniques
- Effective Communication
- What's Ahead Morning
- Making decisions at Post 18

Community Participation: The college voluntary service scheme allows a large number of students with additional needs to help in the community.

Have you ever felt unable to accept a young person with SEND? If so, what were the barriers?

No

Progression: what is the range of destinations for young people with SEND who are leaving your setting?

SEND 2016 Leavers	H.E.	F.E	APPRENTICESHIP	EMPLOYMENT	YEAR OUT
Cognition & Learning	80%	7%	2%	9%	2%
Comm and Interaction	50%	50%	0%	0%	0%
Sensory and/or physical	87%	5%	4%	2%	2%
SEMH	64%	12%	12%	6%	6%

Waiting for 2017 destination data.

In the last year (as a % or a number), how many young people with **complex needs** have enrolled on: **0 students with complex needs**

- study programme
- vocational training
- supported internship
- apprenticeship/traineeship

In the last year (as a % or a number), how many young people with **an EHC Plan** have enrolled on: **0 EHCP plans for 2017 leavers**

- study programme
- vocational training
- supported internship
- apprenticeship/traineeship

Any further comments

Completed by Claire Bery name date 11/10/2017
Job title ALS MANAGER Name of setting GREENHEAD COLLEGE

Please return by Friday 20 October 2017 to:

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High Needs Strategic Review ST John Fisher Catholic Voluntary Academy of Post 16 provision

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We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Of last year's SEN cohort (2016-17), what percentage had their needs identified before arriving at your setting?

There were 14 students on last year's cohort. 12/14 had their needs identified before they came to us

How many had SEN identified after they joined your setting?

2 students were identified when they were in Yr 7-9 and put on SEND support.

Have you had support from other agencies? If so, who?

C & K Careers
Educational Psychologist team
Physiotherapy team

Have you received additional funding? If so, from where?

Top up funding from the 3 EHCP students.

For those young people with SEND, please summarise your success in terms of...

Attainment and progress

**One student with complex needs and an EHCP was able to achieve A level Music. She performed at the school's Summer and Christmas Concerts.
One student with an EHCP received a VA score of 0.29.
Another EHCP student received a VA score of 0.38 and 0.99 for 2 of his exam subjects**

Broader outcomes

Transition. A teaching Assistant who had supported the student with the EHCP and complex needs, went to college for two days to 'hand over' and show the new Teaching Assistant the best way to support the student.

Preparing for adult life (further education and employment, good health, community participation, independent living)

One student who has an EHCP went to University to study Journalism and Media.

Have you ever felt unable to accept a young person with SEND? If so, what were the barriers?

NO

Progression: what is the range of destinations for young people with SEND who are leaving your setting?

Kirklees College Huddersfield Site Music Technology
Leeds College of Building- Apprenticeship P & D
Wakefield College- L2 course
Apprenticeship with trucking company
Employment Apprenticeship Interserve & Learning
HealthCare Assistant, Dewsbury Hospital
Apprenticeship at Yorkshire Building Society
Bangor University- Journalism and Media
Apprenticeship Hairdressers Batley,

In the last year (as a % or a number), how many young people with **complex needs** have enrolled on:

3 study programme
0 Vocational training
1 Supported internship
5 Apprenticeship/traineeship

In the last year (as a % or a number), how many young people with an **EHC Plan** have enrolled on:

2 Study programme
0 Vocational training
0 Supported internship
1 Apprenticeship/traineeship

Any further comments

Of the SEND cohort, 5 students have progressed on to Year 13.

Completed by Mrs Kathryn Lea name 16.10.17 date

Job title Acting SENCo Name of setting St John Fisher Catholic Voluntary Academy.

Please return by Friday 20 October 2017 to:

Alison O'Neill
Business Support Officer
High Needs Strategic Review (SEND)
Children's Services – Learning and Early Support
First Floor, Kirkgate Buildings

High Needs Strategic Reviewof specialist provision and PRUs

The High Needs Review will review all provision supporting Kirklees' children and young people with SEN. This involves collecting and analysing data and information to create a profile of current provision.

We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Involvement in the last academic year: how many children and young people have you been involved with...

- through outreach?
- PPRS 138
- Westfields 47
- Ethos College: The outreach students included both our exceptional and medical needs students. This amounted to 48 students.

Total 233

- through a Pru place?
- PPRS 40
- Westfields 43
- Ethos College 40

Total 123

What % of children and young people who had a pru place

- returned to mainstream school?
- PPRS 57%
- Westfields 55.8%
- Ethos College 57% of medical cohort returned, no exceptional needs and 15% of total cohort; 85-90% (awaiting final figures from C & K Careers) of Year 11 cohort progressed successfully to post-16 education, training or employment

- went to a special school?
- PPRS 43%
- Westfields 44.2%
- Ethos 0%

For those children and young people who had a PRU place, summarise your success in terms of...

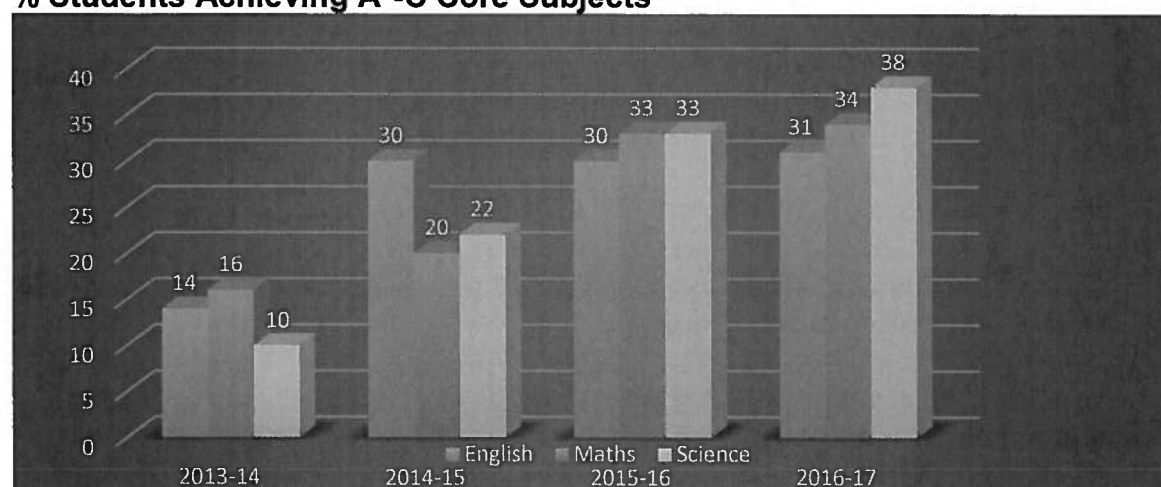
Attainment and progress

PPRS- One of the core aims of the PPRS is to re-engage pupils with their learning through identifying and supporting their SEMH needs. When combining the progress made academically with the SEMH progress (as assessed through Thrive), all pupils made progress during their placement with the PPRS.

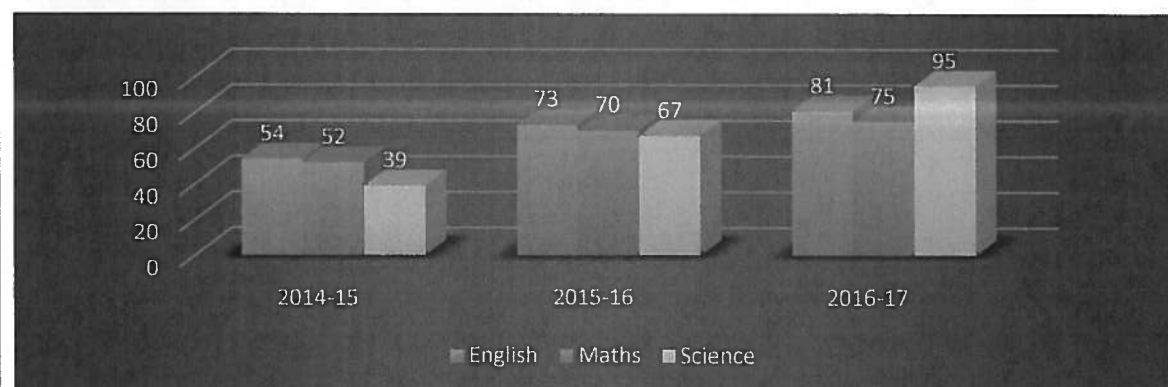
58	76.5	73.5	89	74	90	91
% Achieving expected levels of Progress in English						
2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
-	-	-	38	39	26	38
% Achieving expected levels of Progress in Maths						
2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
-	-	-	8	17	19	24

Breakdown by Core Subject

% Students Achieving A*-C Core Subjects



% Students Achieving A*-G in Core Subjects



Comparative Data

We have been working with Pixl for just over a year now. As part of this membership we are able to look at the data from comparative provisions from across the country. The data they have access to is from the other members of schools that are part of the Pixl group. In terms of what we need it means that we have comparative data from approximately 2000 students that have just completed year 11 in an alternative provision. At this point in the year they have only been able to look at a small number of headline figures. These are shared below:

Of the children placed at the PRU, how many had previously been permanently excluded from a mainstream school? PPRS 33 Westfields 24 Ethos College 12
Of the children placed at the pru, how many were at risk of a permanent exclusion? All pupils were at risk of a permanent exclusion at the PPRS PRU and Westfields. Ethos College 49
Any further comments

Completed by
Jayne Foster, Alison Ward and Martin Ridge
(Head Teachers within the Pupil Referral Service)
Date: 20 October 2017

Please return by Friday 20 October 2017 to:

Alison O'Neill
Business Support Officer
High Needs Strategic Review (SEND)
Children's Services – Learning and Early Support
First Floor, Kirkgate Buildings
Byram Street
Huddersfield
HD1 1BY

Email: alison.o'neill@kirklees.gov.uk

High Needs Strategic Reviewof special schools

The High Needs Review will review all provision supporting Kirklees' children and young people with SEN. This involves collecting and analysing data and information to create a profile of current provision.

We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people (including Post 16, if applicable).

What percentage of your current population reflects your current provision?

Pre 16: 90 - 95 %

Post 16:

If not 100%, what are those children's needs, and what challenges are presented? If there are particular issues with attendance, please summarise what these are.

Pre 16: PMLD - but parents who can't accept the level of disability so "parental choice" = inappropriate placement
Degree of autism - sometimes only becomes apparent later

~~Post 16:~~ Extreme of violence, which can not be contained safely in our provision.

Of your current school population, how many children and young people currently have:

	Moulded wheelchair	Standard wheelchair	Electric wheelchair	Peg fed	Oxygen	Specialist toileting facilities	other
Pre 16							
Post 16							

Summarise your success in terms of:

Attainment and progress

Pre 16: Vast majority make good to outstanding progress En, Ma measured against national database (e.g. Progression Guidance).

Post 16: Some pupils do not make progress academically for years because of high anxiety. (a small minority)

Broader outcomes

Pre 16: Social & emotional development through Nurture approach - transformation over time.

~~Post 16:~~ Emphasis on Life Skills.

caught in a bind, because we can not refuse education to these pupils on medical grounds and yet staff do not have to consent to administer medicine (and one might well wonder why should they - considering the levels of responsibility, risk and stress in a job that is not highly paid?). If we can't find willing people, what would happen? These procedures also take staff away from learning, often requiring two ETAs at a time for perhaps 20 minutes several times a day. For example, we have a class with two Type 1 diabetics who each have to be dealt with separately, so two staff are spending hours away from the main business of supporting the learning of the wider class.

Like all provisions we also struggle with the levels of mental health issues that are presenting themselves in our setting. Again, we feel, like everyone, that this is an area that is under-resourced. We have taken to private commissioning in the absence of sufficient support from CAMHS. Even so the levels of support are completely inadequate to the levels of need, and again staff just do not feel they have the levels of expertise to deal with really complex and frightening mental health issues. We feel we hold a strong understanding of conditions like attachment disorder and anxiety within our organisation but some mental health issues are still far beyond our capabilities.

All in all the Local Authority has to have well-organised systems that provide the intensive, highly specialised input needed for these exceptional pupils, for special schools as well as mainstream schools.

We are acutely aware that funding cuts are making this situation worse, not better and, in particular that research (like ISOS) shows an enormous disparity in the SEND funding for Kirklees compared to the rest of the country. We are about 21% underfunded compared to other areas. I think the Local Authority should go public on this, because unless this is rectified the financial paralysis will make any review pointless. It is a scandal that our young people are being so short-changed in terms of the national offer.

I would like to make a particular case for my school in terms of funding. We feel that we have a very strong ethic at Southgate, as we did at Lydgate, where we do not like to turn pupils away. We strive very hard to adapt to need, however challenging. We also have a strong belief in a nurture approach which is frontloaded and looks to long-term rather than short-term gains. It takes enormous resources and a long-time to turn around a young person struggling with a complex morbidity of conditions and very deeply embedded, negative, learned behaviours. We appear to be expensive, especially in the early years, but we believe this pays off in the later years when we experience remarkable success. When considering the difficult question of parity of funding I would like to factor in what each exceptional child would have cost if we had turned them away. Holding onto very demanding high needs pupils will never be cheap (but less expensive than sending them to independent provision).

At the same time, at the moment we are dealing with issues which have significantly reduced our capacity. From my long-standing professional experience as teacher and headteacher, I know that we are at a critical point. Our relocation as part of the re-organisation of specialist provision was a difficult and complex process, suffering many delays, bringing together pupils from three provisions (Lydgate, Woodley, PRU) and seeing our population grow from 76 to 120 over two years. Staff worked incredibly hard to make this process work. Unfortunately, endless issues have bedevilled us, and now we find we are unable to create our new school strategically because of serious issues with building safety. These have resulted in staff 'fire-fighting' to keep pupils safe rather than developing

the provision. Learning has suffered. Systems have not been properly developed. We are fragile and struggling to respond to more demands (e.g. to take more pupils) or to cope with behaviours. We are overstuffed but haemorrhaging our human resources to emergencies. We are not developing as we should. We feel vulnerable and are acutely aware that OFSTED are due in soon. I am so disappointed that we have not been able to capitalise upon the incredible job we achieved in getting ourselves here in remarkably good order and good heart.

Nicky Rogers, Headteacher, Southgate School

12/12/17

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

Additionally, it is noted that regular audits are essential to identify any discrepancies or errors early on. This proactive approach helps in maintaining the integrity of the financial statements and prevents larger issues from arising.

The second part of the document outlines the specific procedures for recording income and expenses. It provides a clear step-by-step guide for how to categorize different types of transactions and how to calculate the net profit or loss for a given period.

Finally, the document concludes by stating that consistent and accurate record-keeping is the foundation of sound financial management. It encourages businesses to adopt these practices as a standard operating procedure to ensure long-term success and compliance with regulatory requirements.

HIGH NEEDS STRATEGIC REVIEW - CONSULTATION RESPONSE

The staff and governors at Joseph Norton Academy welcome the opportunity to respond to the High Needs Review.

Joseph Norton Academy is the only school in Kirklees for pupils with complex social, emotional and mental health difficulties (SEMH). The school currently supports 63 pupils who require long-term placements. All pupils admitted to the school have undergone a statutory assessment and have an Education Health and Care Plan (EHCP), which identifies social, emotional and mental health difficulties that are significantly impacting on each pupil's ability to maintain emotional well-being in all aspects of their life.

Our school is extremely successful. Attendance is high. Exclusions are exceedingly low and pupils make good progress over time. Parents comment that their children settle quickly and enjoy coming to school. Pupils comment that they feel safe and cared for. The school's approach, including nurture principles, social pedagogy and restorative practice, is unique in the District. The school's curriculum, including a purpose built SEMH framework, a self-sustaining philosophy and therapeutic foundation, is distinct in the country.

Proud partner of Wellspring Academy Trust, the school works in close partnership with SEMH schools in Barnsley, Leeds, Grimsby and Lincolnshire forming a pan-regional community of SEMH expertise. Leaders are well supported. Staff morale is high and staff absence is well below national averages.

In light of the above, Joseph Norton Academy is in a unique position to comment on SEMH provision in Kirklees and, indeed, SEMH provision more widely and would like to offer the following in terms of observations and opportunities.

SEMH

While the change from 'BESD' (Behavioural, Emotional and Social Difficulties) to 'SEMH' was one of the most significant in the new SEND Code of Practice, it was not intended as a direct replacement or 'catch-all' acronym. A lack of clarity in this area has led to inappropriate referrals to our school, children who are misplaced in alternative settings and misconceptions and misunderstandings between professionals.

This review provides an opportunity for the Local Authority to articulate a more progressive definition of SEMH that encompasses the full spectrum of need and is supported by an appropriate, clinical assessment system.

Opportunities include:

- Working with schools to identify where behaviour is:
 - ❖ A one-off incident or mistake;
 - ❖ An emotional response to a specific adverse life experience such as loss;
 - ❖ An educational issue linked to school organisation, staff values and skills;
 - ❖ A political issue influenced by national policies or standards;
 - ❖ A social issue, linked to disadvantage;
 - ❖ The result of a mental issue (possibly including a biological or genetic component) such as Attention Deficit Disorder, Attention Deficit Hyperactive Disorder, Attachment Disorder or related co-morbid disorder such as oppositional or conduct disorder;
 - ❖ Symptomatic of profound need, including, for example, acutely harmful dysregulation
- Working with experts, including those in special settings, to determine when the identification of SEMH difficulties should lead to further assessment and/or diagnosis up to and including an EHCP;
- Utilising expertise from special schools to ensure that the right children are allocated to the right SEMH provision;
- Working with Multi-Academy Trusts to identify and fill gaps when existing provision is insufficient.

CAPACITY

We are acutely aware of the pressure on SEMH places in Kirklees. For the last few years, Joseph Norton Academy has been operating over PAN and has turned children away due to an inability to form coherent nurture groups; a lack of physical space; and profound levels of need. This has led to the commissioning of expensive out of area

placements; an over-reliance on alternative provision and inexperienced, sometimes 'pop-up,' Independent Schools; and children taking up long term placements in what should be turn-around PRUs. Indeed, it is our firm belief that it should never be acceptable to place children with SEMH difficulties in non-specialist or untested settings where staff are not appropriately trained and do not receive ongoing support, supervision and professional development.

This review provides an opportunity for the Local Authority to develop and commission much needed local provision with the experts in this area and explore cross-border links with partners in other Authorities.

Opportunities include:

- Utilising Capital Investment to extend the site at Scissett. A similar challenge in Leeds has been overcome by investing £45m in new-build schools on an 'invest to save' basis.
- Utilising Capital Investment to develop alternative premises. SEMH provision in Lincolnshire has been expanded through the refurbishment of existing building stock.
- Submitting an application for an SEMH free school. While applications interpreted by the DfE as 'expansions' or 'reorganisations' of existing provision are not permitted, Bradford Council has recently secured government funding to build a new SEMH free school with a 12 bed residential element to meet the needs of children with profound needs.

WORLD CLASS PROVISION

While neighbouring authorities including Leeds, Barnsley and Bradford aspire to create world-class provision for children with SEMH difficulties, specialist SEMH provision in Kirklees has, historically, been overlooked and underfunded. Plans are often formed on a short-term and reactive basis, rather than an analysis of need over time. Unlike schools such as Castle Hill, Ravenshall, Fairfield and Southgate, children who attend Joseph Norton Academy are accommodated in inappropriate and run-down buildings that inhibit therapeutic practice and thwart pupil progress. Likewise, while health and care professionals are commissioned to work with all other special schools, pupils with SEMH difficulties are not afforded the same level of support and there are no formal links with adult services to help those who will require lifelong assistance.

This review provides an opportunity for Kirklees to re-establish itself as a sophisticated, progressive Authority by authoring a long term strategy for SEMH, which recognises, promotes, invests in and builds on the good work already undertaken in this area.

Opportunities include:

- Visiting neighbouring authorities to learn from and utilise good practice;
- Engaging with relevant Multi-Academy Trusts;
- Utilising Capital Investment to urgently address building needs at Joseph Norton Academy;
- Commissioning and embedding work from vital agencies such as CAMHS into SEMH schools;
- Improving the inter-agency offer available in specialist SEMH settings;
- Addressing SEMH needs beyond school through a coherent multi-agency pathway into adulthood including post-16 education.

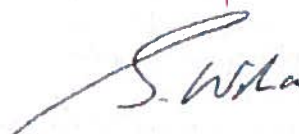
NEXT STEPS

Finally, on behalf of Joseph Norton Academy and Wellspring Academy Trust, we would like to take this opportunity to rearticulate our desire to work in close partnership with Kirklees Local Authority as they respond to the findings of this consultation. As a values driven organisation we remain committed to 'making a difference' for some of the most vulnerable children in our education system and look forward to supporting the development and implementation of next steps in this important area.



Warwick Firmin

Chair of Governors



Sarah Wilson

Head Teacher



8th December 2017

Dear Claire,

Re: Strategic High Needs Review

Thank you for giving us the opportunity to contribute to the Local Authority's High Needs Review (HNR). In addition to the information submitted by individual schools, we would like to make the following representations:

A Joined Up System

We believe that the HNR provides the ideal opportunity for Kirklees to develop a new vision for high needs provision that brings mainstream and special schools closer together. For too long, mainstream and special schools have operated as separate entities, which has led to the mystification of special school practice and reinforced artificial boundaries. By bringing schools, principals, staff groups and children together, we believe that Kirklees will be able to provide a more coherent and inclusive offer to its communities.

Sharing Expertise

At present the expertise in special schools is underutilised. We know that mainstream schools are struggling to meet the needs of pupils with increasingly complex diagnoses and that PRUs rely on 1:1 home-education for pupils who can't cope in their classrooms. As a group, we would welcome the opportunity to work more closely with mainstream schools to build capacity throughout our system. This might be advice and guidance relating to the needs of specific children; training related to specific need or whole school support offered on a partnership or school improvement basis.

Partnership Working

In addition to schools, we encourage this review to bring together the specialist services that support our children. It is incomprehensible that schools for children with complex needs cannot access support from sensory services and schools for children with mental health difficulties do not receive direct support from CAMHS. This review provides the opportunities to put the 'Health' and 'Care' back into Education, Health and Care Plans for all children who require additional support. Services should be available to the children who need those services without having to consider thresholds or where they go to school.

Space, Accommodation and Funding

Kirklees special schools are full and, in some cases, overfull. The lack of space and, in some cases inappropriate space, is having a detrimental impact on children and staff. We urge relevant parties to utilise data and demographic trends to fund and develop sufficient and suitable long-term capacity in our system that does not rely on temporary buildings or the commissioning of whichever alternative provision is temporarily in the market.

Systems and processes

As part of this review, we ask that considerable thought is put into the administrative processes that support high needs provision. The Special Educational Needs Commissioning Team is currently struggling to meet statutory deadlines and, while some new processes such as place-planning meetings are proving helpful, shortages in this area are leading to unhelpful Education Health and Care Plans, inappropriate referrals, slow transitions and poor communication.

Transport

We cannot close without commenting on the ongoing difficulties we have with school transport and would like to re-emphasise the challenge we face on a daily basis when getting our children to school. Again, we would like to offer our support and expertise to help shape a safer and more efficient transport service that does not victimise or discriminate against our children due to a lack of understanding of their needs.

We look forward to working in partnership with the Local Authority over the coming months and are more than happy to elaborate on any of the above if required.

Kirklees Special School Heads

Jeanette Tate Anne Lawton Sarah Wilson John Page Nicky Rogers Steve Perren

High Needs Strategic Review – Primary VI Specialist Provision

The High Needs Review will review all provision supporting Kirklees’ children and young people with SEN. This involves collecting and analysing data and information to create a profile of current provision.

We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Involvement in the last academic year: how many children and young people have you been involved with...

- through outreach? 161
- through a specialist place? 7

What % of children and young people who had a specialist place

- returned to mainstream school? None
- went to a special school? None

For those children and young people who had a specialist place, summarise your success in terms of...

Attainment and progress

All children made progress from their starting point.

3 children have very complex needs.

3 children with VI only made excellent progress and were at least secure if not exceeding age related expectations.

Year 6 child achieved excellent results in SATs with Greater Depth achieved in Maths and Reading.

Please refer to Annual Review paperwork (SENACT) for more detailed analysis of individual attainment and progress.

Broader outcomes

All children are taught additional skills which are linked to their EHCP. We refer to this as the ‘Additional Curriculum’

Areas covered include:

- Braille teaching (Including Braille Codes)
- Tactile Skills
- Listening Skills
- Specialist Technology and Touch Typing
- Social Skills and Self Advocacy
- Use of Low Vision Aids
- Raising awareness sessions with staff and peers.

Preparing for adult life (further education and employment, good health, community participation, independent living)

All children received Habilitation training which included the following:

- Pre cane and Cane Skills
- Exploring their local environment
- Road Crossings
- Independent Living Skills e.g. dressing skills, money recognition, eating skills.

The children attend a range of sports activities for Children with a Disability e.g. Goalball and also theatre and support groups as appropriate. Families are signposted to other agencies and support groups e.g. RNIB

Of the children placed at the PRU, how many had previously been permanently excluded from a mainstream school?

None

Of the children placed at a specialist provision, how many were at risk of a permanent exclusion?

None

Any further comments

Completed by: Julie Whitfield - Teacher in Charge of the Primary VI Specialist Provision at Dalton School

Date: 31.10.17

Please return by Friday 20 October 2017 to:

Alison O'Neill

Business Support Officer

High Needs Strategic Review (SEND)

Children's Services – Learning and Early Support

First Floor, Kirkgate Buildings

Byram Street

Huddersfield

HD1 1BY

Email: alison.o'neill@kirklees.gov.uk

High Needs Strategic Review - PI Secondary Specialist Provision

The High Needs Review will review all provision supporting Kirklees' children and young people with SEN. This involves collecting and analysing data and information to create a profile of current provision.

We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Involvement in the last academic year: how many children and young people have you been involved with...

- through outreach? 26
- through a specialist place? PI Secondary resourced provision - 12
(10 fixed and 2 transitional places)

What % of children and young people who had a specialist place

- returned to mainstream school? *None*
- went to a special school? *None*

For those children and young people who had a specialist place, summarise your success in terms of...

Attainment and progress

All our physically impaired students' attendance is affected by many varied medical appointments (some of which cannot be made outside school hours), planned /unplanned operations or procedures, transport issues, equipment failure as well as routine illness. This can have a major impact on their ability to make required or expected progress. Due to the complex nature of some conditions, fatigue is also a significant factor.

Year 11 Leavers Summer 2017 (2 students):

Both students have gone on to Kirklees College. One (who without intensive work by the specialist provision would certainly have been attending a special school) achieved a wide range of Entry Level qualifications including Maths, English, French, Geography and Science at L2-3 and GCSE Art (D); the other achieved a strong pass in RE and is continuing his GCSE English and Maths studies.

Year 10 (4 students):

- Student who arrived in the UK from Italy spring 2015 and joined the school in October 2015 on a transitional assessment place, has already achieved GCSE Italian Grade A* and is on track for predicted targets in French, German, History, Maths, English Literature, English Language and Science.
- Student with moderate learning difficulties is working in line with realistic levels indicated by KS2 data and is entered for English Language, Maths, Textiles and Science GCSEs.
- 2 students below levels indicated by Key Stage 2 data in most subjects; one has an EAL related processing difficulty when recording working and the other LAC has a troubled home life with limited support of school work;

Year 8 (6 students):

- **3 students with additional VI needs;** one is registered blind and requiring tactile resources; without intensive work from the specialist provision and input from the Moor End VI specialist provision team, this student may have required a place at a school for the blind; staff have had to develop skills in adapting resources; all 3 students reached or exceeded their end of Year 8 targets in at least English, Maths and Science.
- A student with physical, medical, social and emotional issues struggles to retain and follow even simple instructions but reached her end of Y8 target in Maths and is making steady progress towards her targets in English and Science.
- Student with rare and serious auto-immune deficiency disease, out of school for several years at primary, is able to access a limited, adapted curriculum via the specialist provision, including home schooling when unable to attend; this has equally extended her life and social experiences which were previously severely limited.
- A student on a transitional assessment place in the provision requires ongoing emotional support (due to a planned future operation to amputate her leg to improve independence and mobility) and confidence building; she achieved or was close to achieving the majority of her end of Year 8 target grades; she exceeded her target grade in Science.

Broader outcomes

As a specialist provision we support our students not only with their educational and physical needs, but also with the development of other important aspects of their everyday life – communication, social skills, independence and mobility.

- Some students are represented on student groups or panels.
- A physiotherapy programme for some students complements community physiotherapy objectives
- A weekly *disability sports club* is run for provision and outreach students; provision students act as role models for younger students from outreach schools; the club encourages pro-active, confident participation whilst providing parents with an opportunity to share experiences and meet specialist provision staff.
- Some students have attended disability tennis/football (weekends).
- Some students have a clear understanding of their conditions and a desire to take ownership of organizing appointments and speaking to medical professionals.
- Year 10 student from Italy with limited social skills or support from home has, with encouragement, developed high aspirations for himself.
- LAC in Year 10 continues to overcome a troubled home life with limited opportunity for life and social experiences.
- One Year 10 student has successfully taken part in Duke of Edinburgh Bronze weekend expeditions, giving her a great confidence boost and adding to her range of life experiences.
- 2 students have been encouraged to join a choir outside school already attended by another student; this has also become a weekly social event leading to further social activities together outside school. The students took part in the *National Festival of Music for Youth*.

Preparing for adult life (further education and employment, good health, community participation, independent living)

- All leavers successfully move on to a college place; some have continued with higher education and achieved excellent degrees.
- Transition visits to post-16 destinations are built into the Year 11 curriculum.
- All Year 10 students completed successful work experience placements.
- Students are provided with opportunities to communicate confidently with a range of unfamiliar adults and peers, e.g. some students independently phone Posture and Mobility to report faults on their wheelchairs.
- The Kirklees *Preparing for Adulthood/ Planning for Life* (planned for Year 9 plus but attended by

all provision students) event was first held at Newsome High School on 15th June 2016; the event was well attended by parents/carers and it gave students a real insight into and aspirations for their future.

- The provision's disability sports club encourages students to continue with sports and activities post-16.
- School has offered a dietary advice session from a visiting nutritionist to encourage students to make healthy eating choices.

Of the children placed at the PRU, how many had previously been permanently excluded from a mainstream school?

N/A

Of the children placed at a specialist provision, how many were at risk of a permanent exclusion?

None

Any further comments

Completed by Clare Burdett

Teacher in Charge of the Specialist Provision for PI
And Strand Lead for Sensory and Physical

Newsome High School

31/10/17

Please return by Friday 20 October 2017 to:

Alison O'Neill

Business Support Officer

High Needs Strategic Review (SEND)

Children's Services – Learning and Early Support

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High Needs Strategic Review – Secondary VI Specialist Provision

The High Needs Review will review all provision supporting Kirklees' children and young people with SEN. This involves collecting and analysing data and information to create a profile of current provision.

We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Involvement in the last academic year: how many children and young people have you been involved with...

- through outreach?
77 Secondary Aged students with a visual impairment were supported through outreach during 2016-17
- through a specialist place?
10 students placed in the specialist provision at MEA.

What % of children and young people who had a specialist place

- returned to mainstream school?
0%
- went to a special school?
0%

For those children and young people who had a specialist place, summarise your success in terms of...

Attainment and progress

Y11 Leavers Summer 2017 (3 students)

All 3 Y11 students entered for GCSE Maths and English, (2 entered for Literature and Language). All students achieved a grade, one student achieved grade 5s in Maths and English Language and Literature. 33% of cohort achieved 5+ A*-C or equivalent including English and Maths (compared with 34.5% whole school). Overall P8 score was -0.72 across all subjects, relating to 1.9 Levels of Progress. Students showed best progress in Open subjects with a P8 of -0.53, with particular success for students in GCSE Art & Food, with 3 levels of progress, and BTEC Sport with an amazing 6 levels of progress from KS2 entry point.

2014 Y11 Leavers onwards (9 students)

In last 4 years, 56% of leavers achieve at least 3 levels of progress in English, 44% achieved at least 3 levels of progress in maths. There is no discernable gap in attainment or progression between disadvantaged and non-disadvantaged students within provision.

End of KS3 2017 (3 students)

As an average all students achieved English end of KS3 target, (2 students achieved English and Maths end of KS3 targets) and all were within half a grade of achieving end of KS3 targets overall.

Broader outcomes

Students are engaged in specialist sports; tandem biking, adapted adventure days, afterschool Goalball club, (late transport arranged to enable students to attend where appropriate) MEA represented at National Level for Goalball, previous students selected to represent GB.

Students attend extra-curricular whole school events e.g. house events, school residential and award ceremonies, reward trips.

Students represented on student groups e.g. Student Leaders, Head of House, tour guides at open evenings.

Students selected for Duke of Edinburgh, Police Cadets.

Preparing for adult life (further education and employment, good health, community participation, independent living)

All leavers since 2014 (and beyond, I only have records of last 4 years) have attained a place at College and were not considered NEET.

All students undergo extensive mobility training during Y9 & KS4, enabling them to independently travel and access local community in line with parental consent. Majority (7/9) have the skills to independently travel to College).

Students have undertaken ASDAN courses, which has expanded their personal and social development skills.

Students have engaged with volunteer opportunities, LGBT groups and work experience opportunities outside of MEA.

Of the children placed at the PRU, how many had previously been permanently excluded from a mainstream school?

N/A

Of the children placed at a specialist provision, how many were at risk of a permanent exclusion?

0%

Any further comments

Completed by...Laura Foden .nameLead Teacher for VI..job title

.....Moor End Academy..school30/10/17....date

Please return by Friday 20 October 2017 to:

Alison O'Neill
Business Support Officer
High Needs Strategic Review (SEND)
Children's Services – Learning and Early Support
First Floor, Kirkgate Buildings
Byram Street

High Needs Strategic Review – HI Pre-school and Primary Specialist Provision

The High Needs Review will review all provision supporting Kirklees' children and young people with SEN. This involves collecting and analysing data and information to create a profile of current provision.

We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Involvement in the last academic year: how many children and young people have you been involved with:

- through outreach? **194** (plus another 120 children given advice when required)
- through a specialist place? **5**

What % of children and young people who had a specialist place

- returned to mainstream school? **0**
- went to a special school? **0**

For those children and young people who had a specialist place, summarise your success in terms of...

Attainment and progress

All children have made some progress (see attached pupil progress reports) since joining the resourced provision.

Broader outcomes

The children in KS2 have learned how to effectively manage and maintain their hearing aids and assisted listening devices. They have developed good social and emotional awareness in terms of their deafness and how this impacts on their life.

They have developed some good independent skills and all been taught how to feel positive about their deafness.

The two children in EY/KS1 use BSL as their language and have integrated well into school. Their communication skills are developing well and BSL is provided on a 1:1 basis to enable them to access what is being taught and said at a level that they can understand. Staff and children in their classes are also developing basic BSL skills allowing them to interact with different adults and their peers.

Preparing for adult life (further education and employment, good health, community participation, independent living)

Of the children placed at the PRU, how many had previously been permanently excluded from a mainstream school?

None

Of the children placed at a specialist provision, how many were at risk of a permanent exclusion?

None

Any further comments

Completed by *Julie Markowycz* .name JULIE MARKOWYCZ

Job title: Teacher in Charge of Hearing Impaired Specialist Provision

School: Lowerhouses CE (VC) J,I & EY School

Date: 31st October 2017

Please return by Friday 20 October 2017 to:

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High Needs Strategic Review - HI secondary specialist provision

The High Needs Review will review all provision supporting Kirklees' children and young people with SEN. This involves collecting and analysing data and information to create a profile of current provision.

We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Involvement in the last academic year: how many children and young people have you been involved with:

- through outreach? Caseload – **87** (plus another 81 given advice as necessary)
- through a specialist place? HI secondary resourced provision - **12**

What % of children and young people who had a specialist place

- returned to mainstream school? - none
- went to a special school? + 1 to ETHOS in March '17, 1 started at Ravenshall in September '17

For those children and young people who had a specialist place, summarise your success in terms of...

Attainment and progress

Y11 achieved Entry level qualifications in English, Maths and Science, GCSE in Art and Textiles, BTec level 1 in PE and ASDAN Foodwise.

Y10 on track for predicted targets in GCSE Science, Photography and Resistant Materials. BTec PE, Entry Level English, Maths and Geography and ASDAN Foodwise and COPE.

Y10 pupil who transferred to ETHOS at Easter also made predicted progress in Entry level English and Maths, ASDAN Bronze. He has also done cooking, e-safety, sport and first aid.

Y9, 8 and 7 made predicted progress with 1 exception in Y8. She is making very slow progress and has social and emotional issues. Parents are visiting ETHOS as a possible alternative. 1 year 7 student came to us at Christmas with no spoken or signed language and made exceptional progress in learning English. He started at Southgate Special School in September 17.

Broader outcomes

2 now travelling to school independently

3 achieved BSL level 1 qualifications

1 on England Pathways for football

1 has Saturday job

2 have college places

Student in Y7 with VI and a tracheostomy successfully transitioned from primary school and 5 members of staff are fully trained by community nurses to support him safely

10 x Y7 pupils from mainstream taught BSL to help inclusion of 2 RP pupils who use sign

language to communicate
Year assemblies given around deaf awareness
Whole school staff training given re deaf awareness and individual HI pupil's needs

Preparing for adult life (further education and employment, good health, community participation, independent living)

All students did ASDAN Personal and Social Development course
Y9, 10, 11 see a specialist careers advisor
Y11 pupils had extra support with college applications and extra transition visits
Both Y11 pupils achieved places at college
10 saw speech and language specialist regularly and HI staff did intervention work as advised by SALT
4 formally learning BSL
Additional activities included – Art Project at Castle Hill School; Disability sports, Deaf athletics,
Royal Shakespeare Interpreter led workshop prior to signed performance of Hamlet
2 did independent travel training and now come to school on their own in Y11
2 did work experience and one has now got a Saturday job as a result
11 did "D" club to develop physical co-ordination, balance, fine and gross motor skills and helps to develop social interaction through sport and games.
8 did "BUZZ" club to develop deaf identity self esteem and confidence
2 did sports leadership course
Pupil with VI difficulties attended local conference with RP staff and Mum

Of the children placed at the resourced provision, how many had previously been permanently excluded from a mainstream school?

None, however 1 student transferred from a mainstream school to RP because behavior was becoming a major issue

Of the children placed at a specialist provision, how many were at risk of a permanent exclusion?

0

Any further comments

Completed by Judith Kirk Teacher in Charge of HI Secondary Specialist Provision

Newsome High School 20.10.17

Please return by Friday 20 October 2017 to:

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High Needs Strategic Review – Primary PI Specialist Provision

The High Needs Review will review all provision supporting Kirklees' children and young people with SEN. This involves collecting and analysing data and information to create a profile of current provision.

We will consult with a range of partners, providers, children and young people and their families to evaluate how effective this is.

This is an opportunity to demonstrate how well your provision improves outcomes for your children and young people.

Involvement in the last academic year: how many children and young people have you been involved with...

Outreach - 11

Over the last year we have worked with eleven children across a number of Kirklees schools. This has involved observation in setting and support on a range of topic areas for instance

- Risk assessment
- PEEPs
- Policy e.g. Intimate Care policy
- Resources (School has given advice and also loaned equipment)
- Strategies for use within the classroom
- Manual handling and advice on the use of specialist equipment
- ICT access
- Personal care needs
- Signposting to other professionals and agencies
- Transition

Our aim is to work in partnership with schools to ensure best possible outcomes for the child. In order to fulfil this aim we also work closely with other professionals, agencies and the other Specialist Provisions this has included joint visits to ensure a coordinated approach.

Specialist places – 3 (transitional)

Across the Junior and Infant sites we offer fully inclusive provision for children with physical impairments and other high needs. Over the last year three children were deemed to have a specialist place. Two children still remain at the junior school and one child has moved to Newsome High School which has the secondary provision for children with PI.

In addition the primary phase has a number of other children with high levels of need. In particular at the infant site there are two children who came into school on mainstream placements. One via the school admissions process and the other following consultation with SENACT. Neither of these children was therefore deemed to have a Specialist Place and neither was within the school catchment area. However, the school was chosen because of the high level of expertise and resources it has to offer for children with a physical difficulty and other high level needs and it was therefore considered to be the most appropriate placement.

What % of children and young people who had a specialist place

- returned to mainstream school?
See above
- went to a special school?
- None

For those children and young people who had a specialist place, summarise your success in terms of...

Attainment and progress

Throughout school we make every effort to achieve maximum inclusion for all pupils to ensure they feel happy, confident and enthusiastic about their learning. For children with a range of additional needs including those with PI we adopt a whole school approach to promoting access to all aspects of school life this can be through a differentiated curriculum, adapted resources, equipment and additional support.

Our teachers and support staff are extremely skilled in differentiating and adapting lessons to suit the needs of all children to ensure they can achieve their full potential. Within our setting children with a specialist place have achieved National Expectation and above whilst other children have been working below. For some children the school assessment system does not allow for the identification of small steps of progress. School therefore uses the B Squared Connecting Steps to identify and record even the smallest of achievements.

Broader outcomes

School believes that children should develop at a pace appropriate to their different needs and that individual needs and abilities should be met. Many of our children require support in a range of areas additional to their educational learning e.g. Speech Language and Communication, independence, continence, social development and mobility. School adopts a holistic approach to a child's development and builds opportunities into the day to ensure provision takes account of the whole range of needs a child may have.

As stated on our website, Inclusion is at the forefront of the school's mission, a strength of its provision and parents and carers overwhelmingly agree. All adults know pupils well and are committed to providing high levels of care. They respond sensitively to the particular needs of those with more profound challenges. Pupils say that adults working with them are always approachable and help to sort out any problems. Effective links with home and with other settings help pupils to settle in quickly when they arrive and make a smooth transition to their next phase of education.

For further details regarding school provision please see the campus websites

<http://www.nlconline.org.uk/infant/welcome-to-our-school/the-schools-curriculum/send-and-additional-needs>

<http://www.nlconline.org.uk/junior/welcome-to-our-school/the-schools-curriculum/send-and-additional-needs>

Preparing for adult life (further education and employment, good health, community participation, independent living)

We aim through a fully inclusive provision which makes effective use of a range of teaching and learning styles, differentiation, small group work and learning support to raise the achievement of pupils in the provision within the inclusive context of a mainstream school.

Through adopting a holistic approach which takes into account all the needs of the children within the provision we build a solid foundation on which future learning and development can grow and flourish.

Of the children placed at the PRU, how many had previously been permanently excluded from a mainstream school?

N/A

Of the children placed at a specialist provision, how many were at risk of a permanent exclusion?

None

Any further comments

Completed by *Gillian Chalmers* *Teacher in Charge PI Specialist Provision*

NLC Rawthorpe St James I & N school 21.10.17

Please return by Friday 20 October 2017 to:

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5.2 Summary analysis of questionnaires

Responses from parents/carers:

Q1. Does your child have:

EHCP / SEN statement	57%
My Support Plan (MSP)	20%
Individual Education Plan	14%
In process of being assessed	10%

Q2. What needs does your child have?

Social, emotional and mental health (SEMH)	33%
Communication and Interaction including Autism Spectrum Disorders (ASD)	28%
Other – medical	14%
Sensory	10%
Other – learning difficulties / dyspraxia / ADHD	10%
Physical Disability	5%

Q3. What has helped your child progress?

Nurturing environment / adapted curriculum	28%
1:1 support / trained staff	27%
Responsive / caring staff; good contact with parents	21%
Out of school activities	8%
Input from specialist provision outreach	8%
Promoting the understanding of peers	7%
Good transition	3%

Q4. What difficulties does your child have in their setting?

School doesn't listen to concerns	16%
Inadequate / sharing 1-1 support	14%
Slow to understand or adapt to changing need	13%
Inclusivity is variable / social isolation	13%
Poor multi agency working	10%
Delay to access specialist support	9%
Loud / busy / non adapted school environment	8%
Not enough funding in school / to support EHCP	7%
More support for siblings / impact on peers	6%
Ineffective transition to other settings	4%

Summary of responses from parents /carers

All parents/carers responding to the consultation had children with needs already identified either at SEN Support or with an EHCP. Needs were predominantly around social, emotional and mental health and communication and interaction along with a smaller number of cognition and learning, physical, sensory and medical needs. The majority of parent/carers were of children attending mainstream settings.

Positive factors indicated by parents include a nurturing school environment and adapted curriculum, access to staff who are trained, caring and offer 1-1 support, and where there is good home-school contact, the importance of out of school activities, input from specialist outreach support teams, promoting peer understanding and a good transition as important factors in contributing to progress.

Parent/carers identified barriers such as school not listening to concerns, lack of 1-1 support, social isolation, variabilities in inclusion, poor multiagency working, delay to access specialist support, barriers within the school environment (adaptations, noise, etc), and lack of funding as difficulties their child encountered within the setting.

Responses from Early Years:

Q1. Have you supported a child with SEND in the last year?

YES	88%
NO	13%

Q2 a) Was the need identified before the child came to your setting?

YES	63%
NO	38%

b) Who identified the concerns?

Staff	36%
Parent/carer	28%
Health agency	25%
Other - Portage, EYSEN etc	11%

Q3. Have you had support from other agencies and / or received additional funding?

Access Fund	42%
EYSEN	27%
SALT / Physio/ OT	25%
Sensory	4%
District Nurse	1%

Q4 a) Have you ever felt unable to accept a child with SEND?

YES	78%
NO	22%

b) If so, what are the barriers?

Insufficient funding	31%
Needs too complex	25%
No trained staff	19%
No capacity (places)	13%
Parental expectation	6%
Dual placement	6%

Q5. Thinking about outcomes and / or readiness for school, what difference does your support make to the child and their family?

Supporting parents / strategies at home	34%
Enabling transition	31%
Inclusive / making progress	16%
Working together / sharing information	11%
Preparing for EHCP	9%

Summary of responses from Early Years settings

Early years providers indicated that around two thirds of their children with SEND had their needs identified prior to starting in the setting, largely by health or the parent with some identified as a result of Portage involvement. The majority of settings commented that they received support from specialist services to help them

meet need, with specific reference to the Early Years SEN team support and speech and language therapy support. Many cited receiving additional funding from the Access Fund.

In terms of the difference made through the support provided for young children with SEND, three key themes emerged; support for parents/carers (strategies to use in the home, signposting to other services, emotional support and reassurance), enabling children to make good progress in all aspects of their development and the impact on effective transition into school.

The majority of early years providers said that they always accepted children with SEND regardless of level of need. Additional funding from the Access Fund has enabled them to do this. Around a fifth commented that there had been times when they had felt unable to offer a place. Reasons for this related to lack of funding, lack of staff availability to provide support or needs being too complex. Where the latter was mentioned, this specifically related to young children with very complex health/physical needs.

Responses from Head teachers of mainstream schools:

Q1. As leaders of your schools, what are the challenges of meeting the needs of all of your pupils?

Access to specialist provision in schools	23%
Impact of children with significant needs on other children	20%
Balancing different needs within the same curriculum e.g. C & L and SEMH	18%
Meeting needs from a low notional budget	14%
Extensive / lengthy paperwork	9%
Budget planning – for unknown SEN children arriving through the year	9%
Specific training for staff	5%
Not knowing needs of children when they arrive	2%

Q2. What would you like to see changed to improve outcomes for children with SEND?

Increased funding / to match actual costs within EHCPs	29%
Realistic expectations re impact on other children and staff wellbeing / safeguarding issues	16%
Consistent approach to assessment / longer timeframes	13%
CAMHS and CHEWS support to be more accessible / readily available	9%
Practical support for SEMH in school not just advice from PRS	9%
Early identification of need	9%
Training for PVI sector / school staff	7%
Clearer guidelines re exclusions, reduced timetables etc	4%
Specialist provision outreach for Cognition & Learning	2%
More specialist places - schools 'holding' until places are available	2%

Q3. Any further comments?

Time consuming system for processing paperwork for EHCP requests	32%
More specialist support, EYSEN outreach and other support	27%
Lack of health / social care advice and support for EHCPs	16%
Checking school capacity before signposting parents	16%
National indicators for SEND pupils	5%
Better and more support during transition to secondary	5%

Summary of responses from Head teachers for mainstream schools:

Funding was cited by head teachers as the biggest key challenge in meeting SEND. This related to what was regarded as inadequate top up funding as well as the reduction in school budgets from where they are required to designate a notional SEND budget of up to £6,000 for children and young people with SEND. Head teachers commented that the increase in SEND was further adding to the challenges around meeting need within the financial constraints and the impact that directing money and staff resource from an already reduced and overstretched budget to prioritise SEND had on other children and young people in schools.

Almost half the head teachers responding referred to a lack of specialist support available at a time when numbers were increasing and the impact of long waiting times and more thinly spread services had on supporting them with meeting the needs of their SEND cohorts.

A lack of early identification on transition to primary and to a lesser degree, transition to secondary schools was also noted as a significant challenge.

A small number of head teachers made reference to the challenges created by inappropriate curriculum demands (national expectations) on children and young people with SEND, the time taken to get an EHCP and delays in children accessing special school places.

Key changes head teachers would like to see include a funding system which better addresses level of need, better and earlier identification of need and an increase in specialist support available to schools

Responses from SENCOs:

Q1. Are the needs for children with SEND generally identified before they come to your school?

Yes / Mostly	41%
No	35%
Inconsistent	24%

Q2. If yes, how has this affected your transition arrangements?

Child centred / smoother transition	60%
Better planning of provision	13%
Improved links with families	13%
Better multi-agency working / information sharing	13%

Q3. Which needs are you able to meet?

Cognition and Learning	26%
Communication and Interaction inc. ASD	25%
SEMH	13%
All	13%
Health / Physical Impairment	12%
Sensory	11%

Q4. Which needs are you not able to meet?

SEMH	31%
Health / Physical Impairment	24%
Communication and Interaction inc. ASD	16%
Sensory	12%

Complex	9%
Cognition and Learning	8%

Q5. What makes the difference?

Specialist learning support	19%
Adequate funding	18%
Effective transition / early identification / EHCP	16%
Multiagency working	12%
Training for staff	12%
Time and resources / staffing	8%
Proactive parents	8%
Designated spaces in school / premises unsuitable	6%
Commitment of staff	2%

Q6. Are you able to see what the trends are?

More complex / increase in SEMH	37%
Increased Communication and Interaction needs	23%
Increase in ASD at post 16	14%
Increase in complex needs	8%
Poor transition from PVI	6%
Increased cognition and learning needs	5%
Increase in physical disability needs	4%
EHCPs / MSPs increase	2%
More SEN cyp places in mainstream	2%

Q7. What are the challenges?

Completing paperwork	19%
Funding for high need cyp	18%
Resources and equipment / building	16%
Not enough specialist support	15%
Specialist training for staff / costs	12%
Parents and school working in partnership	8%
Identifying need especially multiple and more complex	6%
Lack of health service input	6%
Lack of special school places	1%

Q8. Thinking about your professional development, how do you access training and development to support children with SEND in your setting? Please tick all that apply:

Training course	36%
In-house training	29%
Other	14%
Work shadowing	12%
On-line modules	9%

Summary of responses from SENCOs

SENCOs indicated that around all or most children had their needs identified prior to transition. Around half of SENCOs said that early identification was inconsistent and largely dependent upon the feeder provider across all phases. The Early Years SEN team was referred to as being instrumental where children had been identified early. SENCOs told us that early identification had a direct effect on the quality of transition, being aware in good time of children who are coming into school with

SEND enabled them to better plan and prepare, enabling additional visits to the pre school provider and the home and having the appropriate support in place for when children start. Good relationships with feeder providers was cited as a precursor to effective transition.

The types of needs SENCOs felt best able to meet varied across schools however cognition and learning was generally cited as an area where they felt more able, with SEMH and complex communication and interaction needs (including autism), where they had seen an increase in numbers, being more of a challenge, along with physical difficulties where there were access issues.

SENCOs reported access to specialist SEND services (educational psychology, specialist provision team, pupil referral service) was the most significant factor in supporting school in making a difference to being able to effectively meeting need along with support from health (Speech and Language Therapy (SALT), Occupational Therapy (OT), Physiotherapy) where needed. Funding and early identification were also cited by SENCOs as significant factors in helping schools to better meet need. Some SENCOs made reference to having access to appropriate spaces for interventions, staff training and expertise, working collaboratively with parents/carers and other agencies as being important in being able to make a difference.

Attending Additional Needs Partnerships with an educational psychologist and other SENCOs was seen as a key part of a number of SENCO's training and development along with general advice, support and training from Kirklees Learning SEND services along with external provider training.

Responses from head teachers of special schools:

In the return received, the head teacher noted that the vast majority of children and young people in the school had needs which reflected the current provision. Where this wasn't the case this was related to exceptionally complex needs. Attainment and progress was cited as good to outstanding with a comment around the impact high levels of anxiety experienced by a small minority of children and young people can have upon academic. Success was linked to the school's nurturing approach and emphasis on life skills. A wide range of activities were cited by schools as being relevant to preparing young people for adulthood with transition to post 16 provision locally, cross border as well as independent providers.

Responses from Governors:

Q1. As leaders of your schools, what are the challenges of meeting the needs of all of your pupils?

Insufficient funding	39%
Staffing	21%
EHCP process	16%
SEN support issues: lack of advice / signposting, challenging SEN processes and procedures	16%
Access to specialist provision	5%
Premises	4%

Q2. What would you like to see changed to improve outcomes for children with SEND?

SEN support: early identification, improved SEN processes, signposting / holistic support	30%
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EHCP process	23%
Resources / staffing	18%
Increase in funding	17%
Access to specialist provision	11%
Premises	2%

Summary of responses from Governors

Governors cited insufficient funding as a key challenge in meeting SEND in the context of the current whole school and top up funding against a backdrop of increasing numbers and complexity of SEND, along with limited access to specialist support and timely assessment of need. Governors reported that more timely support, a different approach to funding which is more reflective of costs, earlier identification, more training for school staff and more clarity around thresholds for assessment and access to services as things they would like to see changed in order to improve outcomes.

HIGH NEEDS STRATEGIC REVIEW 2017-18: RESPONSES OF CHILDREN AND YOUNG PEOPLE

Appendix H

Several key themes emerged from the children and young people with Special Educational Needs and / or Disabilities responses to a range of questions around their experiences of school. These are summarised below:

What is / has worked well within the educational setting?:

SUPPORTIVE RELATIONSHIPS WITH ADULTS:

This refers to people who children and young people consider as being there to help/ support them during the school day. These include people such as teachers, support staff, lunchtime assistants and youth workers.

Children and young people described some of the support adults offer them throughout the school day:

"Without the Support person, I doubt that I'd be able to keep up with the rest of the class."

"My teacher makes sure that everyone in my class understands the work."

"We have a Youth Worker in our school... he spent time with me to talk about my feelings and behaviour."

BEING INVOLVED IN MY OWN LEARNING:

Young people with an Education Health Care Plan (EHCP) felt that it was beneficial to them to be involved in this process, particularly in relation to being able to discuss and identify their own learning goals.

It was also felt that the opportunity to engage with teachers in a focused way as part of EHCP meetings enabled staff to get a better understanding and grasp of the young person's individual learning needs and provide the right support and set realistic targets.

"I was asked questions about my preferred learning style and they listened to what support I felt I needed."

MEETING ADDITIONAL SUPPORT NEEDS:

Children and young people referred to a range of formal and informal support they received throughout the school day. This included support to meet both learning and physical needs.

Activities such as 'booster' and social skills sessions were seen to be beneficial. They felt that their school had an inclusive approach to making learning and activities accessible, with staff often adapting and customising activities to make sure that they could get involved.

In addition to adult professionals, some children and young people also referred to their peers as being a valuable form of informal support throughout the school day, particularly around explaining classroom activities and tasks.

"Every day I have to attend a small group to help me with my literacy and numeracy. It really does help."

"If I don't understand something in lessons, I ask my friends to help first."

WORK PLACEMENTS:

Some older young people stated that access to work placements as part of their courses offered much needed experiences and were well supported.

"Work experience was a challenge for me but everyone helped me through it."

LUNCHTIME ACTIVITIES:

Many described the opportunity to take part in various lunchtime activities as a positive aspect of their school day. This was seen as a great opportunity to try new things, socialise and make new friends.

"I get to try lots of new sporting activities which helps with my coordination."

What doesn't/ hasn't worked well within the educational setting?:

AFTER SCHOOL ACTIVITIES:

After school travel arrangements (i.e. travelling on the school bus or with parents) meant that it was difficult for some to take part in twilight (after school) activities. Those that walked said that it was easier for them to access this provision if they chose to.

"I can't stay after school because I have to go home on the school bus."

SUPPORT TO SOCIALISE AFTER SCHOOL:

A large number of young people found socialising after school with friends difficult and for this reason they took part in very little direct socialising with their peers. The reasons for this included a lack of suitable youth provision, nowhere to go, transport issues and not feeling confident in social situations. For many, their evenings were spent playing on games consoles and watching TV with communicating indirectly via social media being seen as an essential way of staying in touch with people their own age.

"If I didn't use social media, I doubt if I'd get to socialise with other people my own age"

ENCOURAGEMENT TO GET INVOLVED IN SPORTS:

Many young people expressed an interest in taking part in sporting activities in their free time but stated that transport and not knowing what provision was available to them was acting as a barrier. Some also felt that not being good at sport prevented them from taking part in activities as they felt embarrassed and the level of support available to make activities inclusive was minimal.

"I love sport but I am not very good at it so I find taking part embarrassing"


SUPPORT NOT PUT IN PLACE:

Some young people felt that the support they received prior to the EHCP was better than their current support. Some described losing much needed classroom support, receiving only support for assignments and agreed support not being put in place in the learning environment.

"The things that were discussed were not put in place."

SUPPORTING OUR PARENTS TO SUPPORT US:

Young people also identified language barriers as impacting on their learning. They stated that parents/ carers found it difficult to support them with their homework and engage with staff around their additional needs due to English not being their parents' first language, often with this task being delegated to older siblings.



“My parents struggle to communicate with the college so often it is my sister that deals with any issues”

MAKING & MAINTAINING RELATIONSHIPS:

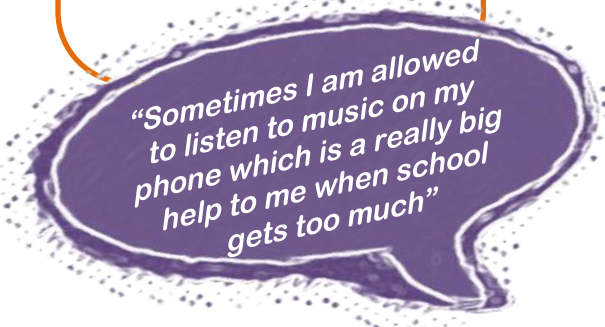
Many young people with hidden disabilities described making and maintaining relationships with their peers at school as a difficult task. Often their peers would be unaware of their disabilities and how it impacted on their everyday lives causing young people to feel disconnected and isolated from their peers.

Children & young peoples suggestions for improvement in provision:

USING TECHNOLOGY TO HELP US LEARN:

Many young people were avid users of technology and suggested using modern technology including gaming principles to encourage young people to learn more effectively within the classroom environment.

They also suggested using phones to listen to music which some said helped them to calm down when experiencing meltdowns and difficult situations.



“Sometimes I am allowed to listen to music on my phone which is a really big help to me when school gets too much”

SHORTER LESSONS:

A number of young people within mainstream schools mentioned having difficulties with concentrating for the whole duration of lessons as an issue. They suggested shorter sharper lessons as a solution to keeping their attention and focus allowing them to enjoy a more positive learning experience.

PEER AWARENESS:

Some felt that it would be beneficial for pupils in mainstream schools to have a greater awareness and understanding of SEND particularly around hidden disabilities. They felt that a more empathetic attitude from their peers would help them to feel less isolated within the school environment.

This information was gathered and collated as part of the High Needs Strategic Review (2017-18) by Susan Adams, IYCE Team, Kirklees Council



PCAN response to High Needs Review

This information has been gathered from parents via our Facebook Group, feedback at social and consultation events and telephone conversations.

We have noted that some schools made little effort to advise parents about the High Needs Review.

Requires improvement:

EHC Plans:

1. Families wanting assessments but school not going ahead as they don't see any SEN.
2. School (and parent) waiting for specialist services eg SALT or EP to assess a child to work out what the issues are. These resources are in high demand so often a wait or some kind of "triage" approach by school who only send their most complex children for assessment by SALT or EP even though a child who hasn't been referred might be just as complex as a child in a school where they don't have many SEN and that school is happy to do this referral.
3. Complicated by additional CAMHS waiting list issues so if an autism referral is thought necessary then parents and school are often waiting in limbo while this goes on. There should be some adjustment to school work, environment etc while this is ongoing but we are not always seeing this leaving parents waiting and assuming the diagnosis will be the answer to the problems when things could be happening in school anyway.
4. Parents have fought to get EHCP's, often paid outside agencies to help put them together, and schools are not following them as they should. This has come up several times from very different families right across Kirklees. Also, not monitoring the child's activities to monitor progress, and in some cases they are ignoring the advice in the EHC Plan completely. EG. Speech & Language recommended 5 sessions a week, school are only offering three.

5. Lack of aspirational approach – this tends to be comments made by parents of children in special schools. Schools have struggled to identify what they like and admire about the child and what they might be able to do in later life (bar often set very low).
6. There is feeling that SENACT aren't objective about reports that need to be included during the assessment of EHC Plan. Parents have fed back that reports they wanted to be included haven't been. This could make a difference.

Behaviour

1. Behaviour in classes, not managed effectively – staff are spending most of the time managing behaviour in classes (often from children who do not have additional needs) and then children who need support aren't getting it. The children who are quiet and fade into the background are completely overlooked (this is not just children with additional needs).
2. Behaviour with children who have SEN regarding inflexible behaviour policies. Parents talk to us of issues with school over approaches which do nothing to get their child to "behave" and just get them into further trouble, isolation and exclusions. Many parents have been expected to collect their children at lunchtimes or extremely frequently due to behaviour.
3. Lots of parents feel that their children with emotional behavioural issues, autistic spectrum conditions etc are not supported sufficiently during build ups to holidays, especially Christmas when there is so much "off timetable" activity, different atmosphere, lots of change to deal with. There is minimal recognition that exacerbated behaviour during these periods is in fact a communication or expression of the child's anxiety and they are not "naughty".
4. Lack of understanding, skills, awareness, training of staff regarding autism spectrum conditions, behaviour management, triggers for behaviour, how to speak to children who take things literally.
5. Lack of understanding that challenging behaviour is often a method of communication.
6. Lack of knowledge of staff regarding who to recognise the issues a child may have, particularly for those who are good at hiding it at school, or they hold it in till they get home. Too frequently parents who deal with severe behaviour issues at home are told it is environmental and that "there is nothing wrong with their child" – it's all about parenting. We know a lot of those families within the PCAN Group and a significant number of the children involved now have a diagnosis of Autism.

Support and Inclusion

1. Regular staff and particularly supply teachers – are often unaware that children in class have additional needs, and they don't receive appropriate support or are singled out inappropriately eg. A child who developed continence issues was not allowed extra time out of class by a supply teacher who hadn't read the information about her and

- humiliated her in front of the class about it. Lots of the supply teachers do not have the awareness of how a child's condition affects them and don't take steps to address this.
2. Insufficient differentiation of work so that it can be done by the child but still contains sufficient challenge.
 3. Lack of understanding that homework can be an issue especially for autistic children who may have real problems eg with homework being something that can only be done in school. Also those with medical issues may not have the time to complete homework due to appointments or severe fatigue. This can lead to issues with getting detentions etc for it not being completed (see previous point about inflexible policies).
 4. Lack of inclusive attitude. Instead of "how can we make this work for this child" (which has been seen and appreciated by parents in some schools) it is that everything is too much for school to consider changing no matter how small and the attitude is very begrudging and negative.
 5. Very rigid curriculum at secondary level with only GCSE on offer at most secondary schools and their children are not that academic and would want something else to do. Schools very rigid if requests made to drop some subjects to make the timetable less pressured. Parents very worried choosing secondary schools as hard to see how their needs can be met.
 6. Issues with physical size and layout of secondary schools. Most are very large and have large numbers of students. The environment can be particularly daunting for SEN kids. Often the larger schools have no quiet rooms available.
 7. We are receiving negative feedback about [REDACTED] School – most people said it used to be good, but not anymore. Children are being put into bottom sets sold to them as additional support and then end up in really disruptive classes where they can't learn. Feedback indicates that the attitude of the Head Teacher is not inclusive and doesn't really buy into having children with additional in his mainstream school.
 8. Lots of people are talking about resource issues in schools as a reason for not meeting needs. For example where one to one support is identified, what seems to be happening is that schools are allocating a support worker who is shared in the class across a few children. We've had a few incidences of where children have been excluded for behavioural issues and parents have asked "where was their support worker" and that support worker was supporting other children and nowhere near when the incident happened. We are hearing that so called one to one support workers who are being funded for an individual child are actually being shared across other pupils who don't have that funding as the school doesn't have sufficient resource.
 9. Some parents are saying that their children's progress is not improving when they have a My Support Plan. Not all schools are signposting to support like Autism Outreach or PCAN or other local support groups. School are not referring to Educational Psychologists despite numerous issues with certain children – parents feel that this is a resource issue. This blocks access to other services or referrals to CAMHS.

10. There are a small number of children that we know of who have been repeatedly excluded and the school clearly can't meet their needs. Some children end up at Ethos rather than getting them an appropriate place because it would appear (to the parents) that every effort is being made not to send children out of authority, which may meet the needs better, because of cost.
11. Parents feel that there is a lack of recognition of the achievements of children with SEN as they rarely get the class prize, or the awards for good behaviour. A child that has to have time off for appointments will never achieve an attendance award. These types of awards are all publicly awarded and celebrated and these children miss out on this. There is limited celebration of their strengths, it just goes to reinforce their differences and perceived lack of achievement. They don't get chosen for teams, the choir, etc etc and often miss out on school trips as they are only offered to the high achievers. They are sometimes excluded from trips because of their challenging behaviour which indicates a lack of support from the school or lack of risk assessment. (This is mainly high schools).
12. Lots of families have reported that there is minimal support for siblings of children with additional needs whether those children attend the same school or not.

Medical and Health Needs

1. No following of medical needs policies (or only assuming they are to do with asthma inhalers!) Many parents are happy in mainstream school but there can be a distinct lack of flexibility/awareness as regards their child's needs. This has been mentioned in relation to toileting issues in older primary children, being sent home due to sickness (and made to stay off for at least 24 hours) when child has a medical issue not a sickness bug.
2. Lack of understanding that mental health is a health need. Time off treated like truanting rather than anxiety related.
3. Repeated absence for medical issues and appointments – despite the fact that these are advised by parents to the school these families always get a letter about attendance and usually have to deal with very difficult conversations with attendance officers. There should be some recognition of this.
4. Minimal support for students who have been frequently absent due to illness of frequent appointments resulting in them falling behind with their studies.
5. Lack of understanding by school nursing team about a child's condition (particularly continence issues).
6. Minimal recognition of the fatigue that some children have to deal with which may affect their learning in school or ability to do homework. Eg. Wearing hearing aids all day and lipreading, dealing with sensory processing issues, managing their health condition, or having a health condition which is very tiring such as a physical disability or heart condition.

7. When specialists do visit school eg EP, OT, SALT or physio there is little feedback to parents about how the child is doing etc. The model used seems to be to discharge children as much as possible even though these children are never going to “get better” and could always do with being on someone’s books especially as they grow. Parents feel very dependent on school eg making sure that a posture supportive chair is still the right size etc.

Communication and parent support

1. Parents are not getting support in review meetings or team around the family meetings. We are always getting asked if we can provide support (obviously we can’t). Parents feel outnumbered, unempowered, some parents have actually said they feel like they are being intimidated. We routinely refer parents to KIAS, Core Assets and Carers Count (for advocacy). Parent say they are not listened to. This just puts parents off from coming to any school meetings, parents’ evenings etc.
2. Parents for whom English is not their first language report having difficulties communicating with school or dealing with information from school. For review there is often an interpreter present, but the letters/reports always come out in English so they are not able to check them.
3. Parents state that they get limited notice about their child’s annual review or any other review meetings. Evidence suggests that more emphasis is put on the availability of professionals for meetings, and the parents are last to know. This has been particularly prevalent in the special schools ([REDACTED]). Often schools have not collaborated with parents about who should attend, and don not advise parents who has been invited or who has confirmed their attendance. They tend to rigidly go ahead with the meeting anyway, despite the absence of key people. ([REDACTED] School)
4. Communication - little or none or only when things are not going well. Not enough notice of important meetings and time to complete eg part A.
5. School staff not responding to parents’ phone calls or messages ([REDACTED] School came up a few times here).
6. Limited support around EHC Plans – if the parents’ views don’t fit with those of the school, some schools can be unco-operative and incommunicative ([REDACTED] specified several times).

Post 16

1. All year (well, for the past five years really), we have been hearing from families whose children who were educated in mainstream but don’t have appropriate results to do anything other than a Foundation Course. For many of these children this is way below their level and there is no alternative. And it’s only three days

education. What do they do for the rest of the week and if they are not sufficiently independent, parents have give up work or reduce hours to be around for the other two days. We have had feedback from several people regarding the number of non-english speakers on the Foundation Studies Course and so much emphasis and time is spent on them rather the children with SEN. Work experience places are an issue – some young people are not sent on appropriate work placements – it’s anywhere rather than nowhere.

2. If child bright enough for **New** College or other school sixth form then the path is clear. However it is not clear what is on offer if you don’t get 5 GCSE to do a level 2 course.
3. Most colleges are still some way behind schools in understanding their requirements under the CFA. They are only just getting used to having to take all students now the school participation age is 18.

Post 19

Parents feel that there are little or no options for their child after finishing at a special school at age 19. Big gap in Kirklees.

Positive comments:

“They can’t do enough for my child” – heard this several times from parents of children in mainstream early years or infant and junior school.

A large number of schools make sure that all children are invited to trips, full risk assessments are carried out and sometimes parents are invited to come along to offer additional support. (this tends to be in infant and junior schools).

Evidence suggests that the schools which are performing well at supporting children with additional needs tend to have a very different ethos, it comes from the top down, and there are key staff within the organisation who embrace inclusion of children with additional needs.

Excellent pieces of work in some schools around children’s aspirations and outcomes and real efforts to ensure that their views are captured about what they want for the future with involvement of parents (eg. **High School**).

PCAN Kirklees

December 2017

