

## SEND & AP STRATEGY UPDATE

<b>Committee name</b>	Children, Families & Education Select Committee
<b>Officer reporting</b>	Abi Preston – Director of Education & SEND Dominika Michalik – Assistant Director of SEND & Inclusion
<b>Papers with report</b>	<b>Appendix 1</b> – Hillingdon Local Area SEND and Alternative Provision Strategy for Children and Young People 0-25 years 2023 - 2028 Strategy (and easy read version) <b>Appendix 2</b> – The Hillingdon SEND Local Area Partnership Improvement Plan
<b>Ward</b>	All

### HEADLINES

The purpose of the report is to provide the Children, Families and Education Select Committee with an update on Special Educational Needs and Disability (SEND) and Alternative Provision (AP) Strategy 2023-2028 which has been published one year ago.

The strategy outlines how Hillingdon Council plan to further develop the SEND and AP offer in Hillingdon within five years to deliver our shared vision for Hillingdon to be a place where children and young people with Special Educational Needs and/or Disabilities and those who attend Alternative Provision and their families lead happy and fulfilled lives from early years through adolescence to adulthood, in communities that accept and understand them.

### RECOMMENDATION

**That the Children, Families & Education Select Committee note the update**

### SUPPORTING INFORMATION

#### Background information

The SEND and AP Strategy 2023-2028, published in December 2023, is being collaboratively implemented by the Local Area Partnership. The strategy was created as a partnership between the Council and the ICB, with close collaboration with schools, the Parent Carer Forum, voluntary organisation, families and young people.

The local area partnership has worked at pace to deliver improvements to the SEND services and AP support over the last year. The vision of the area is:

***We want Hillingdon to be a place where children and young people with special educational needs and/or disabilities and their families lead happy and fulfilled lives from early years through adolescence to adulthood, in communities that accept and understand them.***

Following formal approval of the new strategy, the governance model was updated and now includes 'ambition groups' which focus on each of the ambitions laid out in the strategy. There is

a lead for each group along with membership from representatives across the partnership, who are best placed to move forward the priorities outlined in each ambition.

The strategy appropriately identified the key areas of development for the area and also takes into account the work the area is doing to be more financially efficient in supporting children and young people with SEND, as part of the Safety Valve programme. The local area was inspected in April 2024 by Ofsted & CQC – the strategy already encompasses the key areas of development identified during the subsequent inspection.

#### Ofsted & CQC Local Area SEND inspection 2024

From April 29th to May 3rd, 2024, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of Hillingdon's Local Area Partnership. The inspection aimed to:

- Provide an independent evaluation of the effectiveness of the local area partnership's arrangements for children and young people with SEND.
- Recommend improvements where necessary.

The inspection concluded that “the local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND)”.

Despite this, the report acknowledged the Local Area Partnership's effective self-evaluation and awareness of its improvement areas. Inspectors noted the leaders' high ambition and collaborative work with various stakeholders, including children and young people (CYP). The strategy for SEND and AP was developed and launched less than six months before the inspection and captured the key areas of improvement that were required for the local area. This was as a result of the partnership working closely together to highlight strengths and identify areas for improvement to ensure children with SEND and those attending AP were supported to meet their potential.

Much of the partnership's improvement work is already in progress. Inspectors also recognised the positive relationships with the Hillingdon Parent Carer Forum (PCF) and the effectiveness of the SEND Information, Advice and Support Service (SENDIASS). It was evident that CYP generally achieve well at the end of their education and benefit from strategies preparing them for adulthood. Leaders' efforts are helping more young people stay in education, training, and employment. There is also significant work to identify SEND in young children, supported by early years advisers working with nurseries and childminders. Leaders need to refine their strategies for training the workforce across education, health and social care in better understanding and supporting children and young people and their families. This should include how well mainstream schools identify children's needs in relation to SEND and then effectively plan provision that meets their needs, thereby helping to avoid the risk of suspension and/or permanent exclusion.

The positive outcome was that the identified areas for improvement align with the ambitions and objectives of the SEND and AP Strategy 2023-2028. This indicates that our strategy has effectively identified gaps and next steps for improving SEND across education, health, and social care.

There were four areas for improvement identified during the inspection:

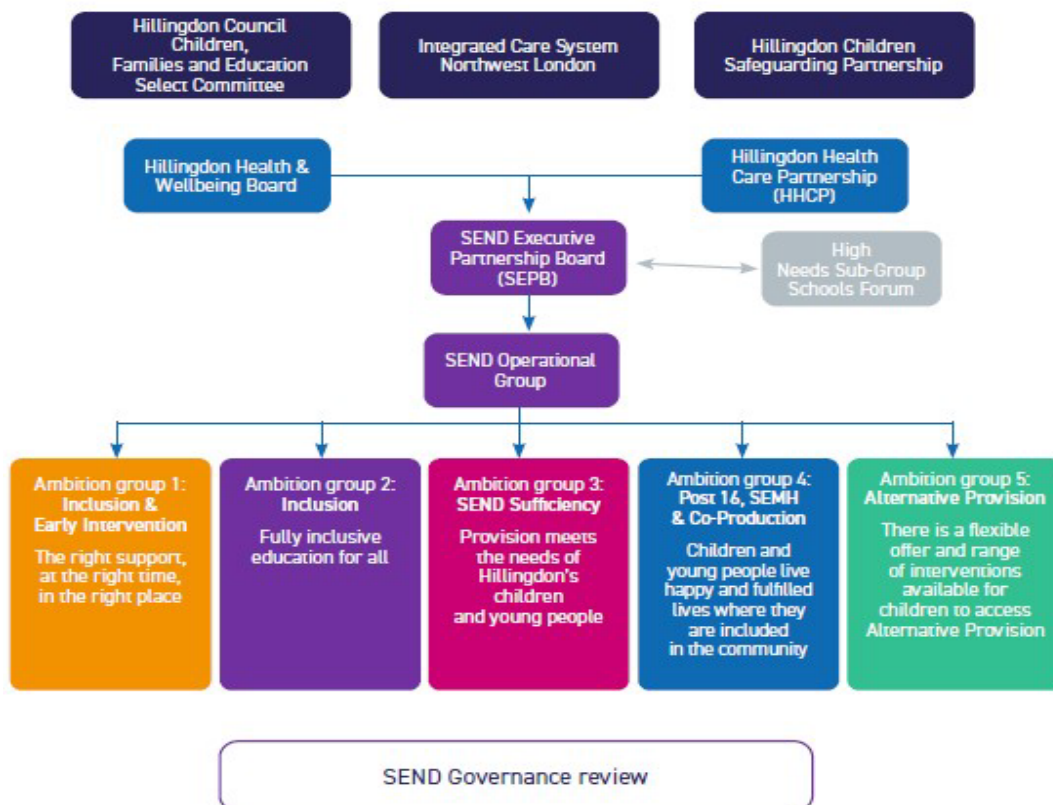
1. Leaders in education, health and social care should collaborate in a multi-agency approach to strengthen and embed their quality assurance framework of existing, amended EHC plans and annual reviews.
2. Leaders should improve how well information about children and young people and their families is shared and used between and across all those involved in the partnership.
3. Leaders need to refine their strategies for training the workforce across education, health and social care in better understanding and supporting children and young people and their families. This should include how well mainstream schools identify children's needs in relation to SEND and then effectively plan provision that meets their needs, thereby helping to avoid the risk of suspension and/or permanent exclusion.
4. Leaders across the partnership need to further improve their support for young people in PfA.

For more details, please refer to Appendix 2: *Ofsted and CQC Inspection Report- Area SEND inspection of Hillingdon Local Area Partnership.*

Progress since the launch of the new strategy

Following the inspection, the Local Area Partnership developed the Hillingdon SEND Local Area Partnership Improvement Plan, published in November 2024. Its implementation will continue within the existing governance structure, with multiagency Ambition Groups focusing on specific objectives from the strategy and improvement plan. While the objectives remain unchanged, a detailed plan is now in place to capture all the key ambitions detailed in the strategy and the actions to meet the objectives that were identified in the inspection.

SEND & AP Strategy Governance:



The SEND governance model has continued as it was detailed in the strategy document. The ambitions groups meet bi-monthly, with their work overseen by the SEND Operational Group (SOG) and the strategic SEND Executive Partnership Board (SEPB).

The membership of both the SOG and SEPB has been reviewed to ensure the involvement of appropriate strategic leaders. The new SEPB will ensure integrated leadership for all aspects of SEND, with active involvement from parents, carers, and young people. This board will also continue to provide both high support and high challenge across the partnership, as well as a route for escalation where required, facilitating solution- focused practice to resolve challenges and barriers which impact on the timely delivery of actions.

The SEND Executive Partnership Board (SEPB) is now chaired by the Director for Children's Services and the SEND Operational Board is co-chaired by the Director for Education & SEND and the Borough Director for Hillingdon ICB. Starting in January 2025, both the Strategic Boards' SEND Operational Group (SOG) and SEBP will include young people with SEND as members. This change is part of a governance restructure aimed at ensuring that young people's voices are involved in strategic discussions, helping to shape and improve the delivery of operational services.

## **Strategy Implementation**

### **Progress**

The five ambitions outlined in our SEND and AP Strategy 2023-2028 focus on the delivery of local area services for children and young people with SEND and their families are:

- **The right support, at the right time, in the right place**

We will improve children's and parents' experience of the SEND system by delivering the right support in the right place at the right time.

- **Fully inclusive education for all**

We will support all schools and settings in Hillingdon to be inclusive and welcome children and young people with SEND.

- **Provision meets the needs of Hillingdon's children and young people**

We will deliver a new, ambitious, and innovative provision that enables children and young people with SEND to receive excellent education in their local community.

- **Children and young people live happy and fulfilled lives where they are included in the community**

We will enable all children and young people to achieve independence, take part in activities they want to be part of, build good relationships and have meaningful outcomes in adulthood.

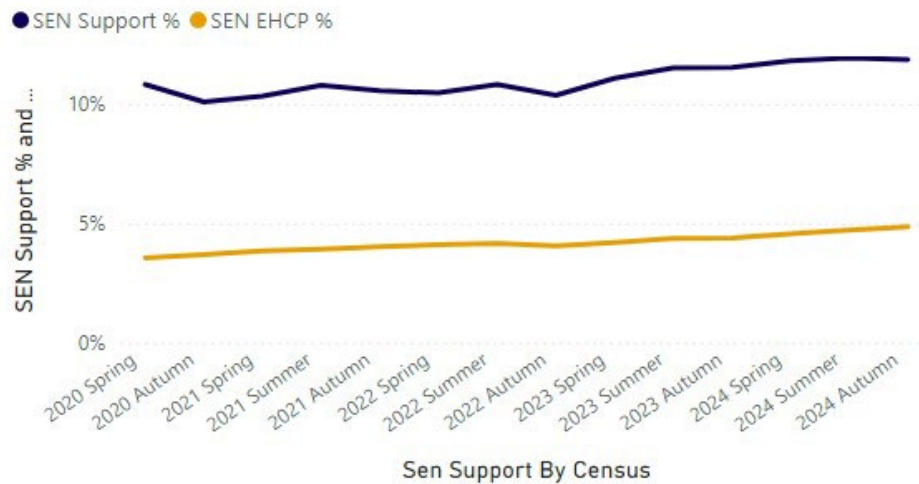
- **There is a flexible offer and range of interventions available for children to access alternative provision**

We will create a 3-tiered model for alternative provision that offers flexible interventions and supports children back into mainstream where possible.

# Ambition Group 1 - The right support, at the right time, in the right place

## Review and refine early intervention offer

Sen Support % and Sen EHCP Support % by Census Return



Children with SEND Support and EHCPs in mainstream have increased term on term since we launched the strategy. In Autumn 2023, SEND Support was 11.8% and 2.5% EHCPs. In Autumn 2024, 12.1% of children are on SEND Support and 2.8% with EHCPs. This evidences that more schools are identifying children’s needs and putting in support by identifying needs on the SEND register and more children with EHCPs are being placed in mainstream schools. There is still a significant difference between primary and secondary SEND children attending mainstream schools across the borough – primary children with EHCPs are currently at 3% and secondary is 2.5%.

*Changes in SEND Support and EHCP levels in mainstream schools (based on Autumn census data for each year):*

	2022-23		2023-24		2024-25	
	SEN Support	EHCP	SEN Support	EHCP	SEN Support	EHCP
Primary (inc. infant and junior)	11.8%	2.4%	13.0%	2.6%	13.4%	3%
Secondary	9.1%	2.2%	10.3%	2.3%	10.7%	2.5%

In line with the target to ‘provide more support to our early years settings via the SEND Advisory Service, EPS and health services to ensure that needs are identified early, and appropriate interventions are in place’, an Early Years specialist Educational Psychologist post has been created which enabled a new traded offer to be created to Private, Voluntary, and Independent (PVI) settings. The role also assists other educational teams in delivering services to Early Years (EY) settings, integrating child development knowledge and psychological theory into practice.

Strategic support has been provided to various panels (EHN, ESF, SEND) and projects, promoting early intervention strategies in the Early Years Foundation Stage (EYFS) as part of a multi-disciplinary approach.

### Review and refine approaches to early identification, assessment and reviewing of EHCPs

A significant amount of work has gone into the annual reviews project, increasing the number of reviews which are processed within the expected timelines. Previously there was a significant backlog of reviews, so the team acted quickly in recruiting fixed term officers to focus on the annual reviews and bring them up to date. The service is now working with a permanent team to ensure annual reviews are actioned within timescales and produce high quality outcomes. A new tool had been purchased to quality assure the annual reviews so there is a targeted focus on improving the quality of plans and reviews. Work is underway to create more effective reporting mechanisms for annual reviews. The chart below shows the significant increase to annual reviews being completed:



The Early Identification toolkit has been re-formatted to improve accessibility, and its content will be reviewed by a working group. The SAS school team has adapted its working methods. The Schools and Early Years (EYs) team are reviewing transition support, with the quality of information shared being monitored through joint transition meetings. Collaboration with the admissions team will be undertaken to ensure the earliest possible provision of transition support. Children's centres lead transition workshops to prepare children for starting school.

### Develop clear pathways for support

The Early Help Notification panel has been successfully operating and has now evolved into the Early Years Tracking Panel. This panel aims to ensure that children who need assessments receive 'the right support at the right time', along with appropriate provision to meet their needs early on. It consists of a multidisciplinary team with a wealth of expertise to recommend suitable services, provide signposting, and identify a lead professional. Additionally, this panel handles referrals to the new assessment centre. The Ruislip Gardens Assessment Centre is now open and live. There are currently 16 children attending the setting part-time or full-time. The Centre formally opened to children from September 2024 so it is still early days, however, the centre will provide a strong foundation for children awaiting assessment and aims to close the gap earlier.

### Develop new collaborative agreement & ways of working for Children's Integrated Therapies

The Council and the North-West London ICB jointly commission therapy services for children and young people across Hillingdon, through a range of universal, and targeted support measures, delivering preventative and statutory services to meet the needs of children and young people

with SEND. Working with our delivery partner (CNWL), we have developed a new ‘collaborative agreement’ that will see all three organisations working closer together across the partnership.

This new collaborative agreement will cover areas like recruitment and retention of therapy services, increased demand, and is designed to meet the challenges we all face in relation to service delivery at a local and national level. We have already started to review referral pathways and have recently delivered an initiative collaboratively to reduce waiting times for speech and language therapy (SaLT) and occupational therapy (OT) services with some additional investment and targeted service delivery. The new agreement is expected to commence from April 2025.

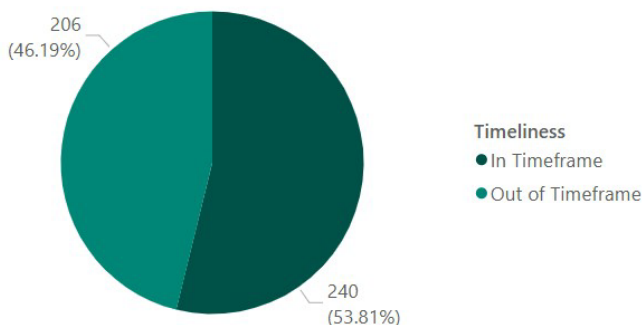
Improve outcomes for children with EHCPs and SEND Support

Education, Health and Care assessments are completed in an increasingly improved timescale and are improving in quality. The table below evidences the improvement in timeliness from academic year 2023-24 compared to the start of 2024-25 year. During the first term, the service has improved from 54% to 84%. Managers have close oversight of the process of EHCNAs, leading to improved outcomes.

20 week timeframe:

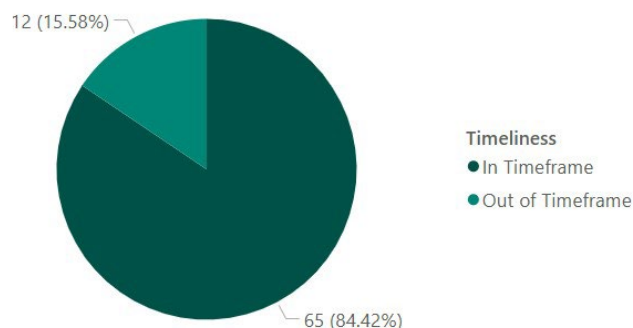
**2023-24**

Count and Percentage of Final EHCP Issued within 20 Week Timeframe



**September – December 2024**

Count and Percentage of Final EHCP Issued within 20 Week Timeframe



A new quality assurance tool has been implemented to ensure new EHCPs are of high quality. The recent Ofsted and CQC inspection identified that newer EHCPs are better quality than those historically, therefore, we are seeing signs that the work is having an early impact and are committed to ensuring all EHCPs are high quality moving forward.

**Ambition Group 2 - Fully inclusive education for all**

Promote Hillingdon’s approach to inclusion including increasing uptake in SEND reviews & peer mentoring

The SEND Advisory Team assists schools by conducting SEND Reviews and implementing the Inclusion Commitment programme. This helps schools identify needs early and provide timely support. The team collaborate with Hillingdon schools to increase the number of settings conducting SEND reviews, aiming to boost participation from 62% to 93%, thereby enhancing early identification and inclusion.

Settings that have not yet undertaken a SEND Review have been approached by their linked advisor or have received recommendations from Education Improvement officers. Settings that have completed a SEND Review are encouraged to share best practice by offering peer support and participating in the inclusion network event. Settings are also offered bespoke whole school training tailored to their specific needs. The implementation and impact of this training are then monitored throughout the year. Self-evaluation of school SEND provision is conducted at the start of the academic year to identify specific training needs and determine the optimal timing for providing the training.

SEND Reviews:

April 2023 – March 2024 School SEND Reviews completed	
Primary	26
Secondary	5

**Top 3 next steps themes:**

Theme	No. of schools	%
OAP/QFT/Adaptive Teaching	22	81%
Deployment and effective use of support staff	16	59%
Developing an evidence-based approach in relation to the identification of needs process and updating SEND register	9	33%

**Progression towards next steps:**

0 = None 1 = Partial progress 2 = completed

Target 1	Target 2	Target 3
1.3	1.4	1.4

*Completed by 10 schools using feedback provided approximately after 6 months after the SEND Review date.*

**SEND Review Feedback:**

52% of schools completed the SEND Review feedback form.

Settings were asked to rate aspects of the process using a scale of **1-6** (insufficient – excellent). The average score across 5 questions was **5.8**. This indicates that schools are extremely pleased with the overall process.

Feedback was requested on five areas of the process, including the overall experience, collaboration, developing OAP, accuracy in determining strengths and next steps and if the next steps were relevant in developing the schools SEND provision. The highest scoring questions were based on the overall experience and the collaborative manner which achieved **89%**. The second highest scoring question was based on accurate identification of strengths **83%**.

Schools have undertaken a comprehensive self-assessment via SEND Reviews and the Partnership for Inclusion of Neurodiversity in Schools (PINS). Self-assessment tool helps to



identify strengths and areas for development of current whole-school approach to inclusion  
Improve functionality of the Local Offer

Over the last year, a new co-designed name for the Local Offer website has been agreed which is 'HELLO' (Hillingdon Empowering Lives Local Offer). A new Task & Finish Group will be established to gather feedback from families, children and young people (CYP), and other professionals to evaluate the Local Offer and identify any gaps. An evaluation and improvement plan for the Local Offer will be then implemented. The impact will be measured through an increase in people using the Local Offer and from feedback from young people. We want to make sure the Local Offer is easily accessible to young people, parents and professionals. Challenges related to keeping the Local Offer updated are being addressed by identifying champions within the teams.

#### Support and empower settings to play their part in a fully inclusive system

Since the launch of the strategy, the Council has been sharing local inclusion data with schools to raise awareness of those schools who are supporting higher numbers of EHCPs and where there are schools with lower numbers. The EHC team have been consulting with local schools where they have the resources and capacity to support children with EHCPs. The data above highlights evidence that more children with EHCPs are attending local mainstream schools as a result. There is still a disparity between primary schools and secondary schools, with primary having higher numbers of children with EHCPs compared to secondary schools.

To further support schools with strategies, the Ordinarily Available Provision (OAP) has been reviewed and updated in collaboration with schools. After consulting with all local schools to gather feedback, the updated OAP document will be launched in early January 2025. To aid in the implementation of the graduated approach, OAP checklists for early years settings, schools, and post-16 settings have been published to empower school professionals to utilise inclusive interventions. OAP workshops to train both schools and professionals will begin in January 2025. As some schools still lack confidence in meeting the broad range of needs of children with EHCPs, the next steps to support inclusion in Hillingdon settings involve working with the school community to coproduce an Inclusion Consistency Framework. This framework aims to ensure a transparent and coordinated inclusive environment across the Local Area Partnership educational settings.

Schools have reported that those who are highly inclusive naturally attract more children with SEND needs due to their positive reputation with SEND. Whilst these schools rightly deserve to be recognised for their efforts, schools have shared their concerns that other local schools do not apply such an inclusive ethos. The strategy recognises these challenges and aims to support and challenge schools who are less flexible in supporting children with SEND, often stating they cannot meet needs when other mainstream schools can. The local area partnership's vision is to upskill and support mainstream schools in order to ensure all of them can meet a range of needs, so that children can be educated in their local communities, where appropriate.

New exceptional funding was introduced in early 2024 to support schools with higher numbers of children with EHCPs in order to ensure those schools are not financially impacted by their positive inclusive approach. Through the Phase Transfer process and census information sharing, the EHC team and schools have collaborated, helping schools to be more open to supporting students with EHCPs in Year 7.

A new team is being created to support mainstream schools when trying to support a range of complex needs of children with EHCPs. This team is called the EHCP+ team and will consist of three highly qualified professionals who will provide expert support and guidance to schools where there is a risk of placement breakdown. This is an innovative new approach which has been developed in response to feedback from schools. Many of our local schools adopt highly inclusive practices and want to do all they can to support children with complex needs to attend their local school and be part of their local community. This team aims to be in place for the latter part of 2024-25 academic year and will consist of a senior ASD specialist teacher, a clinical psychologist (or similar) and an SEMH Educational Psychologist. These roles have been devised from reviewing the cases where there are the most challenges for children in mainstream and aims to provide a supportive approach to schools, to upskill staff in responding to challenges that present and share new interventions and approaches that will enable children and young people to be successful.

#### Develop training opportunities for LBH staff, health, social care and schools

The partnership will set up a Task and Finish Group to focus on developing ongoing opportunities for workforce development. A draft training plan has been already developed for the partnership, aimed at enhancing the skills of all educational, social care, and health professionals in the area of SEND. SEND Advisory Team has worked on feedback from schools and designed theme specific, tailored training program for school professionals which has been co-developed with them to ensure the delivery of high-quality training. This training program is continuously reviewed to ensure it remains relevant and aligned with current demands.

#### Review and refine support for SEND children with transitions, attendance and exclusions and vulnerable group

As part of the strategy, the partnership are looking to review existing annual review documents, involving young people, parents, schools, and professionals to ensure the documentation is effective and has a positive impact at annual reviews. Clear pathways and expectations will be established for every transition point.

The Local Area Partnership will coproduce relevant guidance documents and information for professionals, children and young people (CYP), and their families on educational transition points. This aims to prevent placement breakdowns and reduce requests for specialist placements when mainstream settings are appropriate.

A transition pilot program, run by LBH Education in partnership with Centre for ADHD and Autism Support (CAAS), has been implemented in four secondary schools this year to support the transition of CYP with ADHD and ASD who have an EHCP, transferring to mainstream secondary provision. Identified Year 7 pupils with ASD or ADHD are receiving enhanced transition support to prevent placement breakdowns and ensure young people have the additional support to be successful in their mainstream school.

There are regular meetings between EHC team and CAAS to monitor the pilot and the assessment of the project's success will be in the early summer term. The Exclusion and Reintegration Team provides advice and support to schools and other professionals to consider alternatives to exclusion. Monitoring and progress of proactive support provided to schools by the Exclusion and Reintegration Team has improved, based on suspension data analysis. The Vulnerable Learners Clinic, which was updated to become Inclusion Clinics, has also evolved to

provide more support and to improve engagement. An Early Intervention and Inclusion Panel has also been launched.

Collaborative work between the Exclusion and Reintegration Team and the Adolescence Development Service (ADS) is underway to develop a support program aimed at reducing suspensions. Additionally, collaboration with Exclusions and Reintegration, SAS, EPS, SEND EHC Team, and Education Improvement colleagues will focus on identifying trends and providing support for children at risk of exclusion and for schools that may be struggling.

For academic year 2023-24, the data suggests the services are already having an impact. There has been a total of 21% reduction in number pupils with SEND who were permanently excluded from Hillingdon's schools compared to the previous year.

In the 2023/24 academic year in Hillingdon, 40 permanent exclusions were upheld and 13 were retracted. Among the upheld exclusions, 11 (27.5%) were pupils with SEND (1 with an EHCP and 10 with SEN Support). Of the retracted exclusions, 8 (61.5%) had SEND (2 with EHCPs, 4 with SEN Support, and 2 undergoing EHCNA). Overall, the 11 exclusions that were upheld this represents a 21% reduction in permanent exclusions for pupils with SEND compared to the previous year.

The impact of this work allows services to collaborate to prevent suspensions and permanent exclusions of pupils with SEND. However, it has been recognised that the lack of alternative provisions available for primary-aged children is a barrier currently.

Hillingdon Secondary Schools continue to offer academic pathways, and we are exploring available alternative provisions. We are also working on enhanced support opportunities to help children have successful placements in their mainstream schools.

## **Ambition Group 3 - Provision meets the needs of Hillingdon's children and young people**

### Review SEND Funding approach

Significant progress has been made on developing a new approach to funding for SEND across Hillingdon. The previous banding model had been in place since 2014, when the changes to the Children and Families Act 2014 were introduced, and operated as one framework for all maintained schools (mainstream and special). The focus for creating a new system was to ensure that there is a fair, transparent and effective funding system that supports the right provision and support being in place at the right time locally for children with SEND needs.

The banding review consists of two elements: a mainstream banding framework and a special school banding framework. The mainstream banding framework has now been completed after a working party, made up of local school leaders and support from a specialist consultant, coproduced new descriptors to capture the range of needs. The framework was developed in partnership with the Parent Carer Forum, health partners, schools and the Council. The mainstream banding framework now includes up to date hourly rates for support staff with appropriate oncosts and clear descriptors of language, such as 'small group' and whether needs are 'severe' or 'moderate etc. This was launched in September 2024 and EHCPs will transition to this new banding over the next two years. Work is now taking place with local partners to ensure there is a consistent approach to the use of terminology across all services, ensuring a common language which aligns to the framework.

The special school banding framework is being coproduced currently with special school leaders. The descriptors have been drafted and schools are currently applying these to a sample of children and moderating their findings. The next step is to allocate appropriate funding to each band which will be completed by early January 2025. The aim is to apply the new funding matrices to all children in special schools for the 2025-26 special school budgets.

There have been ongoing workshops for schools to learn how to apply the framework and to gather feedback. New documentation explaining the SEND funding mechanisms has been created for schools and a guide for SENCOs is being developed also.

Early Support Funding and funding for SRPs and Designated Units (DUs), as well as for Further Education (FE) settings, will be considered next to ensure there is a clear, fair and transparent funding approach to all elements of the Hillingdon SEND system. This piece of work has been significant, and the partnership are grateful to the local schools who have been instrumental in developing this new, up to date system for schools across Hillingdon.

#### Develop new Specialist Resource Provisions (SRP), Designated Units (DU) and Assessment Centres with appropriate quality assurance

The projects to deliver four new SRPs and Designated units completed this year. We now have new units at Wood End Park Academy (24 place DU), Ruislip Gardens (16 place SRP), Charville Academy (16 place SRP) and Harlington (16 place DU). This has created 56 new places for children in primary schools and 16 places for secondary school children.

Alongside the development of the SRPs and DUs, new Assessment Centre was also created at Ruislip Gardens primary school. This offers a 16 place (16 full time places or 32 part time places) centre for children aged 2-5 years old (recently extended for 2-year-olds). This provision offers specialist teaching to children with severe needs awaiting an EHCP and further assessments to support the EHCNA process. The Specialist Assessment Centre will allow the Council to identify needs much earlier and, therefore, provide the appropriate support so that children are able to progress in line with their ability and their families receive the support from multi agencies as appropriate.

The next steps are to secure more Specialist Resource Provisions or Designated Units in secondary schools. We currently have more capacity for SRPs/ DUs in primary schools than secondary schools so it is vital that we can develop more provisions to enable children to access mainstream secondary schools once they complete their journey in primary. Discussions are ongoing with secondary schools and feasibility studies are being undertaken before moving to the next stage of proposals.

Moreover, there is an ongoing work to quality assure existing SRP/DU provisions through regular reviews to create a consistent approach to supporting children with SEND. The quality assurance process, which has been developed and co-produced with schools and Hillingdon Parent Carer Forum, was piloted with three schools initially and feedback was used to evolve the approach to the review to ensure a manageable QA process and share good practice across all SRPs/DUs.

#### Create additional places in local Special School provision

Developments are underway for the expansion of Meadow High School. There are two projects taking place – one at Northwood Road where a satellite provision of Meadow High School is being constructed to expand placements. The other project is developing a two-story teaching block on

the existing site at Royal Lane to meet demand. Both projects have recently become delayed as a result of the construction company going into administration. Alternative options are being progressed to complete the works as soon as possible. Temporary modular classrooms will be extended to ensure the maximum number of places can be maintained whilst the works are completed.

The Council is also waiting to hear an update on the new ASD free school that was agreed for Hillingdon. It is likely this will be completed later than originally anticipated, however, we wait to hear from the DfE on expected timelines for completion.

The analysis of the cohorts has been completed to understand demands and trends in specialist provision, informing sufficiency and place planning. A new SEND Sufficiency Strategy has been created using the latest projections and will be published in early 2025.

New videos of our local maintained special schools were commissioned by the Council to further support the local understanding of specialist provision and its offer. The Council is aware that parents often find it challenging to visit special schools due to the disruption it can cause to attending children, therefore, the videos were created to showcase the types of settings Hillingdon has on offer and the facilities and support available.

#### Develop a SEND school outreach offer

SEND school outreach and in reach offer will be developed over time. This is part of the partnership work around inclusion and support around workforce development. The CAAS transition project mentioned above helps to strengthen knowledge and daily practice when it comes to ASD SEND specific interventions in mainstream secondary settings. The new SRPs and DUs have been asked to share success stories and best practices with wider schools' community to encourage mainstream school staff to effectively support students with SEND. Some special schools invite mainstream school professionals to their settings to allow observations and discussions about inclusive strategies.

## **Ambition Group 4 - Children and young people live happy and fulfilled lives where they are included in the community**

#### Develop further opportunities for children with SEND to take part in clubs & activities

There has been significant progress in updating information on activities and accessible opportunities for young people with SEND. The directory now includes a wide range of activities and is continuously being developed further. The Local Offer is also being revamped and updated with input from young people to make it more accessible to all children and young people (CYP). Additionally, ongoing efforts are focused on creating effective ways to capture young people's views to support this initiative. The goal is to ensure that CYP have more opportunities to express their opinions on various topics, feel supported and included, and become more active in their local communities.

#### Development of Preparation for Adulthood (PfA) outcomes

This scope of work focuses on strengthening 'Preparing for Adulthood' offer to ensure young people with SEND are healthy, integrated within their communities, continue their education or employment, and achieve greater independence. A new 'PfA from Early Years' project is in

progress, collaborating with eight schools. There is also new guidance on PfA being created via coproduction to ensure services are working more closely together to focus on PfA.

The other part of this work focuses on ensuring that families and children are supported in Year 9 to consider options for post 16 choices and to report smooth transitions between services. New guidance has been created by our Project Search interns for Year 9 students. The Post 16 brochure has also been updated to support young people with SEND in understanding their choices and what local settings in Hillingdon offer for their post 16 options. The next steps are to update the annual review process in collaboration with schools to further support them effectively.

#### Further develop options for Post 16 through supported internships, provision, work and employment

Transitions, pathways to adulthood, and raising aspirations for all young people including those with SEND are high on the priority agenda for all services.

The Supported Employment Forum and Supported Internship (SI) work continue to function very effectively, with promising initiatives. Opportunities have been created through collaborative efforts to support further pathways. The vocational Carousel has provided more options for young people and will be offered again with even more choices. As a result of these initiatives, there has been a significant decrease in the percentage of NEET (Not in Education, Employment, or Training) to 3% as of December 2024 in comparison to 6% in FY 2022/23. The continual reduction in our NEET rate brings us closer to the national average of 2.7% of all young people with an EHCP being recorded NEET.

A current challenge is the uncertainty of the SI Work initiative continuing beyond March 2025. This depends on the DfE continuing the small grant the LA receives. This will be reviewed once we have clarity on the DfE SI Work initiative's future. The partnership's focus is to align SENCO and careers leads with Education Development Trust (EDT) support to provide more effective Careers Information, Education and Guidance (CIEG), and to continue creating new opportunities for young people with SEND to support future pathways.

#### Regularly gather feedback from SEND children to understand what is working and what isn't

The Co-production Charter, co-produced by young people, is designed for professionals. A new SEND youth forum, Aim High, was created to amplify the voices of young people. Processes have been implemented to better capture the voices of young people during annual reviews. The Coproduction Charter outlines the values that young people expect from services.

Additionally, parents/carers have a voice on strategic SEND boards, and young people with SEND will start attending SOG and SEPB from January 2025. The Hillingdon SEND Youth Forum 'Aim High' remains proactive and involved in many initiatives, expressing their own views and those of other young people with SEND. The aim is for the forum to grow and attract more members. There is ongoing work to further promote the Aim High youth forum to grow its capacity and impact in supporting the voices of young people with SEND.

#### Improve support for children with Social, Emotional and Mental Health support

Many parts of the SEMH support system were already in place, including the development of the SEMH Inclusion Commitment, the referral protocol for SEMH in SAS, the Emotionally Based School Non-Attendance (EBSNA) training, emotional regulation training, and behaviour training. Feedback on the SEMH Inclusion Commitment, trainings, and outreach was positive. While we lack quantitative data on the impact, some case studies showed very positive results: numerous

children at risk of PEX are still attending mainstream schools, and some children who were not leaving home are now attending a setting full-time.

In the next coming months, the focus will be on integrating the SEMH and EBSNA training and inclusion commitment into one offer. It is also important to deliver internal ongoing upskilling opportunities to various professionals across SAS so that they can provide more enhanced support to schools around SEMH. There is now closer collaboration between EPS, SAS and CAMHS. CAMHS are supporting the production of the EBSNA and Exclusion protocols and are attending the Early Intervention and Inclusion Panel, offering their advice and insights in this forum.

The other initiative under this priority is the ELSA intervention, which will run again in Spring 2025, supporting the integration of therapeutic support into school settings.

A new Alternative Provision provider with promising practices in exclusions and EBSNA has been recently added to the DPS, and some schools are already exploring their support for high-needs individuals. The THRIVE Network continues to develop and distribute early intervention. There has been significant work across the LA and Health to support schools with SEMH needs, from increased commissioning of The Skills Hub to universal staff training and increased direct advice/guidance for individual cases. Schools have expressed appreciation for the SEMH support provided for specific cases. However, given the ever-growing needs, we must continue developing protocols for areas with the highest levels of need/demand, such as EBSNA and exclusions.

## **Ambition Group 5 - There is a flexible offer and range of interventions available for children to access alternative provision**

### Create a three-tiered alternative provision system

Infographic and visual guides are in progress, with a communication campaign planned and LEAP updates completed. Vulnerable Learners Support Clinics have been established, and resources have been shared with schools through LEAP and LBH updates. Schools now have access to a broader range of support for pupils struggling in mainstream settings. The clinics allow schools to discuss emerging needs earlier, promoting early intervention and reducing the demand for AP services. However, challenges remain in ensuring all schools are aware of the available providers, making information easier to find on the LEAP portal, maintaining consistent communication, ensuring all schools use the provided resources consistently, and providing ongoing support. Next steps include completing the infographic, holding a Task and Finish Group meeting, implementing the communication campaign, continuing to promote resources, and collecting feedback to refine support.

### Reduce the number of exclusions and suspensions from and within schools

The Exclusion and Suspension Guidance has been reviewed and updated, and the Early Intervention and Inclusion Panel (EIIP) is now operational. Schools now have clear guidelines to manage exclusions and suspensions more effectively. Efforts to support schools in accessing early intervention, such as attending a Vulnerable Learners Clinic or requesting a Team Around the Child (TAC) meeting, are beginning to show positive results.

In the 2023/24 academic year in Hillingdon, 40 permanent exclusions were upheld and 13 were retracted. Among the upheld exclusions, 11 (27.5%) were pupils with SEND (1 with an EHCP and 10 with SEN Support). Of the retracted exclusions, 8 (61.5%) had SEND (2 with EHCPs, 4 with

SEN Support, and 2 undergoing EHCNA). Overall, the 11 exclusions that were upheld this represents a 21% reduction in permanent exclusions for pupils with SEND compared to the previous year.

Regarding suspensions in 2023/24, 952 suspensions were issued to children with SEND. Of these, 36% were for children with an EHCP, 59% for those receiving SEN Support, and 5% for those undergoing an EHCNA. Notably, 83% of suspensions for children undergoing an EHCNA were for primary-aged pupils. Only 29% of the suspended children had been known to SAS beforehand, indicating that many were not receiving early support for behavioural challenges.

The Terms of Reference (TOR) for the Early Intervention and Inclusion Panel will be reviewed again to include representation from schools, ensuring clarity regarding expectations and criteria for pupil referrals. Ongoing work to support collaborative efforts also continues.

#### Increase the number of children successfully reintegrated into mainstream

Team Around the Child meetings have been implemented for children with a social worker (CWSW), Hospital, Pupil Support Team (PST) Learners, and Primary Alternative Provision Learners. These efforts have improved reintegration pathways for children, which should lead to better long-term outcomes. However, challenges remain with bringing CYP back to school as there are no structured reintegration frameworks for pupils with SEND that educational settings could adhere to. The next step is to explore reintegration frameworks for these pupils.

#### Improve commissioning of independent providers to have a more flexible approach

Service Level Agreements (SLAs) are in the progress of being updated, and the Dynamic Purchasing System (DPS) is in place. The DPS is a procurement mechanism that operates on an open market, allowing pre-approved suppliers to present their service offer to the Local Authority. This helps to choose the best provider for an alternative provision in line with CYP's individual needs. The Information sessions for internal teams regarding the DPS are being provided to ensure services are aware of this new framework and the benefits. This has enhanced flexibility in provision, enabling tailored support for diverse pupil needs. However, there is a need to ensure there is a consistent implementation of Quality Assurance (QA) processes. The next step is to begin QA planning and implementation from Spring 2025. All AP providers now comply with a baseline QA and compliance checks as part of onboarding process DPS.

#### Reduce the number of children requiring tuition

A plan is underway to develop a monitoring system for all children and young people (CYP) accessing alternative provision. This includes analysing data on the usage, outcomes, and impact of these provisions. By reducing dependency on one-to-one home tuition, we can free up resources for broader educational initiatives and reduce isolation.

To achieve this, we need a clear strategy and baseline data to measure progress. The next step is to develop and implement this strategy, focusing on widening the range of alternative provisions available. This will involve working closely with partners to enhance the offer and ensure it meets diverse needs

By broadening the scope of alternative provision, we aim to create a more inclusive and supportive educational environment that reduces the need for one-to-one tuition and promotes better outcomes for all students.



## Challenges

- There is currently a delay in progressing our new free school project for children with Autism. We are awaiting news on this from the DfE following the change in administration as to when this project is likely to move forward.

## Summary of achievements

During the Local Area Partnership SEND inspection it was acknowledged that:

- More children and young people now stay in Hillingdon for their education. Leaders have successfully worked with schools and multi-academy trusts to expand the number of places available in special schools, resourced provision and designated units. Parents and carers speak highly of the quality of specialist education in the local area. However, some parents state that their children are not as well supported in mainstream schools. Leaders know this and are working with schools as part of their improvement work to develop more inclusive approaches.
- Vulnerable children and young people, including new arrivals into Hillingdon, such as Ukrainian families and unaccompanied asylum-seeking children, are well supported by the local area partnership. This includes training for schools and practitioners in health and social care who work with families in identifying and supporting their SEND or health needs. Most children in care who live in residential special schools, receive regular and planned visits by their social workers. These children settle into the provision quickly and go on to achieve well.
- The dynamic support register (DSR) is well established in Hillingdon. There is careful transition as young people move through to the adult DSR. Collectively, the approach to the management of the DSR means that children and young people get the right support at the right time.
- There are strengths in how well leaders work with children and young people, including where co production has been effective. For example, there are different groups such as talkers and step up and strong evidence of the you said, we did approach. Young people are particularly proud of their walking in our shoes training that they create and deliver. This project helps services to make positive changes to their work because practitioners develop a better understanding of SEND.
- Leaders across the partnership are highly ambitious. They work collaboratively with a range of stakeholders, including children and young people to inform their work. This includes the creation of the 2023 to 2028 five year SEND and alternative provision strategy and their approach to joint commissioning.
- Leaders have built very positive working relationships with the Hillingdon parent carer forum (PCF). The PCF speaks highly of communication with the local area and their involvement in moving the SEND agenda forward. The Hillingdon SEND information, advice and support service (SENDIASS) is also well regarded by the PCF.
- Children and young people typically achieve well at the end of their primary secondary or further education. Young people benefit from a range of strategies to effectively prepare them for adulthood. For example, the local area has worked with its partners to develop a

strong approach to supported internships. Many young people go on to paid employment. More recent projects include working with a further education provider to offer high numbers of young people access to a six-week course of vocational carousels and bespoke careers guidance. Leaders' work is helping more young people to stay in education, training, or employment.

- Children with more complex needs are well supported by those working in the children with disabilities team. Many receive comprehensive and detailed packages of support that help parents and carers continue caring for children at home. This support helps prevent family breakdown. Children known to the youth justice service, also receive early and appropriate intervention from youth justice officers. They are also well supported by therapy teams.
- CAMHS learning disability team offers effective support to children and young people, for example through positive behaviour support plans.
- There is lots of positive work going on to help identify SEND in young children including the role of the early years advisers in supporting nurseries and childminders. Children who receive speech and language therapy pre-school are successfully supported with transition into Reception through a summer holiday play session. Further speech and language support is provided where needed.
- Leaders have invested in making early support funding (available to specifically focus on helping children with SEN support. The success of the use of the ESF can be seen in the significant reduction in those children or young people who go on to need an education, health and care needs assessment.
- The designated clinical offer (DCO) role in Hillingdon is jointly commissioned by the ICB and Hillingdon Borough Council. This approach enables the DCO to work strategically across the partnership. The child development centre provides an effective multiagency and needs led approach when children are referred with undiagnosed health conditions. Children and young people are assessed using a multidisciplinary approach by paediatricians and therapists. is an example where parents telling the story once works well.
- Every special school in the local authority has an allocated school nurse who provide health interventions to support children, such as promoting oral hygiene and continence.

## **Next steps**

Significant progress has been made in the first year of the strategy implementation. The new improvement plan, with detailed timescales and initiatives, has been developed and will now be implemented according to the plan. The local area partnership will continue to monitor progress and outcomes through the governance model. The partnership will be providing regular updates to the DfE to detail the progress of the implementation plan moving forwards.

## **PERFORMANCE DATA**

### **Increase in mainstream provision**

There has been an 8.5% increase in the proportion of EHCP caseloads in mainstream provision, rising from 44% in the 2022/23 baseline to 52.5% in October 2024.

This progress is the result of collaborative efforts across all education services and schools to support more children with EHCPs, including those with more complex needs, in mainstream settings. At the same time, special schools are being realigned to focus on children with the most complex needs.

To promote transparency and inclusion, SEND census data is shared with schools on a termly basis. Additionally, consultations with local mainstream schools during phase transfers and in-year placements help ensure that CYP have their needs met within their local communities.

### **Lowering the demand for EHCPs**

Currently there is a total of 3,425 EHCPs open as of October 2024, this is a 0.4% reduction on the number open at the end of year 2023/24 and a 1.9% reduction when compared to EHCPs open in January 2024.

The lower growth of EHCPs is a result of the following:

- Improved early intervention pathways to support children and schools
- Increased governance of decision-making processes
- Improved EHCP outcomes achieved at Annual Reviews
- More training, guidance and support to empower schools to support children within their notional budgets while using the graduated approach

### **Reduce dependency on Independent, Non-Maintained Special Schools (INMSS)**

9.5% of CYP with EHCPs are currently placed in INMSS provision which is a 1.5% decrease from March 2024, where there were 11% of all EHCPs placed in high cost INMSS provision.

These is a result of the following:

- New maintained special school videos being created to help families understand the high quality provision on offer in local maintained schools, reducing reliance on INMSS.
- Local specialist places have increased by 14% since 2022/23, exceeding 2024/25 projections and on track for 2027/28, despite some at-risk projects due to external factors. This has enabled more children to attend their local schools in line with the objectives of the strategy.
- Increased SRP and DU places in local mainstream schools
- Increased placements in mainstream schools, enabling more capacity for special schools to support the most complex children.

## **RESIDENT BENEFIT**

### **The benefit or impact upon Hillingdon residents, service users and communities**

Through the consultation process Hillingdon residents and particularly those with children and young people with SEND and who access AP were given the opportunity to share their views on the identified key priorities and approach. We listened to residents and the Parent Carer Forums and shaped the Local Area SEND & AP Strategy in light of their comments and views.

The strategy outlines the Local Area's commitment to improving the outcomes for children and young people with SEND and those who access AP and will encourage active engagement and participation from parents, carers, and young people in strategic developments.

## **FINANCIAL IMPLICATIONS**

Key priorities outlined in the strategy are aligned with the aims of the updated draft DSG Safety Valve Agreement with the DfE, and with the actions outlined in the deficit recovery plan. Hillingdon has also invested in early intervention and SEND Support delivery model to promote early identification of needs and to provide proportionate support to children and families. The aim of this model is twofold. One is to support families and children at the earliest opportunity and the second is to ensure that the request for Education Health and Care Plans are made for the right children who require statutory intervention.

For those children who require Education Health and Care Plans, the SEND School Place Planning details how we build capacity in borough and reduce the reliance on Independent Non Maintained Provision. Additional capital funding has also been secured for school expansion works and this, along with Hillingdon's capital funding, will be used to develop additional school places in the borough as part of the strategic objectives.

## **LEGAL IMPLICATIONS**

There are no legal impediments to the recommendation set out at the beginning of the report. The strategy assists the local authority with complying with its duty under s27 Children and Families Act 2014. Local authorities must keep their educational and training provision and social care provision for children and young people with SEN or disabilities under review. Local authorities must place children, young people and families at the centre of their planning, and work with them to develop co-ordinated approaches to securing better outcomes.

## **BACKGROUND PAPERS**

[Hillingdon Local Area Partnership SEND & AP Strategy 2023-28](#)

[Hillingdon Local Area Partnership Improvement Plan 2024](#)

## **APPENDICES**

**Appendix 1** – Hillingdon Local Area SEND and Alternative Provision Strategy for Children and Young People 0-25 years 2023 - 2028 Strategy (and easy read version)

**Appendix 2** – The Hillingdon SEND Local Area Partnership Improvement Plan



# Hillingdon Local Area SEND and Alternative Provision Strategy for Children and Young People 0-25 years 2023 - 2028 Strategy



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## Hillingdon Local Area SEND and Alternative Provision Strategy for Children and Young People 0-25 years 2023 - 2028 Strategy



# Foreword

**In Hillingdon, our aspiration is for every child and young person to be and feel safe, enjoy good physical, emotional and mental health, have pride in their unique identities, feel that they belong and have opportunities to thrive.**

Working in partnership, under the SEND Executive Partnership Board, the Local Authority, Integrated Care Board (ICB) and our Parents and Carers Forum have developed a strong vision to reflect our belief that Special Educational Needs and Disabilities (SEND) is everyone's business. The Hillingdon SEND and Alternative Provision Strategy 2023 – 2028 outlines our vision, aspirations, and priorities for children and young people with SEND and their families to lead happy and fulfilled lives from early years through adolescence to adulthood, in communities that accept and understand them.

To achieve this, we want our children and young people to always be at the heart of everything we do. In developing this strategy, we listened to the experience and views of children who told us what they liked, what worked well, as well as what they would like to change and where we need to improve. We are grateful to the children and families who responded to the consultation and who helped us develop an ambitious strategy for the Local Area that reflects the experiences and needs of our children, young people and families in the true spirit of co-production. We want to also thank everyone who contributed to this strategy representing schools, service providers and voluntary sector partners. We would particularly like to recognise the efforts and involvement of our Hillingdon Parent Carers Forums who, through regular meetings with the Local Area Partnership as well as through consultation and survey contributed to this strategy and we look forward to continuing to work with them over the next few years.

We consulted on an initial draft strategy from July 2022 to August 2022 with an online consultation survey and Easy Read versions made available. The consultation focused on asking respondents if we had the right vision and whether the three key priorities were the right ones. However, it was clear that the original priorities needed further consideration in light of the feedback. Local area partners worked together to create five new shared ambitions which include a new focus on improving outcomes for children who access Alternative Provision (AP) as well as children with SEND. This enabled us to ensure we could align our work to the national developments in the new SEND and AP Improvement Plan whilst also sharply focusing on what our stakeholders fed back and what our data told us we needed to do to improve outcomes further.

We believe that our children and their families play a continuing, central role in helping us to achieve the outcomes in our strategy, to feedback on progress and to tell us what they need to improve their experiences. We are committed to continuing to engage and consult with our children and their families on a regular basis.

We look forward to working in collaboration with our partners and families to ensure that our children and young people with SEND and those who access AP achieve their aspirations.

**Abi Preston - Director of Education & SEND**



## 2. Background and Context

Hillingdon's children and young people are the future of Hillingdon. We are just as ambitious for children and young people with Special Educational Needs and Disabilities (SEND) and those who access Alternative Provision (AP) as for every other child. They are entitled to the best possible life opportunities that we can give them at every stage through from their birth and early childhood through education and as they transition into adulthood and employment.

Our vision for children and young people with Special Educational Needs and Disability (SEND) and those who access Alternative Provision (AP) is the same as for all children and young people in Hillingdon:

**We want Hillingdon to be a place where children and young people with special educational needs and/or disabilities and their families lead happy and fulfilled lives from early years through adolescence to adulthood, in communities that accept and understand them.**

The purpose of this strategy is to set out how we will do this for those children and young people with SEND and those who access AP. It has been informed by and aligned with the following:

We believe that our children and their families play a continuing, central role in helping us to shape the strategy, to offer guidance on how to make it accessible and in helping us to develop it further. We are committed to continuing to engage and consult with our children and their families on a regular basis.

- [Local Area Joint SEND Needs Assessment \(JSNA\) 2022](#)
- [Local area SEND Inspection November 2016](#)
- Co-production meetings, workshops and consultation

This SEND and AP strategy is aligned with various strategies/plans across the local area including the:

- [Hillingdon Council Strategy 2022-2026](#)
- [CNWL Strategy for 2022-2025](#)
- [Hillingdon Council Draft School Improvement Strategy](#)
- [Hillingdon Council Joint Health and Wellbeing Strategy 2022-2025](#)
- Hillingdon Joint Autism Needs Assessment 2022
- Hillingdon Autism Strategy 2023
- [Hillingdon Family Hub Strategy](#)



- [Hillingdon Council Carers Strategy 2023-2028](#)
- [Hillingdon Early Help Strategy 2021-2025](#)
- [Hillingdon Safeguarding Children Education Inclusion Toolkit](#)
- [Hillingdon Safeguarding children and young people with complex needs and disabilities](#)
- Hillingdon SEND Sufficiency Strategy

This document describes our vision and the outcomes we want for our children and young people with SEND and those who access AP. It describes the context within which we work, the principles underlying how we will work and our strategic priorities for the next five years to help deliver improved outcomes for children and young people with SEND and children accessing Alternative Provision.

This strategy builds on the work of the previous strategy and has been jointly developed by the London Borough of Hillingdon, the NHS in collaboration with children and young people, Hillingdon Parent Carer Forum and other key stakeholders.



# 3. National Strategic Context

## The legal framework

The following primary legislation and guidance specifies or duties and governs our practice:

- SEND Code of Practice (0-25 years) 2015
- Special Educational Needs and Disability Regulations 2014
- SEND and Alternative Provision Improvement Plan 2023
- Equality Act 2010
- Education Act 1996/2011
- Children Act 1989/2004
- Mental Health Act 2010
- Care Act 2014
- Mental Capacity Act 2005
- Chronically Sick and Disabled Persons Act 1970
- Breaks for carers of disabled children regulations 2011

- Children and Families Act, 2014 established a clear programme of SEND reforms which developed best practice in service quality and service delivery into a set of robust requirements:
  - a person-centred, joined-up approach to identifying and meeting the needs of children, young people and their families
  - increased engagement and participation of young people and families so that they have greater choice and control, are listened to and their concerns are resolved swiftly
  - a published Local Offer of support, services and provision, how to access it and how to raise concerns or seek redress
  - the use of effective practice, data and wider intelligence and independent assessment to drive improvement
  - clearly defined and understood roles and responsibilities
  - increased integration of services and joint commissioning across the LA and Health

This legislation sits in the context of the Equality Act 2010.

Public bodies must give due regard to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not

# 4. What are Special Educational Needs?

A child or young person can be described as having special educational needs and disabilities (SEND) if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her. A child and young person is considered to have a learning difficulty if they have:

- significantly greater difficulty in learning than the majority of others of the same age, or
- a disability which prevents or hinders them from making use of facilities generally provided for others of the same age in mainstream school or mainstream post-16 institutions.

For children aged two or over, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers.

- Children and young people may have needs in one or more broad areas of need and these can change over time:
- communication and interaction including children with autistic spectrum disorder
- cognition and learning
- social, emotional and mental health difficulties
- sensory and physical difficulties

Most children and young people will have their needs met at an early stage and they will access support through their school or setting (in schools this is called SEND support). Children and young people with the most complex needs will have an Educational Health and Care Plan (EHCP). This plan is statutory and sets out clearly the child or young person's SEND, along with the provision they need to help them overcome the barriers to learning that these needs present.

# 5. What is Alternative Provision?

The definition of alternative provision is education arranged by local authorities for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education; education arranged by schools for pupils on a fixed period suspension; and pupils being directed by schools to off-site provision to improve their behaviour.

Alternative Provision can take many different forms, depending on the individual needs of the child. It is important the school or Local Authority service commissioning the provision is clear on whether the provision is a registered school with a DfE number, or an unregistered setting as this will have considerations regarding how many hours a pupil can access the provision. In all cases, the provision should be both efficient in its delivery of education and suitable to the child's age, ability, and aptitude; and to any special educational needs they may have.

Provision will differ from pupil to pupil, but there are some common elements that alternative provision should aim to achieve, including:

- good academic attainment on par with mainstream schools, particularly in English, mathematics, and science (including IT), with appropriate accreditation and qualifications
- that the specific personal, social, and academic needs of pupils are properly identified and met to help them to overcome any barriers to attainment
- improved pupil motivation and self-confidence, attendance, and engagement with education; and clearly defined objectives, including the next steps following the placement such as reintegration into mainstream education, further education, training or employment

Alternative provision should be good quality, registered where appropriate, and delivered by high quality staff with suitable training, experience, and safeguarding checks. It should have clearly defined objectives relating to personal and academic attainment. Where an intervention is part-time or temporary, to help minimise disruption to a pupil's education, it should complement and keep up with the pupil's current curriculum, timetable, and qualification route.

# 6. The Aim of the Strategy

Our SEND and AP Strategy is aligned to the five desired outcomes for all our children and young people in the borough, as per our Hillingdon Children and Young People's Plan 2021 -2024:

## Five desired outcomes for our children

- To be the best versions of themselves.
- To enjoy good physical, mental and emotional health.
- To have pride and understanding of their unique identities.
- To have a stable home where they feel they belong.
- To be and feel safe and loved and empowered.

Our strategy is in line with current legislation and with the aims of the SEND Reforms that, through the Children and Families Act 2014 and supporting SEND Code of Practice, January 2015, required Local Areas (made up of the Local Authority and Integrated Care Board) to implement a set of reforms to support children and young people with SEND and their families. The Act aimed to fundamentally change the relationship between professionals and children and young people with SEND and

## Our ambition for residents

- Live active and healthy lives.
- Enjoy access to green spaces, leisure activities, culture and arts.
- Live in a sustainable borough that is carbon neutral.
- Be/feel safe from harm.
- Live in good quality, affordable homes in connected communities.
- Stay living independently for as long as they are able.
- Achieve well in education, with opportunities for learning at all ages.
- Have opportunities to earn an income that supports their families.

their families while maintaining the existing protections in the system. Whilst the Act did not change the definition of SEND, it placed the views of children, young people and parents at the heart of the system. Education, health and social care services working together to ensure that we achieve the best possible outcomes for young people, including the skills and confidence to live and work independently.

# 7. ICS Integrated Health and Care Strategy

The ICS Integrated Health and Care Strategy includes a focus on babies, children and young people. Childhood is a critical time to get things right for families. Needs and risks change as we grow from babies, into infants, children, and young people. Rarely can changes be made in children's health services without considering the impact on education, social development, and families. Inequalities in childhood shape our long-term health outcomes, and our later independence in society. Having a supportive family, and a good education are some of the biggest protective factors for health outcomes.

NW London Integrated Care Partnerships can now bring together key people within our health, education, and care systems with responsibilities across prevention, early years, education and children's social services. The NW London ICS programme for babies, children and young people (BCYP) will tackle childhood inequalities in a systematic way and will challenge the status quo where necessary to co-produce improved services and deliver better health outcome for children and families.

## NWL ICS principles

Our strategy for babies, children, and young people (BCYP) is underpinned by these key principles:

- Listen with humility to children and their families; involve them in decisions about themselves.
- Use local, multi-agency qualitative and quantitative evidence to coproduce service improvements with families.
- Enable families to have better access to advice, preventative care, and early help, particularly in the first 1,000 days from conception.
- Consider the childhood and family health inequalities, holistic needs of the child, their physical, emotional, and mental health, and the wider determinants of health by working with agencies across health, social care and voluntary sector. (Detailed child mental health plans are in the chapter on Mental Health, Learning disabilities, and Autism).
- Balance the focus on reactive care with the proactive care to prevent later development of ill health in adulthood.
- Deliver care in the most appropriate setting; locally where possible, centralised where necessary, and making best use of the health and care estate.
- Improve equity of access, experience and outcomes across all ages, places, protected characteristics and other vulnerable groups.
- Integrate our publicly funded resources in North West London to the benefit of all children.

**Child with a single long-term health condition:** Children and their parents in NW London with long-term conditions have told us it is difficult to navigate the health, education, and care system. As children grow, their care transitions to adult services. This occurs at a vulnerable time of their lives. Experience of transition is often poor. Health education can help maximise self-care and independence.

The following are priority areas of focus for children with a single long-term condition:

**Asthma** is significantly more common in black and minority ethnic groups. For children requiring admission to hospital, there is a widening difference between the least and most deprived population deciles. Environmental factors such as air pollution, access to second-hand smoke and poor-quality housing all contribute to poorer outcomes for children and young people.

**Diabetes** Type 1 diabetes is affecting rising numbers of children and young people in the UK. Poor management of the condition in childhood can have severe long-term health implications. CYP with Type 1 Diabetes from minority ethnic backgrounds and those in more deprived areas have consistently poorer blood glucose control.

**Epilepsy:** Optimal management of epilepsy improves health outcomes and can also help to minimise other impacts on social, educational and employment activity. Poor management of epilepsy can be life-threatening and may lead to children and young people requiring unplanned emergency care. Epilepsy is the most common cause of treatable death in children and young people with a learning disability aged 4-18. 27% of CYP aged 0-24 diagnosed with epilepsy are in the most deprived quintile, compared with 17% in the least deprived quintile. Epilepsy affects an estimated 112,000 CYP in the UK.



**Child with Complex Health Needs:** Advances in paediatric care mean that more children with complex medical problems (for example, heart disease or neurodevelopmental problems) are surviving their early years. Given the susceptibility of these children to poor health outcomes, these advances in medical care have important knock-on implications for the design and delivery of community healthcare, and the forecasting of 'special school' places and the health workforce needed in schools. Importantly, their medical needs must also be understood and addressed within the context of the child and family's life circumstances. There is growing recognition that many other factors contribute to a child's complex health needs for example, family problems, fragmentation of health, education, and care provision, psychological difficulties or social issues. Supporting children with complex health needs is a priority area of focus for NW London ICS. This includes supporting their social development and maximising their independence and decision-making as they grow older.

When a child or young person has **Special Educational Needs and Disabilities (SEND)**, we will meet the statutory requirements as a minimum. We will spread best practice across NW London ICS. NW London ICS BCYP programme will work to co-produce a framework for speech and language therapy to improve equality of access, experience, and outcome.





# 8. Our Shared Principles

To achieve this vision, families, support services and educational settings in Hillingdon have agreed the principles we expect each other to adopt when working with or caring for children and young people with SEND and those accessing Alternative Provision.

## **We will work together to ensure that children, young people, and young adults with SEND and those accessing Alternative Provision will:**

- be able to achieve the best they can in early years, at school and in Further Education including training, supported internships and employment and beyond into their adult lives.
- have greater confidence and trust in the support we offer reporting better experiences of a system which is based on dignity and affirmation.
- have services that work in partnership to offer families joined up offers to improve outcomes and the achievements of their children and young people.
- have their needs identified early, with appropriate support put in place at the earliest opportunity to empower children to achieve to the best of their abilities.
- have opportunities to attend inclusive local good quality education settings that meet the needs of our children, with seamless transitions throughout their academic career.
- be supported to develop the skills necessary for independence, in learning and everyday life.
- have access to support, in order to gain and sustain employment.
- have their health, social care and education needs understood, identified, and met in line with their aspirations.
- live in a society where people understand, respect, and accommodate differences and promote inclusion.
- have good quality support to live as independently as possible.
- Be given access to a diverse, imaginative and engaging curriculum that is relevant and appropriate.
- Be involved in developing a plan which focuses on their reintegration back into mainstream school, where appropriate.

Our aspiration is that all children in Hillingdon feel included, understood and welcomed regardless of their needs. We understand that the barriers felt by children and young people with SEND are a result of the way society is organised, rather than something intrinsic to the child. It is our roles to remove the barriers children face to enable them feel part of their community and ensure inclusion is at the heart of all we do.

**Through the co-production of this strategy, we want to:**

- Ensure joint ownership of the SEND and AP Strategy, its vision and aims.
- Ensure there is a multi-agency integrated approach where children and families are engaged and families and carers feel they only need to tell their story once.
- Share and align our practice to have stronger joined up services working with families and carers in response in key areas such as early identification, assessment, transition, person centred and outcomes-oriented approaches, to ensure our workforce have the skills and knowledge required and access appropriate professional development.



# 9. Engagement

Through this strategy we are committed to listening to and hearing the voices of all our children to ensure they are a part of our journey and that in making our plans and in developing our strategies we include what our children and young people want from services in the local area. During this strategy we are committed to work in partnership with all the stakeholders to find the best ways to engage more frequently and effectively with our younger residents.

Meaningful co-production happens when all voices are actively listened to from the start and throughout the planning process. This involves a mutual respect for each other's views, with an open and honest relationship that is transparent and continually evolving to achieve meaningful and positive outcomes.

Our Hillingdon Local Area co-production Charter underlines the way in which we work together to create a culture where professionals and families:

- 1. Are open and honest**
- 2. Value the lived experience**
- 3. Do what matters**
- 4. Are accountable and responsive**
- 5. Work together**

The next steps will lead to producing an Engagement Plan in collaboration with our children and young people and the existing Children Rights and Participation teams and engagement groups. In 2024-25 we will survey our children and their families on what is the best way to listen to them in a way that promotes meaningful participation, inclusion and equality to inform our Engagement Plan.



# 10. COVID impact

The impact of COVID on children and young people with SEND and those accessing Alternative Provision and their families has been significant. There were inevitably changes to children's daily routines, caused by home schooling and reduced availability of therapeutic services.

Although some children and young people with SEND and those accessing Alternative Provision reported valuing the opportunities afforded by online learning and smaller in-person classes, more often we heard of families under intense pressure not being able to access their usual support networks, children and young people's increased isolation, disrupted routines and backlogs in treatments and services. Moreover, there may be some underlying needs that have gone undetected during the period when children were not attending school. Situations like these can have a negative impact on children's emotional and mental wellbeing. For some, it may have led to increased agitation, anxiety, and more challenging behaviours.

We did learn from the challenges we had to face during the lockdown experience, and we implemented successfully more flexible ways in which families can be supported using virtual platforms (Children's Integrated Therapy Service) and a range of other technologies.

The use of virtual tools has had a positive impact on the way we engage with our families and children making it easier for them to tell us their experiences and ensure services are responding accordingly. Equality, our partnership working with colleagues has improved and became

more efficient and effective as we are increasingly able to meet virtually. A good example of this is the Multidisciplinary Panels which have good representation from all agencies and schools.

Despite the challenges, the pandemic also created opportunities. It enabled flexibility for both families and staff to meet and interact online and improve coproduction as well as to work more effectively together with SEND processes. This communication is improving relationships between families, schools and SEND services. Many of these adaptations have been continued post COVID. The local area SEND partnership uses a mixed approach of in person and online meetings and events to make the most of the partnership working opportunities.

The Council teams realigned also to place a greater focus on joined up working, partnership approaches and early intervention. SEND, education and social care moved to sit under one central directorate enabling the service to have a more holistic approach to supporting our children and families across the Borough.

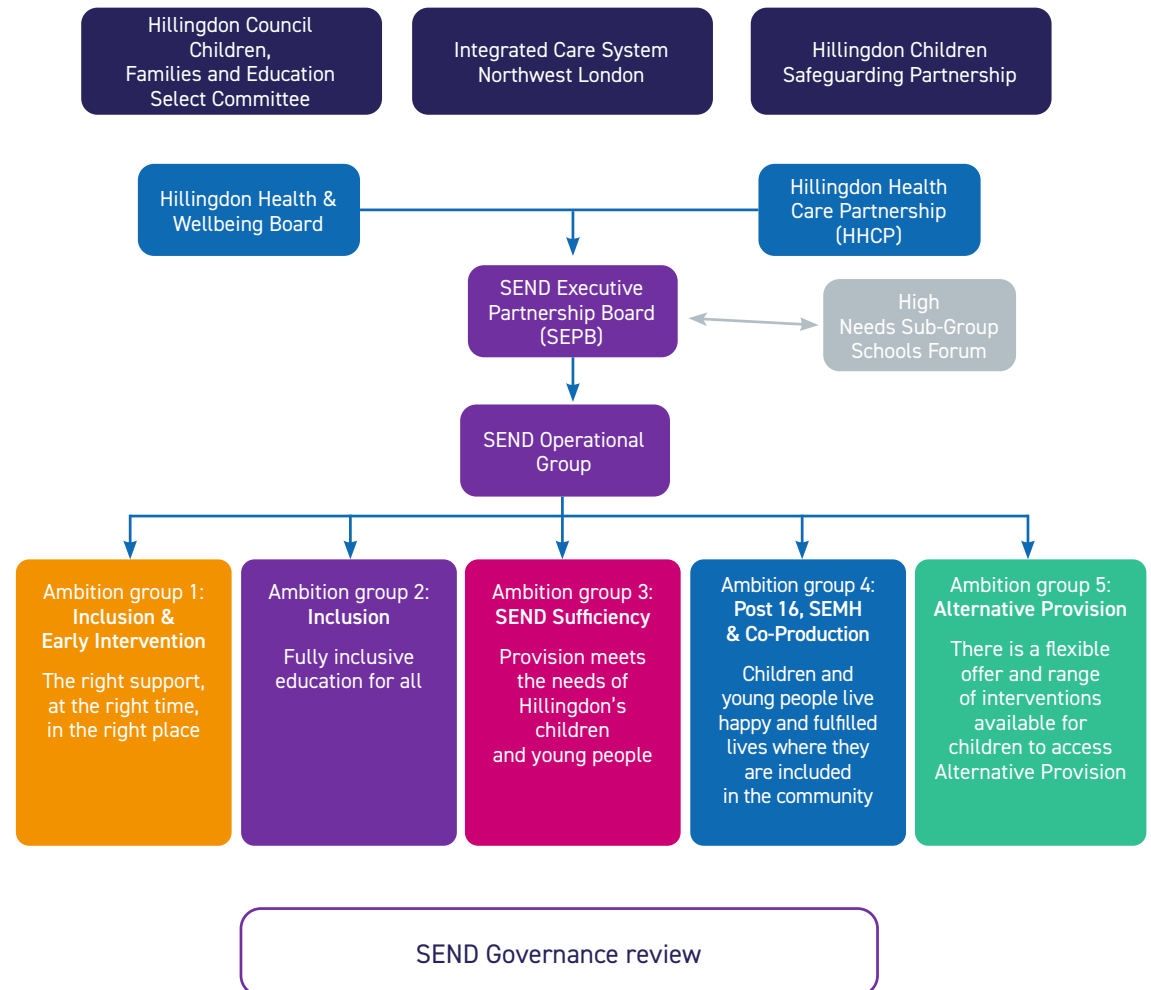
There is a clear long term impact that our children and families will face as a result of COVID however there has been significant learning from this crisis and many opportunities for the local area to improve outcomes for all children and young people with SEND and those accessing Alternative Provision.

# 11. Leadership and Governance of SEND in Hillingdon

Planning and delivering the priorities outlined within this strategy will require close collaboration and planning across partner agencies, parent carers and schools. Strong governance, accountability and challenge will be provided through the Hillingdon SEND Strategic Executive Board and the Hillingdon Health and Wellbeing Board. Good governance will be key to how we drive forward improvement for children with special educational needs and/or disabilities. The following groups, boards and individuals are accountable to ensure we meet our aims for children and young people.

This strategy identifies our ambitions which are delivered through our multi-agency SEND Strategic Executive Board. The Board oversees our multi-agency SEND Operational Group and the priority groups that sit underneath it. The groups meet regularly and drive changes and improvements in their areas.

These Priority Groups have a dual role in delivering the vision of the Local Partnership at operational level and feedback to the Board any developments, learning and issues that inform the strategic plans. The groups and the board continue to review the action plans to ensure that we remain focussed on the right priorities and make solid progress to achieve them and improve outcomes for children and young people with SEND in Hillingdon.



# 12. Consultation – Key Messages

## 12.1. What have our children and parents/carers told us?

In developing the strategy, we have listened to the views of parent, carers and children and young people. The consultation was responded to by 74% of parents and carers of children and young people with SEND. There was a consensus among respondents that the aim and priorities described in the strategy were appropriate and welcomed. However, it was clear that the original priorities needed further consideration in light of the feedback. Originally, we shared our plans to have 3 priorities:

Early support, additional places and transition. However, in light of some of the themes that came out of both the parent feedback and professional feedback, we decided to amend our priorities in light of this – we now have four 'ambitions'. Close working with our Hillingdon Parent Carers Forums in the delivery of this strategy, will continue to ensure family's voice remain central to achieving our ambitions.

'For our young people transitioning and moving into the borough, more early intervention support is needed. We found it difficult to navigate the systems once we arrived in Hillingdon and we would like planning to happen much earlier.'

'Some SENDCos do not understand of the needs of our children and this can impact on them getting the right type of support within school.'

'We know there is increased pressure on mainstream schools to support some children who should otherwise require specialist provision, due to a lack of school places in borough. This delay in moving can be stressful.'

'We feel more training and understanding is needed in mainstream settings of children and young people with unmet autism or Social Emotional and Mental Health needs, which is often played out in their behaviour.'

'Teachers in mainstream schools lack awareness of how ASD is presented in girls which has a detrimental effect on their mental health.'

'We still feel we have to tell our story again and again, so there needs to be a more integrated approach, with professionals working together'.

'Increase SEN trained LSA's.'

'Better understanding of SEND behaviours and triggers so teacher manage classroom situations more productively.'

## Listening to Autistic People: What Autistic People have told us

Consultation by North West London Clinical Commissioning Group in 2021 with experts by experience identified the following key areas where improvements were required to support autistic people:

- Meaningful co-production with autistic people as equal partners in training and service design.
- Reducing waiting times for diagnosis with support whilst people wait.
- Adaptations to the autism assessment process (including use of language) so that it is a more positive experience.
- Provision of person-centred post diagnostic support – a combination of face to face and remote.
- Developing autism aware communities.
- Using autism flags to identify autistic patients so that reasonable adjustments can be made.
- Developing autism expertise in mental health services.
- Improved access to GPs.
- Access to practical and peer-led support.
- Adapting the current Talking Therapies (also known as Improving Access to Talking Therapies or IAPT) model to meet the needs of many autistic people.
- Shifting to service provision based on needs so that autism does not become a diagnosis of exclusion.

HACS (Hillingdon Autistic Core & Support) undertook consultation about post-diagnostic support in 2022 and this identified six key areas of concern that are listed below in order of priority to consultees:

- Development of a peer support programme
- Social relationship building opportunities
- Employment support
- Clinical support
- Benefit support
- Independence and life skills



## 12.2. What have professionals told us?

- Mainstream Headteachers and SENDCo's are concerned that they are being asked to continue with provision for children and young people with SEND when it is felt that specialist provision is more appropriate but there is no capacity to meet this need in borough.
- It is felt that there remains a lack of special school places in Hillingdon to provide for young people with autism or SEMH and more skilled and trained staff are needed to meet the needs of children and young people with SEMH needs.
- The Children's Integrated Therapy Service is not able to offer early intervention and non-statutory support for children and young people with emerging therapy needs.
- Earlier identification of complex learners at phase transfer stage is needed, so that suitable provision can be identified.

'Would be interested to know what work you would do with school to prevent FTE and PEXs.'

'Specialist provisions are full but recent place planning figs. showed that primary schools are not all full. Having spaces does not always mean that a school can meet needs of all SEND children.'

'I think work needs to be done with local businesses and organisations to enable them to offer employment to young adults with SEND.'

'More social skills and life skills training should be provided for those children leaving school to allow them to be safe and more independent as adults.'

'Build better links with CAMHS and other local services.'

'Particularly agree with the need for pre-statutory support and pathways.'



# 13. The Hillingdon context

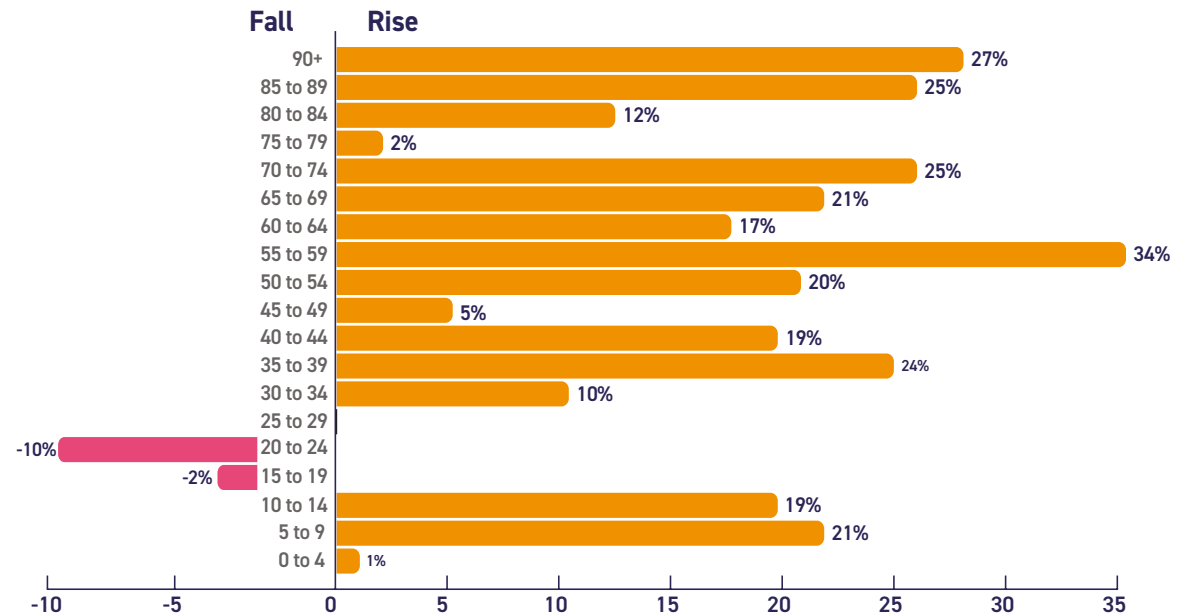
The Hillingdon Joint Strategic Needs Assessment informs this strategy at Borough and Ward level.

## 13.1. Population

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles over half of which is a mosaic of countryside including canals, rivers, parks and woodland, interspersed with historic towns and villages. It shares borders with Hertfordshire, Buckinghamshire, Surrey, Hounslow, Ealing, and Harrow.

In Hillingdon, the population size has increased by 11.7%, from around 273,900 in 2011 to 305,900 in 2021. This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800 (source: [ONS](#)). The 2021 Census showed that in the last 10 years Hillingdon's population has grown overall by 11.7% with a 12.9% increase in children under 15 years. 71,000 children under the age of 18 live in Hillingdon. There are over 7,700 children and young people aged 0-25 years with SEND in Hillingdon which constitutes approx. 10% of our children.

The table below shows the changes in population in the last 10 years (2020 census).



The population is diverse and growing and people are living longer. It includes more affluent areas (within the top 20% nationally) as well as areas of deprivation (within the lowest 20% nationally).

In 2019/20, there were 11,671 children under 16 living in low-income families in Hillingdon. The proportion of 17% of children is below London and England proportions of 18% and 19%. Townfield and Yeading have the highest percentage of children (under 16 years old) in low-income families.

Hillingdon's rate of Looked after children is currently 50 per 100,000 – this is higher than both statistical neighbours and England. This is also double the rate the borough had in 2020-21. This growth is due to the recent spike in arrivals of unaccompanied asylum seeker children. Of the 185 looked after children who became looked after in the last 6 months - 128 were unaccompanied asylum seeker children.

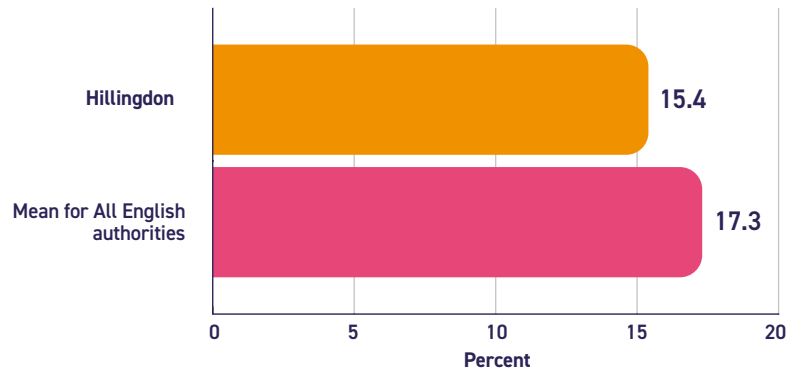


## 13.2. Special Educational Needs and Disabilities (SEND)

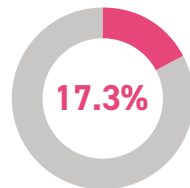
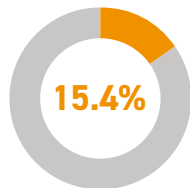
During 2022-23, Hillingdon identified 15.4% of pupils who have either an EHC Plan or are receiving SEND support. This compares to an average of 16.9% in London.

Hillingdon historically had higher levels of children with EHCPs than the national average but the gap has closed more recently in 2022-23. In June 2023, there were 3400 EHCPs.

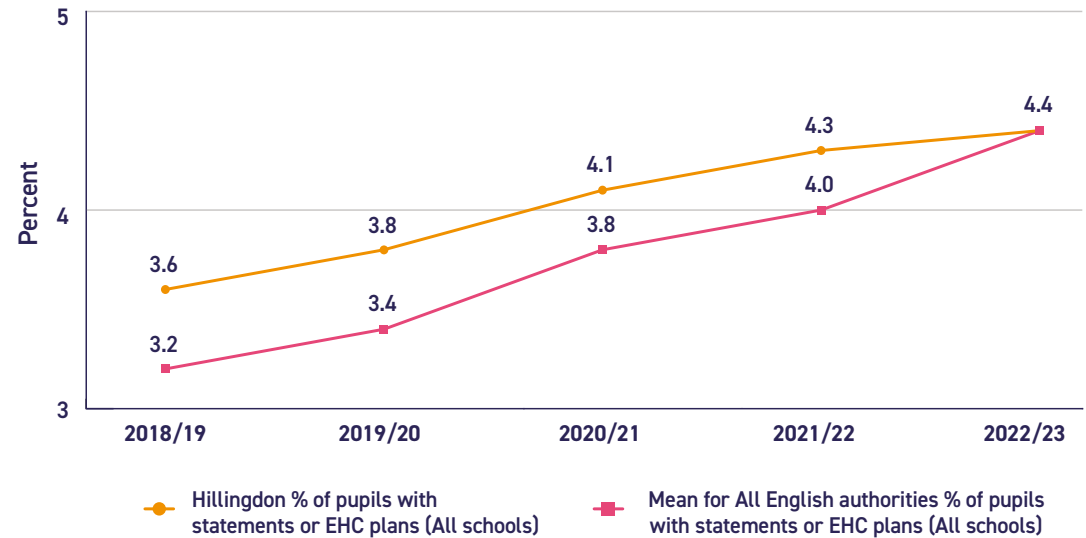
% of pupils with SEN (2022/23 (academic))



(source: LG Inform)

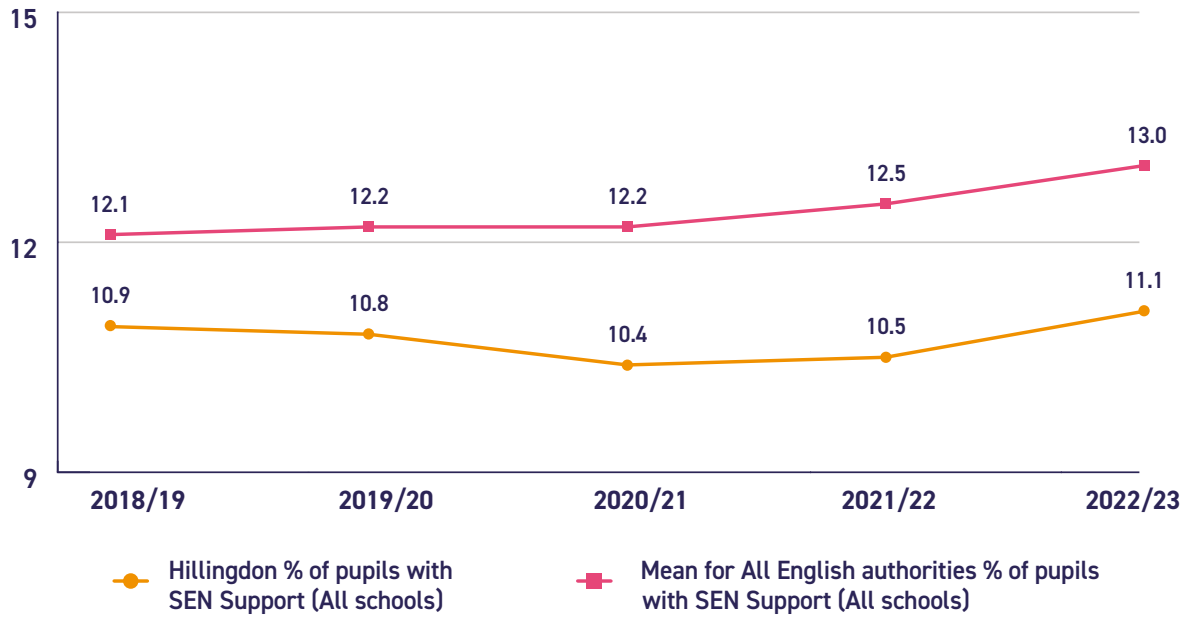


% of pupils with a statement or EHC Plan (from 2018/19 (academic) to 2022/23 (academic))



However, the percentage of children receiving SEND support is below the national average across England. Hillingdon had 11.1% of children with SEND support compared to 13% nationally.

### % of pupils with SEND Support in all schools (from 2018/19 (academic) to 2022/23 (academic))

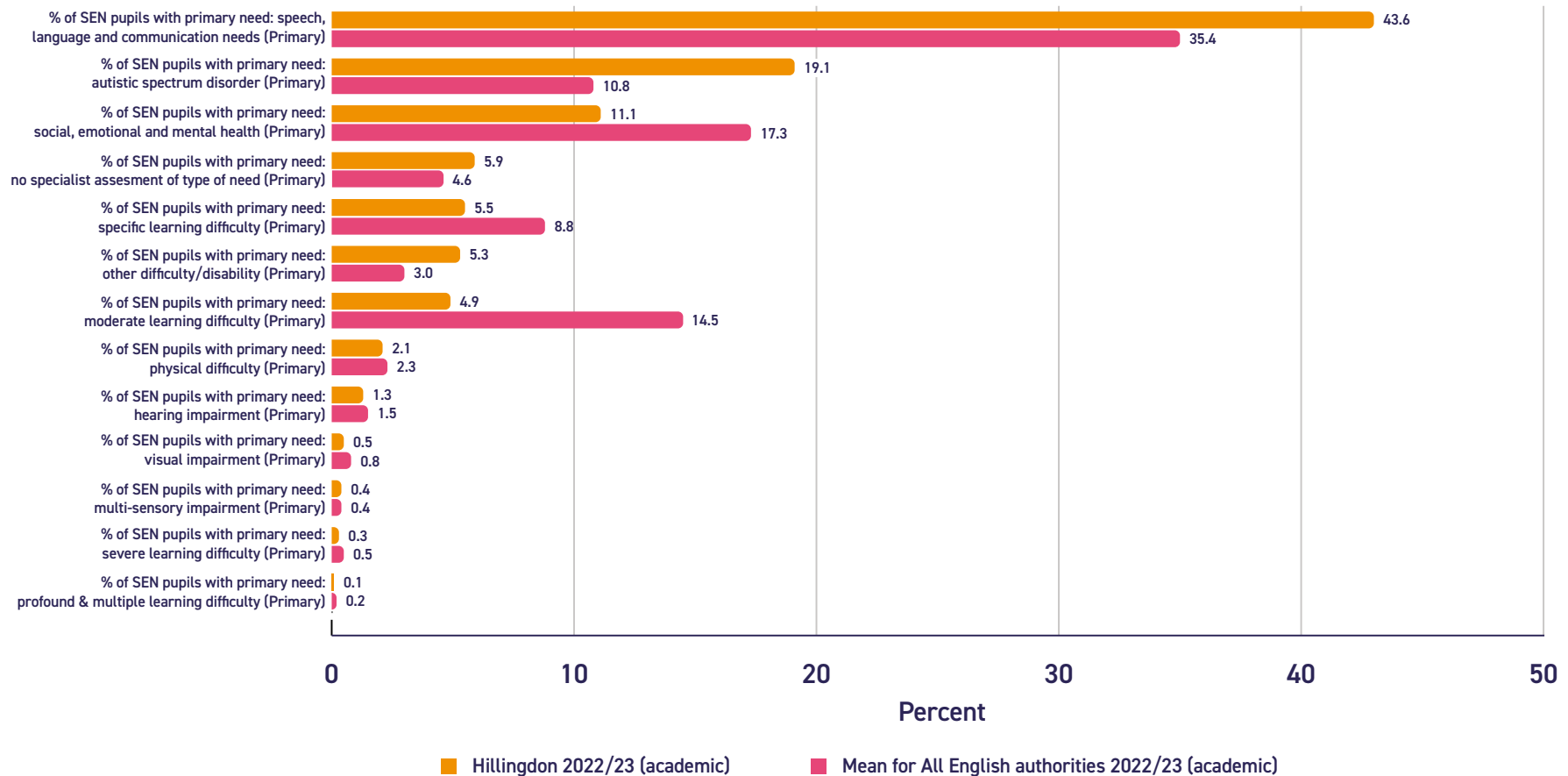


In Hillingdon, 16.3% of looked after children receive SEND support, compared to 26.3% nationally. 34.1% of Looked After Children in Hillingdon have an EHCP, compared to 31.5% nationally.

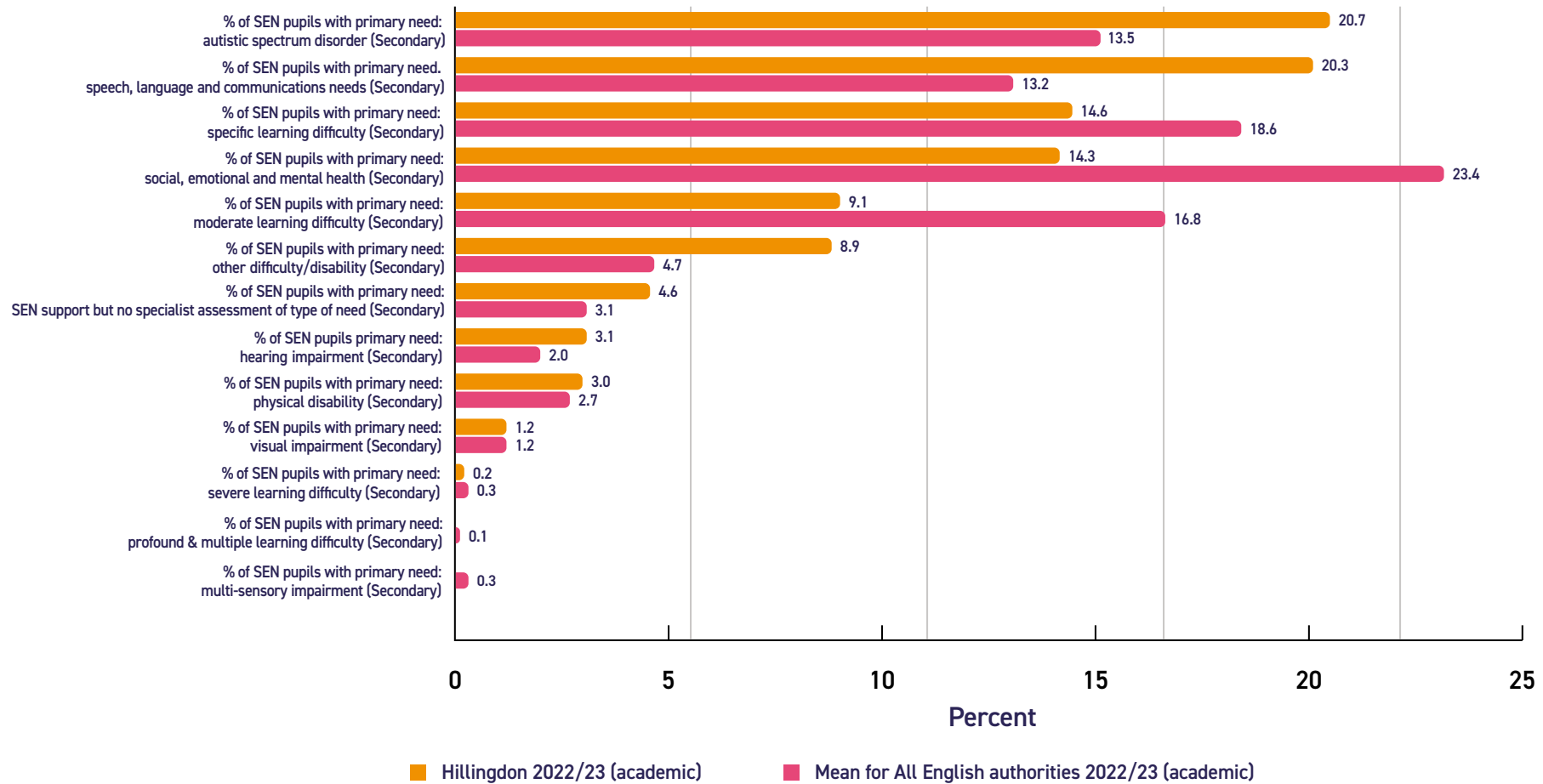
The primary need for children with SEND in Hillingdon is Speech, Language and Communication Needs (SLCN), followed by Autism

Spectrum Disorder (ASD). This is followed by Social, Emotional and Mental Health needs (SEMH). The table below shows the primary needs for children across Hillingdon compared to national (The following charts show the breakdown of need in Hillingdon by primary, secondary and special school, compared to the national averages and ranked by prevalence):

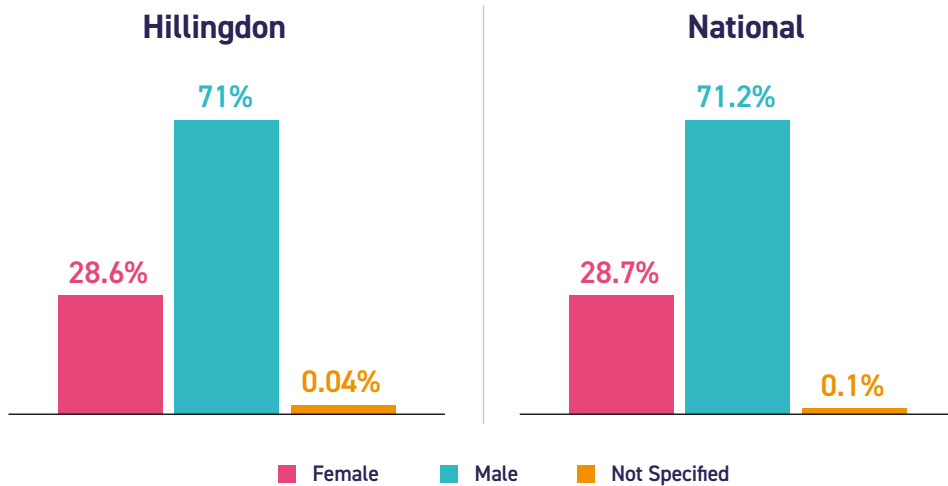
**Primary need in primary schools (2022/23 (academic))**



## Primary need in secondary schools (2022/23 (academic))



The majority of children with EHCPs in Hillingdon are male, which is in line with national statistics.



(source: SEN2)

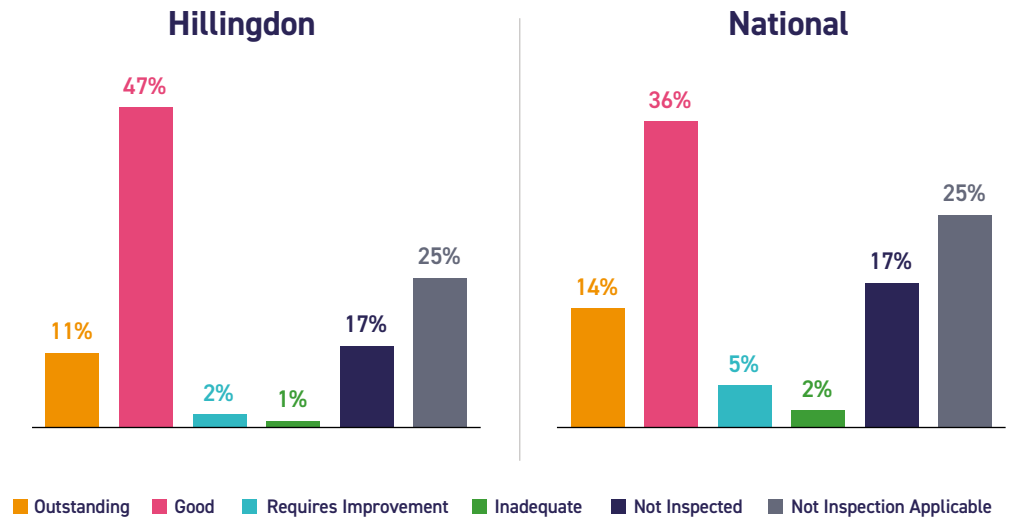


### 13.3. Hillingdon's Schools

In Hillingdon, 11.0% (410) of children are in Outstanding schools. This is 3.0% lower than the national (14.0%). However, 47.0% (1,780) of children attend Good schools, 11.0% greater than the national (36.0%).

More children attend good or outstanding schools in Hillingdon than the national average. The percentage of children attending schools that have a grading of Requires Improvement and Inadequate percentages are 2.0% (90) and 1.0% (50) respectively. That is 3.0% lower than the national cohort for Requires Improvement (5.0%) and 1.0% lower than the national for Inadequate (2.0%).

#### Ofsted ratings



(source: SEN2)

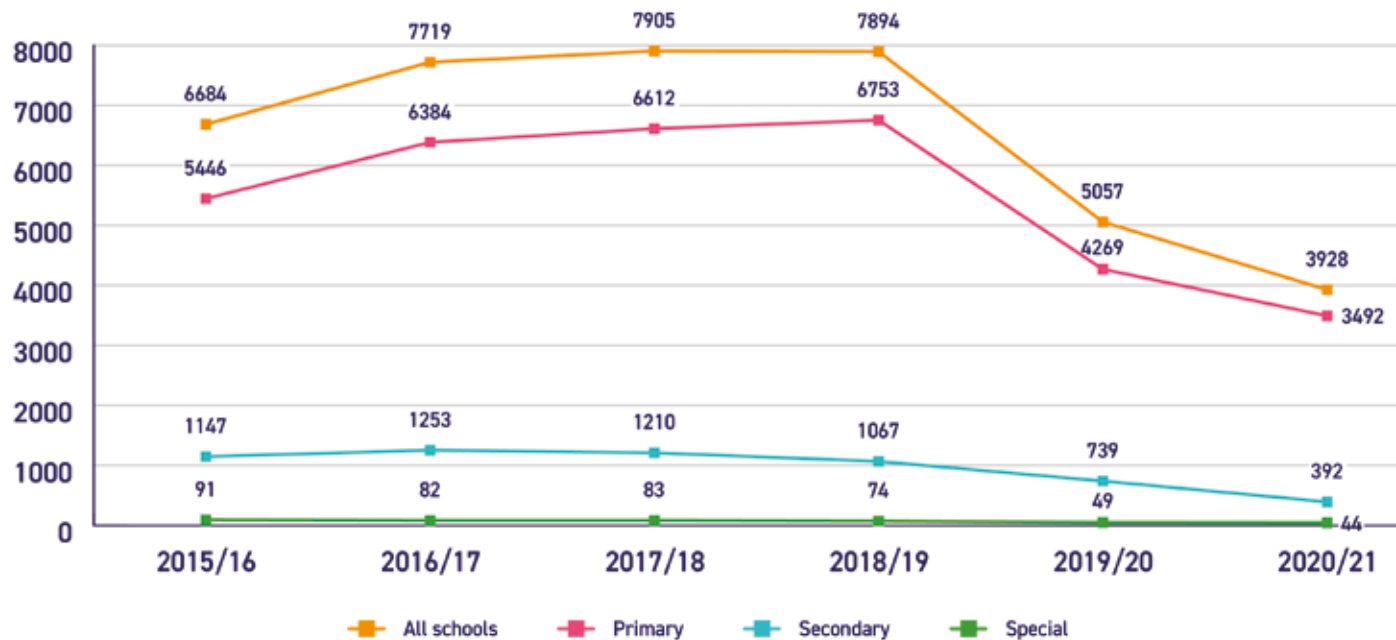
## 13.4. Alternative Provision in Hillingdon

DfE statistics on pupil numbers show there were 12,785 pupils on roll in AP schools (pupil referral units and alternative provision free schools / academies) in January 2021 compared to 15,396 the previous year.

On average in Hillingdon there are around 145 children who require access to an AP at any given time. The need for this access can vary from their SEND, being issued with a permanent exclusion, being medically unfit to attend school, being newly arrived to the borough or a place may be commissioned directly by a school for a time-limited period to address a specific need. Of these 145 children, the majority require access to an

AP either for their SEND or because they have been permanently excluded from their mainstream setting.

There were 3,928 permanent exclusions in the 2020/21 academic year in England. This is over 1,000 permanent exclusions lower than in the 2019/20 academic year and around half the number of permanent exclusions in the last full academic year before the pandemic. This gives a permanent exclusion rate of 0.05, this is the equivalent of 5 permanent exclusions for every 10,000 pupils.



Source: DfE data: Permanent exclusions and suspensions in England. 2020/21



The permanent exclusion rate for pupils with an Education, Health and Care Plan (EHCP) is 0.08%, and for pupils with SEN with no EHCP (SEN support) is 0.15%, compared to 0.03% for those without SEN. The suspension rate is also higher at 12.98% for pupils with an EHCP and 11.86% for pupils with SEN support, compared to 2.80% for those without SEN.

During academic year 2022/23, Hillingdon processed a total of 58 permanent exclusions. 51 of these were issued by Hillingdon schools and 7 were from out of borough (OOB) schools but the child was resident in Hillingdon. 48 of these children went on to require an AP place.

The number of children requiring access to an AP and their needs changes month by month, therefore the AP offer in Hillingdon is broad and flexible. Providers currently commissioned by the local authority and our schools include:

- AP Free Schools
- AP Units
- Further Education Colleges
- Sixth Form Centres
- Online learning
- Tuition Centres
- Personal tutors



# 14. SEND Support and Early Identification

In 2022, nationally 12.6% of the school population are on SEND Support, from 12.2% in 2021. In London, 11.4% of the total school population are on SEND Support, however in Hillingdon this position is lower with 10.3% of the school age population. It is a strategic priority for the Local Partnership to continue to work closely with the local schools and partners to ensure that we identify early and accurately children who may have a SEND need and we aim to provide proportionate and effective support at point of need. The strategy endorses the work the partners are doing to promote early identification and create a framework where the findings and the evidence produced by these initiatives are assessed and included in future plans.

From 2021, the way in which professionals and families apply for an EHCP changed. All requests now go through the Stronger Families Hub in order for applications to be triaged and assessed holistically. This offers a single point of contact for families to access support from: Social Care, Early Help, SEND, Adolescent Development Services, Portage, Stronger Families (Locality Key working teams), SEND Key Workers, attendance and Children Missing from Education (CME) teams. It now enables health professionals to submit SEND Early Health Notification, once they have identified that a child may have long term SEND. Schools, post 16 and early years providers can request support for children with SEND.



To promote early identification and proportionate and effective intervention for our children, we have invested in our SEND Early Help and intervention model. This model sets out how pre-statutory support will be offered and how this will support demand management. As part of the model, we reconfigured our SEND Specialist Advisory Service (SAS) enabling it to better identify emerging SEND needs earlier and offering pre-statutory support to our children and families. This leads to the right support being offered at the right time. This approach is supported by the development and implementation of a multiagency developed Early Identification Toolkit that promotes a graduated approach that achieves effectiveness through working in partnership with families and education providers, engagement with outside agencies and applications for additional funding where needed.

Another area of focus was to develop a comprehensive multiagency Early Years pre-statutory support offer. Our offer now includes an array of services that aim at providing proportionate support and intervention to our children as soon as need is identified and by working together with the families and education providers.

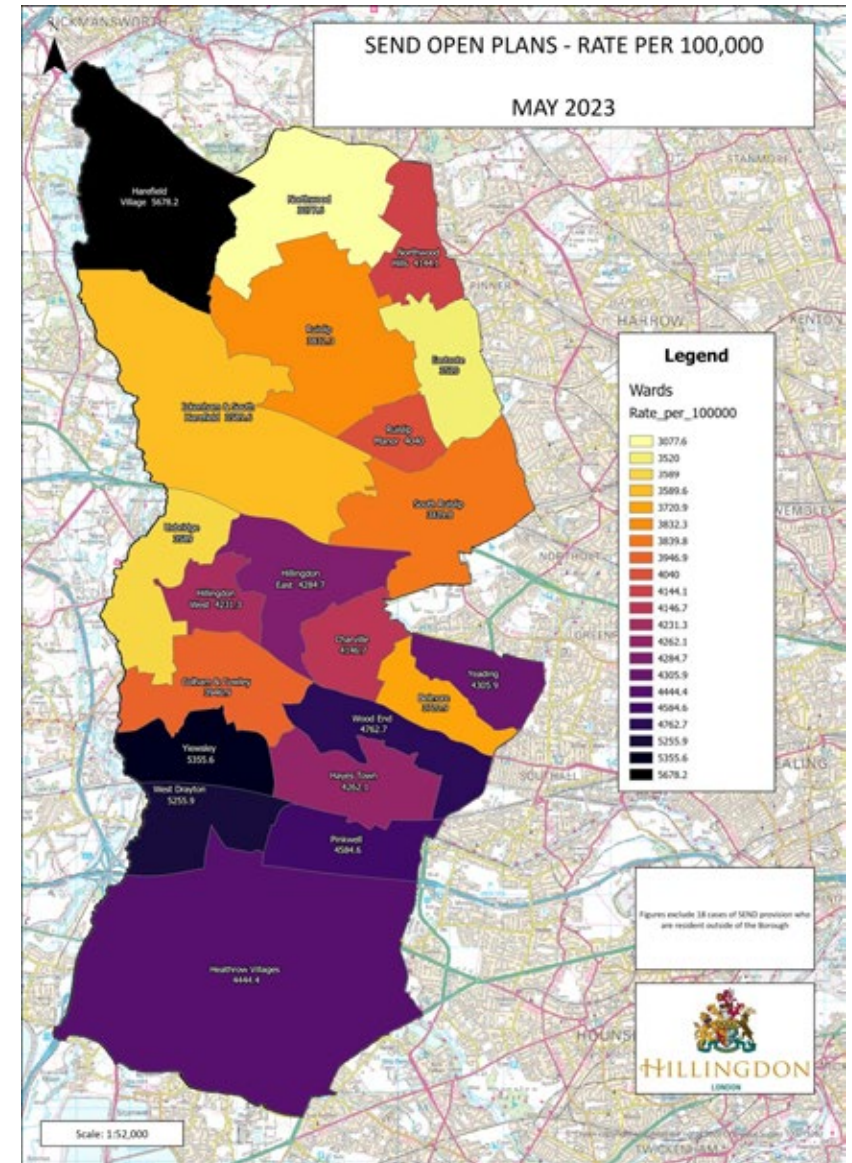
One example is the introduction of Early Support Funding (ESF) for those children who require additional support but, with the right support, can close the gap with a time-limited source of support. This is one of a few pre-statutory funding streams the Council offers to support schools without requiring an EHCP.

# 15. Education Health and Care Plans

In the last 5 years, there has been a significant increase in numbers of pupils with EHCPs, SEND support has remained fairly stable; DfE statistics for 2022-23 show 4.4% of pupils with an EHCP in Hillingdon schools (4.4% nationally). In June 2023, there were 3400 EHCPs in Hillingdon.

An analysis of the distribution of SEND needs across the Borough demonstrates that the highest incidence of EHCPs is in the south of the Borough along with higher levels of EHCPs in Harefield ward.

The statutory assessment process for an EHCP takes place over a 20-week period, from the request being received to an EHCP being finalised. Nationally, over the past year 55.6% of assessments were completed within the 20-week timescale, a decline from the previous year at 58.7%. As of January 2022, SEN2 data, the cumulative average in Hillingdon for completing assessments within 20 weeks has significantly increased in the calendar year (2021) from 22.7% in 2019 and 34.1% in 2020 to 87% in 2021.



The number of children and young people with an EHCP with Autistic Spectrum Condition (ASC) as a prime need has increased from 584 in 2017/18 to 896 in 2021/22. Our projections indicate further growth of 20% in the next coming 5 years. Hillingdon has an extensive and rich range of inclusive education provision, from Early Years through to Further Education with dedicated and tailored specialist provision. We recognise that we need to continually improve our services and to be flexible in the offer so we can adapt to changing and increasing needs. Our ability to develop, adapt and increase provision in line with demand will be essential to meet the outcomes of our children and young people in the future.

We know that children and young people achieve better outcomes when we have a clear focus on working together. We are proud of our collaborative working with our education provisions that provide exceptional education and pastoral care for our children and young people with SEND.

Our Hillingdon Safeguarding Children's Partnership recognises that children and young people with SEND are more vulnerable to risk of harm. Our joined-up approach seeks to deliver support and intervention at the earliest stage to ensure they are protected. We recognise that many service providers, partners and community groups play an important part in supporting our young people into adulthood.



# 16. SEND Data Outcomes

## Key Stage 1 outcomes

Our SEND Data outcomes for Key Stage 1 have historically been in line with or above national for SEND Support, however, our outcomes for children with EHCPs has historically been below national until 2022 outcomes. At this point, children achieved roughly in line with national for reading and above national outcomes for writing and maths.

	2019/2020			2020/2021			2021/2022		
Achieving ARE	Reading	Writing	Maths	Reading	Writing	Maths	Reading	Writing	Maths
<b>Hillingdon Pupils</b>									
All	76.2%	70.1%	78.4%	74.6%	69.5%	77.7%	69.7%	59.2%	71.4%
SEND Support	44.3%	31.9%	49.9%	40.9%	32.1%	50.3%	43.6%	31.2%	49.3%
EHCP	12.1%	8.3%	14.6%	12.7%	7.8%	15.6%	11.8%	9.7%	17.4%
<b>National</b>									
All	75.5%	70.0%	76.1%	74.9%	69.2%	75.6%	66.8%	57.6%	67.6%
SEND Support	38.0%	28.7%	41.3%	35.0%	26.0%	38.8%	29.6%	19.7%	33.2%
EHCP	17.8%	11.5%	18.1%	15.6%	9.4%	16.6%	12.0%	7.3%	13.7%

## Key Stage 2 outcomes

For Key Stage 2 outcomes, it is a similar picture where outcomes are above national for reading, writing and maths for children with SEND Support. For children with EHCPs, outcomes are higher than national in all aspects except for reading (in 2020 and 2022).

	2019/2020			2020/2021			2021/2022		
Achieving ARE	Reading	Writing	Maths	Reading	Writing	Maths	Reading	Writing	Maths
<b>Hillingdon Pupils</b>									
All	77.6%	81.0%	78.5%	75.9%	81.7%	82.9%	76.0%	72.7%	76.4%
SEND Support	50.2%	43.4%	48.4%	44.7%	46.6%	51.5%	51.5%	39.0%	47.6%
EHCP	15.5%	14.7%	20.9%	20.9%	16.5%	24.1%	14.6%	13.0%	15.1%
<b>National</b>									
All	75.3%	78.3%	75.5%	73.2%	78.4%	78.7%	74.6%	69.4%	71.5%
SEND Support	43.1%	37.6%	41.8%	40.9%	38.8%	46.2%	43.8%	30.5%	39.8%
EHCP	17.0%	13.3%	15.6%	16.4%	13.6%	17.0%	16.2%	10.6%	14.8%

## Key Stage 4 outcomes

At key stage 4, the gap between children on SEND support and non-SEND children's outcomes are similar to national in 2020 and 2021 but the outcomes in 2022 show a slightly smaller gap than national outcomes. For children with EHCPs, the gap was historically larger and this has closed somewhat by 2022 where the gap is roughly in line with national.

However, the gap between the outcomes at SEND support and EHCPs are significant and need further consideration when setting our priorities.

	2020		2021		2022	
	Standard 9* to 4	Strong 9* to 5	Standard 9* to 4	Strong 9* to 5	Standard 9* to 4	Strong 9* to 5
Hillingdon Pupils						
Not SEN	81.2	61.1	80.2	56.1	80.8	60.2
SEN Support	42.4	20.6	42.8	20.9	45.3	26.7
LBH Gap - not SEN & SEN Support	38.8	40.5	37.4	35.2	35.5	33.5
National gap - Not SEN & SEN Support	38.1	35.3	36.9	35.8	37.9	34.0
EHCP	16.8	4.0	12.4	7.0	15.2	7.3
LBH Gap - Not SEN & EHCP	64.4	57.1	67.8	49.1	65.6	53.9
National gap - Not SEN & EHCP	49.3	48.1	63.2	50.2	62.5	53.9



# 17. DSG Safety Valve Agreement

Hillingdon is one of many Local Authorities that have successfully secured a Dedicated Schools Grant (DSG) Safety Valve Agreement. The Council reports quarterly to the Department of Education to monitor progress against our objectives:

- Early intervention including standardising good practice and inclusivity across the mainstream sector by promoting the use of SEND reviews, Early Support Funding, Early Health Notifications, the use of the Educational Psychology service, outreach support and pre-statutory family support services.
- Developing consistent processes for support through EHCPs and stakeholder engagement.
- Updating the Council's approach to top-up funding to ensure the right support at the right time is provided to our children and young people.
- Developing further specialist provision in schools and reducing reliance on out of Borough placements whilst optimising the use of mainstream settings.
- Explore different models for alternative provision and continue to review existing commissioned places whilst quality assuring the provision that is in place.
- Further develop the collaboration between agencies when supporting children and young people.
- Having robust data sets to base strategic planning on and appropriate governance.

Hillingdon's Safety Valve Agreement was agreed in March 2022 and a strong governance framework was established along with a delivery plan.

Progress is monitored through the DSG Delivery Group and reported to the DSG Programme Board. Specific Priority Groups are set up and they are contributing to the evaluation of services, ensuring the sustainability of service delivery and the delivery of priorities outlined in the SEND & AP Strategy and in the Safety Valve Agreement.

Our Safety Valve plan is fully interwoven into our strategic objectives for ensuring effective SEND support is in place across our Borough.

# 18. Previous Inspection Outcomes

The previous inspection of the local area took place in November 2016. There were many strengths identified across the services, such as 'Leaders in the local area are dedicated to developing strong joint working practices that result in improved outcomes for all groups of children and young people who have special educational needs and/or disabilities.'

A number of areas of development were identified as part of the inspection and this strategy aims to address these along with our own self-evaluation of where we need to further develop key aspects of our offer:

Key themes that were identified for areas of development are as follows:

- EHCP targets and desired outcomes provided by health and social care
- Processes to identify additional needs in those who are home educated or out of school
- Involvement of GPs in carrying out health assessments for people who have learning disabilities
- Waiting times for CAMHS
- Improvements to the Local Offer
- Designated Medical Officer capacity
- Provision of specialist equipment
- Attainment of children on SEND Support
- Threshold for social care support from the Children with Disabilities team
- Use of reliable information

The majority of these areas have been improved since the last inspection but we have included many of these in our ambitions for improving the provision and services for children with SEND and families.





# 19. Our Ambitions

## Local Area Ambitions for Children, Young people, and Young Adults with SEND

Our strategy is underpinned by five key ambitions:



### Ambition 1

The right support,  
at the right time,  
in the right place



### Ambition 2

Fully inclusive  
education for all



### Ambition 3

Provision meets the needs  
of Hillingdon's children  
and young people



### Ambition 4

Children and young people live  
**happy and fulfilled lives** where  
they are included in the community



### Ambition 5

There is a **flexible offer** and  
**range of intervention** for children  
to access alternative provision



# Ambition 1



## The right support, at the right time, in the right place

**We will improve children's and parents' experience of the SEND system by delivering the right support in the right place at the right time**

### Context:

There is clear evidence in research that helping families as early as possible and providing support at the right time can reduce the likelihood of problems escalating (and the need for more intensive interventions) and improve long term outcomes. NASEN reported on the importance of early intervention services, as reported by Cerebra. A recent study of over 600 families found that less than 30% of children had received targeted early intervention support in the preceding 12 months.

In Hillingdon, early intervention services are delivered through a multitude of ways. The SEND Advisory Service (SAS) offer a range of support free of charge for schools to support children with SEND needs (without an EHCP). Support is provided by specialist advisors as well as a range of funding streams to close the gap early. Referrals for EHCPs are managed centrally through one front door within the Stronger Families Hub. This enables the Council to offer support from a range of services prior to and alongside an EHCNA. The Council offers an early years SEND

advisory service, supporting nurseries and PVI's with specialist advice and guidance, as well as services such as portage and key working support.

Health services are provided via an integrated therapy agreement with CNWL, in collaboration with the Integrated Care System (ICS). The current agreement is historic and needs updating in light of the substantial increase in demand over the past few years. Through this agreement, early interventions are offered to support children without an EHCP.

Our current outcomes data for children with SEND in 2022 shows that this group perform well compared to national in most areas of outcomes, however, there is more we can do to ensure our children achieve more at their statutory assessment points and have the best opportunities to succeed. In line with the SEND & AP Improvement Plan, we aim to focus further on early intervention in order to close the gap before it widens, where possible.



# Ambition 1



## The right support, at the right time, in the right place

### We will achieve this by:

#### Review and refine early intervention offer

- Increasing awareness of Early Help, intervention and inclusion across schools, community and families
- Reviewing our current early intervention offer and refining it to meet the needs of our families
- Further developing & implementing the Early Identification Toolkit (EI Toolkit) that promotes a graduated approach
- Provide more support to our early years settings via the SEND Advisory Service, EPS and health services to ensure that needs are identified early, and appropriate interventions are in place. New EPS Early Years advisor role to commence to support this

#### Review and refine approaches to early identification, assessment and reviewing of EHCPs

- Offer support, advice and resources for families while they might be waiting for assessment and diagnosis
- Ensure annual reviews are up to date and high quality, appropriately planning for the next phase of education and completed in expected timeframes
- Provide high quality training and support to schools
- Ensure high levels of compliance to timelines for new EHCPs

#### Develop clear pathways for support

- Make more support and resources available without the need for a diagnosis, and without needing an EHCP
- Create clear pathways which families and professionals can easily navigate to arrange support and assessment
- Further developing the Early Health Notification Panel to improve the identification of SEND from birth to ensure services are provided in a timely manner
- Develop an Early Years Assessment Base

# Ambition 1



## The right support, at the right time, in the right place

**Develop new collaborative agreement & ways of working for Children's Integrated Therapies**

- Develop new ways of working to meet the current demand of health services and support whilst also ensuring more children receive the support they need at the right time
- Create a collaborative agreement between health and the Council to demonstrate how key aspects of the local area will work together to meet needs

**Improve outcomes for children with EHCPs and SEND Support**

- Working closely with the Education Improvement team, SAS, schools, governors and the Hillingdon Learning Partnership, develop effective training, evidence-based interventions and support for schools to have high ambitions for children with SEND and to tailor support to close the gaps
- Support schools to identify needs early and appropriately with support put in place without delay

# Ambition 1



## The right support, at the right time, in the right place

### What does success look like?

- Parents have confidence in the local area SEND services available in Hillingdon, and know how to get support, whether that is within health, education, social care or the voluntary sector, as evidenced in surveys
- Numbers of children and young people identified with SEND will be in line with population expectations and fewer children require an EHCP to meet their needs, due to successful early intervention
- Quality of all assessments reflect a child centred approach and show joined up working
- Education, Health and Care assessments are completed in a timely manner and are high quality
- Reviews are on time, thorough, and support providers to enable improvements in the outcomes for the child or young person.
- Parents report that access to health services has improved and their health needs are being identified and met earlier
- There are clear pathways for support which parents understand and report being effective
- A new collaborative agreement with Childrens Integrated Therapies is in place and effective and appropriate to meet the needs of the local area
- More children with SEND will achieve the expected standard in reading, writing and maths at the end of Key Stage 2, and the Attainment 8 and Progress 8 scores of young people with SEND show a sustained improvement

## Ambition 2



# Fully inclusive education for all

**We will support all schools and settings in Hillingdon to be inclusive and welcome children and young people with SEND**

### Context:

There has been a substantial increase in SEND needs in England over the past decade, which has been compounded by the lasting impact of COVID-19, leading to more children with speech and language delays, increased SEMH needs and wider SEND needs nationally. More children are being placed in special school provision and requiring specialist support than ever before. Hillingdon has a range of specialist provision and a wide range of mainstream schools who support children with SEND needs. The most recent census data demonstrates there are significant variances in the levels of inclusion in different schools across the borough, ranging from schools having 0.3% of children with EHCPs in mainstream schools to around 6%. [Warnes \(2021\)](#) researched mainstream teachers' concerns about inclusive education for children with SEND and identified there was a varied understanding of what was meant by inclusive education and varying levels of confidence amongst teachers in supporting children with a variety of needs. Parent feedback, as part



of the development of this strategy, demonstrated similar concerns were felt by parents in Hillingdon, where they saw that mainstream teachers needed more support to better understand how they can improve outcomes for their children. The DfE reported on this as part of research informing the SEND reforms. It was found that some schools subtly dissuade parents of children with SEND, stating they cannot meet their needs. Not all schools in Hillingdon welcome children with SEND as much as others, whilst some schools are very inclusive. Refocusing intervention and quality inclusion within mainstream schools will also enable our specialist settings to concentrate on those learners with the most complex of needs as the bar in terms of severity continues to rise. In line with the SEND & AP Improvement Plan, we aim to create a skilled workforce and excellent leadership of SEND. As a local area, it is vital that we support our schools to feel empowered to support more children with a variety of needs and that they have the tools to do so.

# Ambition 2



# Fully inclusive education for all

## We will achieve this by:

Promote Hillingdon's approach to inclusion including increasing uptake in SEND reviews & peer mentoring

- Identify, model and share good inclusive practice in schools (i.e., where CYP with SEND feel they belong, feel valued, supported to make progress to achieve their ambitions through high quality teaching and a challenging, broad curriculum)
- Promote peer reviews of inclusion with an identified focus on SEND provision
- Increase uptake and impact of SEND reviews across all settings

Improve functionality of the Local Offer

- Review current effectiveness and ease of use of the existing local offer, listening to feedback from families, practitioners and schools
- Improve content and signposting within the Local offer so families feel they can make effective use
- Raise awareness of the Local Offer with the community and regularly promote the website

Support and empower settings to play their part in a fully inclusive system

- Establishing frameworks to support settings with the identification of SEND and how to best put support in place through Ordinarily Available Provision
- Provide all schools with a contextualised overview of inclusion data in mainstream schools to help identify areas for development and measure impact
- Include schools with low levels of EHCPs when consulting on settings, as they have resources and capacity to meet needs

# Ambition 2



# Fully inclusive education for all

## We will achieve this by:

Develop training opportunities for LBH staff, health, social care and schools

- Create a workforce training plan across the local area to share expertise, improve consistency and to ensure all partners work together to improve outcomes for SEND
- The SEND Executive Partnership Board will monitor impact and outcomes collectively through regular monitoring of data across the area

Review and refine support for SEND children with transitions, attendance and exclusions and vulnerable group

- The Council, working collaboratively with schools, to develop strategies to reduce the numbers of children who are excluded from education
- Monitor children with SEND who are part of the YJS, analyse ethnicity breakdown and other factors to ensure support is appropriately targeted to improve outcomes
- Create a map for parents around key ages and stages, with core information about what to expect at common transition points, including videos and lived experiences of what the next stage of education, health or social care support looks like



## Ambition 2



# Fully inclusive education for all

### What does success look like?

- Parents report the Local Offer is easy to navigate and offers a wealth of information and signposting which meets their needs
- The majority of children and young people with an EHCP are educated in their local mainstream school – nationally published data shows the proportion of CYP with an EHCP in mainstream is at least in line with national, regional & statistical neighbour
- Schools report increased levels of confidence in supporting a range of needs and are more inclusive
- Schools, families and the local area workforce report effective training programmes are available and are improving practice
- Children with SEND with wider needs have appropriate support holistically to improve outcomes and trends in data are used to target support accordingly. Barriers to health or education support are removed for key groups where inequalities were evident
- Parents are clear on the choices available for transition points and children are supported through transitions to have successful placements in their next phase of education – leading to a reduction in the number of requests for a change of placement
- There is a reduction year on year in the number of suspensions and permanent exclusions of children and young people with SEND
- More children and young people with SEND attend school regularly and less children and young people with SEND are attending school on a reduced timetable
- Our local area partners tell us that that they have the right skills and knowledge and access to appropriate training

# Ambition 3



## Provision meets the needs of Hillingdon's children and young people

We will deliver new, ambitious and innovative provision that enables children and young people with SEND to receive excellent education in their local community



### Context:

Nasen recently reported on the importance of early intervention services to close the gap on children's needs at the earliest opportunity. A recent report, 'Investing in Early Intervention', referenced the impact this can have on the types of settings children are placed in:

"Many of the children and young people currently in residential special schools and colleges could be educated in their local communities if better support was available." (Lenehan, 2017)<sup>10</sup> (page 5)

We have a shared vision with children, parents and stakeholders that Hillingdon children should be educated locally wherever possible within their communities, enabling children to be with other children in their

local area and access wider curriculum opportunities locally. Therefore, we continue to create additional specialist school places in Hillingdon, both in special schools and in Specialist Resource Provision (SRP's) as well as Designated Units (DU) and Early Years Assessment Centre (EYAC) in mainstream schools. Hillingdon places a higher than average number of children in high cost independent schools, leading to budget pressures as well as increased journeys for children attending school. There are also large differences between the number of children with EHCPs attending each mainstream school in the Borough. We hope to provide a continuum of provision to meet a range of needs and provide the best possible support for our children in Hillingdon.



# Ambition 3



# Provision meets the needs of Hillingdon's children and young people

## We will achieve this by:

### Review SEND Funding approach

- Review Hillingdon's banded funding model and create a new banding matrix to better support needs and the provision required to achieve this
- Review funding of existing EHCPs to ensure it enables effective support
- Ensure high quality annual reviews take place to ensure support is appropriate to meet the needs

### Develop new SRP, Designated Units and Assessment bases with appropriate quality assurance

- Quality assure existing provision to create a consistent approach to supporting children with SEND
- Develop more provision to meet the range of needs locally in the Borough, including additional SRP places and Designated Units
- Review all independent and non-maintained schools to optimise the use of mainstream settings

### Create additional places in local Special School provision

- Review current SEND school provision and ensure it meets the current needs of children
- Further develop more SEND school places as required to meet the current and future demand
- Develop clear admissions criteria for our local provision in partnership with the settings

# Ambition 3



# Provision meets the needs of Hillingdon's children and young people

## We will achieve this by:

### Develop a SEND school outreach offer

- Create a new SEND outreach model to support mainstream settings with a range of needs
- Tailor support to enable mainstream schools to increase confidence in meeting SEND needs

### Strengthen our provision around Alternative Provision

- Quality assure current AP provision and review existing provision, including all SLAs with AP providers
- Review AP offer and commissioning arrangements and revise as required to ensure children are supported effectively and transitioned back into mainstream at the earliest opportunity
- Explore different models for Alternative Provision

## Ambition 3



# Provision meets the needs of Hillingdon's children and young people

### What does success look like?

- The proportion of children with EHCPs in mainstream and SEND schools is in line with national
- Children who require specialist provision are placed without delay in appropriate local provision
- Children and young people and their families are positive about their experiences of the SEND provision in Hillingdon and tell us the services are meeting their needs
- Review of banding is completed through co-production with stakeholders and a new model created which is fit for purpose long term, ensures equity and supports children appropriately in all settings
- The number of placements in SRPs increases, developing areas of expertise and outstanding practice across the borough
- Mainstream settings access outreach support from local SEND schools to further develop outstanding inclusive practice
- Alternative Provision in Borough meets needs and is used effectively to improve outcomes by supporting transition back into mainstream at the earliest opportunity
- A reduction in SEND transport demand as more children will be attending their local school

## Ambition 4



Children and young people live **happy and fulfilled** lives where they are included in the community

**We will enable all children and young people to achieve independence, take part in activities they want to be part of, build good relationships and have a meaningful outcomes in adulthood**

### Context:

Our ultimate goal for children in Hillingdon is for them to be happy and live fulfilled lives. Children and families should feel they can access a range of extra-curricular activities to ensure children and young people with SEND can access the same opportunities as children without SEND. We know parents do not feel this is the case.

We also know that parents and children find transitions to the next phase of their education or moves from one school or service to another a time of anxiety and disruption. We strive to aim high for our young people and to support them in their aspirations. We will work closely with schools to improve phase transition processes and we will work collaboratively with our social care and health colleagues to deliver smooth transition points for young people on the journey to adulthood.



There is an increase in the prevalence of SEMH needs across the Borough which is leading to more children being out of formal education and children requiring specialist support as their needs are not met early enough. COVID-19 has exacerbated the need for targeted support for schools and children and their families with supporting SEMH needs. Hillingdon has a strong SEMH provision within the Borough but more needs to be done to support children who do not need specialist provision.

As referenced in the SEND & AP Improvement Plan, Hillingdon is keen to ensure our children and young people are supported successfully move through education and into adulthood, regardless of whether they have an EHCP, through the wide variety of routes available.

# Ambition 4



Children and young people live **happy and fulfilled** lives where they are included in the community

## We will achieve this by:

**Develop further opportunities for children with SEND to take part in clubs & activities**

- Review our current offer across the local area for children with SEND to take part in wider opportunities
- Share information with parents in one place so they can access a range of opportunities
- Monitor uptake of provision and listen to feedback from children and families

**Development of Preparation for Adulthood outcomes**

- Strengthening 'Preparing for Adulthood' offer for young people with SEND to be healthy, remain within their communities, continue with their education or employment and promote greater independence
- Ensuring smooth transition planning between Children's & Adult Social Care, where we start planning transition at 14 years so that support can be planned in advance

**Further develop options for Post 16 through supported internships, provision, work and employment**

- Working with employers and FE providers, create more opportunities and pathways to support wider education, employment and training opportunities, including Supported Internships
- Work with schools to identify pupils at risk of NEET
- Working with Hillingdon PCF, develop a transitions or 'pathway' guide using examples of good practice from other LAs

# Ambition 4



Children and young people live **happy and fulfilled** lives where they are included in the community

## We will achieve this by:

Regularly gather feedback from SEND children to understand what is working and what isn't

- Involve children and young people at all stages so they are clear on their options and can make the best choices for them, linking with their aspirations
- Ensuring that parent/carers and young people are active participants in designing service delivery and represented on the SEND Executive Partnership Board

Improve support for children with Social, Emotional and Mental Health support

- Develop an outreach service for children who have SEMH needs to support them in mainstream settings for longer with appropriate support
- Work with CAMHS to provide effective support earlier, including further developing the Mental Health Support Worker service in all schools
- Recruit an SEMH EP specialist to support schools and families with SEMH needs



## Ambition 4



Children and young people live **happy and fulfilled** lives where they are included in the community

### What does success look like?

- Interventions and support to improve children and young people's emotional wellbeing and mental health are having a positive impact
- Activities and opportunities are accessible, no longer preventing children and young people's participation in locally based activities
- Children with SEND report they feel included and are active in their local community
- Families and children are supported at Year 9 to consider options for post 16 choices and report smooth transitions between services
- The percentage of children with SEND who are NEET decreases
- Children report feeling heard and can influence the SEND provision and processes within Hillingdon to improve outcomes and meet their needs
- Schools report feeling supported with SEMH needs and mainstream schools can meet the needs of the majority of children with SEMH needs
- There is well-coordinated transition for children and young people at all key points, through to adulthood and beyond
- All agencies have high aspirations for all children and young people with SEND and work effectively together to support them through key transitions to be independent and well-prepared for adult life
- Children and young people with SEND and their families are involved in designing and evaluating services

## Ambition 5



# There is a **flexible offer** and **range of intervention** for children to access alternative provision

**We will create a three tiered model for Alternative Provision that offers flexible interventions and supports children back into mainstream where possible.**

Alternative provision in Hillingdon must be a collective system in which educational settings, community services, health and education support services all play a crucial part in responding to vulnerable children and assisting with reintegration to school; this moves away from viewing alternative provision as a 'market' with a selection of services, or a number of places to be commissioned.

Demand for alternative provision is driven by a combination of how schools approach inclusion, the support available to enable inclusion, a collective understanding of how to respond to social, emotional and mental health needs and behaviour that schools find challenging and children for whom a standardised route to GCSEs is not appropriate. It has been well documented that 'the more alternative provision that exists, the more it is filled' (Integrated report, pg. 64) – solutions need to come from a whole system approach to meeting needs.

We share the DfE's vision that:

"Every child deserves an excellent education and the chance to fulfil their potential, whatever their background, needs or location in the county. Children in alternative provision deserve these opportunities too". (Creating Opportunity For All, March 2018).

Every child accessing Alternative Provision in Hillingdon will be:

- Given access to a diverse, imaginative and engaging curriculum that is relevant, appropriate and includes core subjects
- Involved in developing a plan which focuses on their reintegration back into mainstream school, where appropriate
- Supported by a flexible, multi-disciplinary intervention according to need which considers the whole child within their family context
- Educated in their local community, where possible and appropriate



# Ambition 5



## There is a **flexible offer** and **range of intervention** for children to access alternative provision

We will work collaboratively across schools, the local authority, and health services to ensure that where possible, we respond to children's needs before they escalate and require alternative provision. Many children currently accessing alternative provision require a special school placement as outlined in their Education Health and Care Plan (EHCP). If it becomes apparent a child needs specialist education, it is our aspiration they are swiftly moved to the right specialist school according to their needs.

### Our ambition for alternative provision in Hillingdon is to:

Create a three-tiered alternative provision system

- Create a three-tier alternative provision system, focusing on targeted early support within mainstream school, time-limited intensive placements in an alternative provision setting, and longer-term placements to support return to mainstream or a sustainable post-16 destination

#### TIER 1

##### Targeted support in mainstream schools

AP specialist early interventions and support to help at-risk pupils stay in mainstream school.

#### TIER 2

##### Time-limited placements

Short-term placements in AP schools to assess and address pupil's needs, with the expectation of return to their mainstream school.

#### TIER 3

##### Transitional placements

Placements in AP schools for pupils who need support to move on to a new mainstream school or sustained post-16 destination.

Effective reforms would move the system's emphasis upstream, away from expensive long-term places

Source SEND and AP Improvement Plan, DfE

# Ambition 5



There is a **flexible offer** and **range of intervention** for children to access alternative provision

Reduce the number of exclusions and suspensions from and within schools

- Continue to reduce the number of exclusions from and within schools (including suspensions) through a focus on developing trauma-responsive practice in our schools and providing the right support at the right time to our children and families

Increase the number of children successfully reintegrated back into mainstream

- Increase the number of children and young people supported in mainstream provision, reducing the need for off-site provision
- Increase the number of pupils successfully reintegrated into mainstream provision through an increased focus on establishing unmet needs and how these can be addressed

Improve commissioning of independent providers to have a more flexible approach

- Improve commissioning of independent providers to have a more flexible approach, offering a range of support tailored to children and young people's needs
- Gain a better understanding of alternative provision pupils needs and outcomes and apply consistency of opportunity across the borough

Reduce the number of children requiring tuition

- Reduce the rising number of young people receiving independent tuition as there will be appropriate provision in place within local settings

# Ambition 5



There is a **flexible offer** and **range of intervention** for children to access alternative provision

## We will achieve this by:

- Working with schools to promote inclusion and tap schools into new models of support and therefore have less children needing alternative provision
- Establishing a database for all children accessing alternative provision so that a single register of children using alternative provision can be maintained, and the data gathered to understand the impact of alternative provision on children and young people's educational and wellbeing outcomes
- Setting out our alternative provision 'offer' clearly as part of the local offer
- Evolving SAS as a preventative service which is aligned to support in-school settings for children who are at risk of exclusion or in need of personalised education
- Developing new service level agreements with our AP providers which will ensure the emphasis will be on providing temporary education with a view to reintegration to mainstream settings or swift transition to special schools

## 20. Next Steps

Our SEND Priority Group Actions Plans have been updated and these will be reviewed through the SEND Operational Delivery Group, and progress reported to the SEND Executive Partnership Board on a quarterly basis.

The feedback received during the consultation was incorporated all updating our SEND Priority Group Action Plans. We are committed to continue doing this and to keep listening in line with our Hillingdon Local Area Co-production Charter.



# 21. Appendices

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# Appendix 1: Glossary of Terms

## Primary Needs:

- ASC/ASD: Autism Spectrum Condition/Disorder/Autism
- SEMH: Social, Emotional and Mental Health
- Deaf - HI: Hearing Impairment
- MLD: Moderate Learning Difficulties
- MSI: Multi-Sensory Impairment
- PD: Physical Difficulties
- PMLD: Profound and Multiple Learning Difficulties
- SeLD/SLD: Severe Learning Difficulties
- SpLD: Specific Learning Difficulties
- SLCN: Speech, Language and Communication Needs
- VI: Visual Impairment

## Broad Categories of SEND:

- **Social, Emotional and Mental Health Difficulties (SEMH):** 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 that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

- **Sensory and/or physical needs:** Some children and young people require special educational provision because they have a disability that prevents or hinders them from making use of the educational facilities generally provided in a mainstream setting. This includes pupils with visual impairment (VI), who are deaf or a multi-sensory impairment (MSI) who are likely to require specialist support and/or equipment to access their learning or support. It also includes those with a severe physical disability (PD).
- **Cognition and Learning:** Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD) - where children are likely to need support in all areas of the curriculum and have associated difficulties with mobility and communication - through to profound and multiple learning difficulties (PMLD). Children with PMLD are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. This range of needs also includes specific learning difficulties (SpLD), which encompasses a range of conditions such as dyslexia, dyscalculia, and dyspraxia.



- **Communication and Interaction:** Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. 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. This area includes those children and young people with autism who also are likely to have difficulties with social interaction, and with language, communication and imagination, which can impact on how they relate to others.

#### Other Terms or Acronyms:

- **Academy:** Schools controlled and funded directly by the Secretary of State for Education and include academies, free schools, UTC schools, studio schools, academy special schools, alternative provision academies and academy boarding schools.
- **Alternative Provision:** Alternative provision is usually a temporary placement for a child until they can return to mainstream education or move to specialist provision. For some pupils it may be a longer-term solution. The provision can be part time and be part of a broader curriculum delivered alongside education at a school, further education college or other provider (i.e., when specialist facilities are required for vocational courses).
- **Annual Review:** a meeting that takes place at least once a year to look at the details of a child's Education, Health and Care Plan (EHCP) and to record the child's progress and plan for the year.
- **CAMHS - Child and Adolescent Mental Health Services:** These services assess and treat children and young people up to the age of 17 with emotional, behavioural or mental health difficulties.
- **Co-production:** Co-production is a way of working which builds on the strengths of families, communities and services and involves everyone from the beginning as equal partners.
- **CYP** – Children and Young People.
- **Designated Unit** - Designated SEND Units provides targeted support which enables students to make progress, achieve their identified outcomes and continue to access the mainstream curriculum whilst being provided with specialist intervention programmes. Students within a DU spend the majority of their time within the unit, only attending mainstream classes for a few lessons dependent on needs, such as PE, assembly or for lunch.
- **DfE - Department for Education:** The government department that is responsible for education and children's services in England.
- **Early Help:** Early Help means providing support as soon as a problem emerges, at any point in a child's life from birth through 25 years.
- **Education, Health and Care Plan (EHCP):** An EHCP details the education, health and social care support that is to be provided to a child or young person who has SEN or a disability. It is drawn up by the Local Authority, after an EHC needs assessment of the child or young person has determined that an EHC plan is necessary, and after consultation with relevant partner agencies.
- **Educational Psychologist (EP):** a professional employed to assess a child or young person's special educational needs and to give advice to schools and settings on how the child's needs can be met.

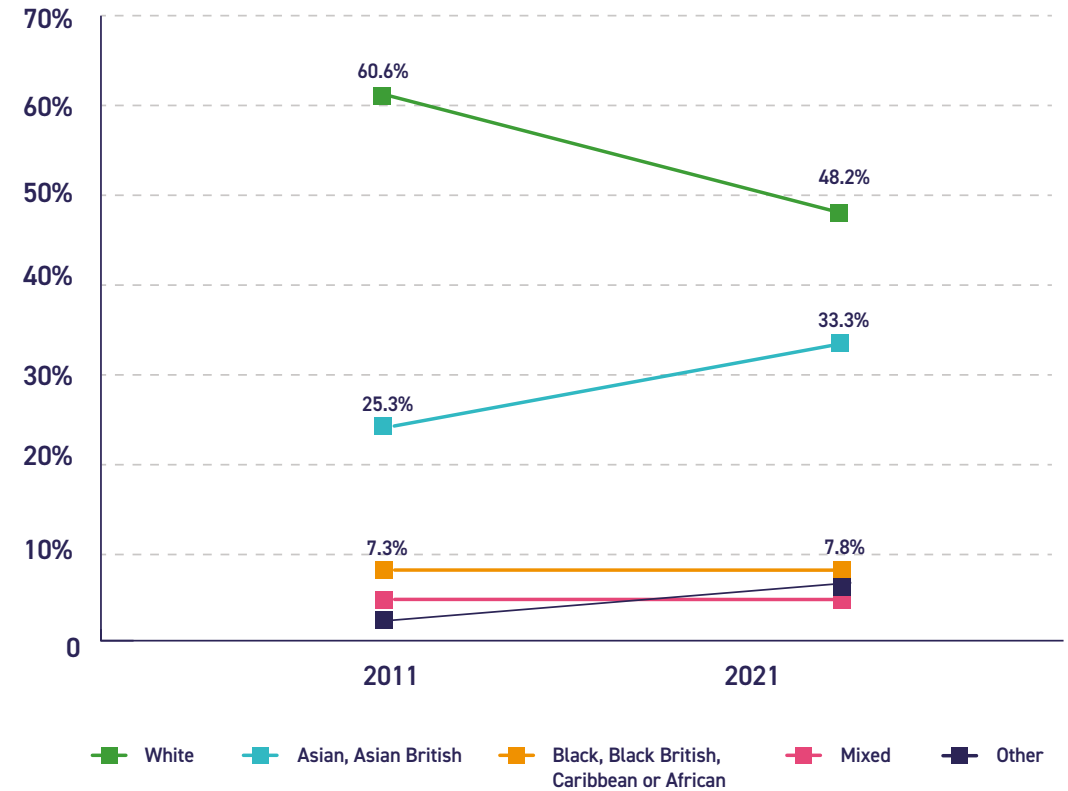
- **Graduated Response:** A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.
- **Hillingdon Parent Carers Forum (HPCF):** The parent carer/forum in Hillingdon representing the voice of families of children and young people with SEND.
- **ICB** – Integrated Care Board - NHS England established 42 statutory integrated care boards (ICBs) on 1 July 2022 in line with its duty in the Health and Care Act 2022. This was as part of the Act's provisions for creating integrated care systems (ICSs). ICSs are partnerships of NHS bodies and local authorities, working with other relevant local organisations, that come together to plan and deliver joined up health and care services to improve the lives of people in their area. Each ICS has an integrated care board, which is a statutory NHS organisation responsible for developing a plan in collaboration with NHS trusts/ foundation trusts and other system partners for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the defined area.
- **Independent Mainstream School:** Schools that charge fees instead of being government funded.
- **Independent Special School:** The DfE defines an independent special school as a private school that specialises in teaching children with special educational needs. Key Stages: the different stages of education that a child passes through:
  - Early Years Foundation Stage - age 0-5 - Nursery and Reception
  - Key Stage One - age 5-7 - Years 1 and 2
  - Key Stage Two - age 7 - 11 - Years 3, 4, 5 and 6
  - Key Stage Three - age 11 -14 - Years 7, 8 and 9
  - Key Stage Four - age 14 - 16 - Years 10 and 11
  - Key Stage Five - age 16+ - Sixth form or college
- **Looked After Child (LAC):** A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care, a term which many children and young people prefer.
- **Mainstream School:** School provision other than special schools, hospital schools, alternative provision, i.e., mainstream community schools, voluntary-aided, trust, foundation, or grammar schools.
- **Maintained School:** A school that is funded by a local education authority.
- **Mediation:** a method of seeking to resolve disagreements by going to an independent mediator. Mediation must be offered to a parent or young person in relation to an EHC Plan. Mediation is not compulsory for the parent or young person but they will need to consider mediation before appealing the education section of an EHC plan in most cases.
- **NEET:** Not in Education, Employment or Training.

- **Non-maintained Special School:** Non-maintained special schools are defined by the Department for Education as schools for children with special educational needs that the Secretary of State for Education has approved under Section 342 of the Education Act 1996. They are independent of the local authority and operate on a not-for-profit basis.
- **ONS:** Office for National Statistics.
- **Personal Budget:** is money set aside to fund support as part of an Education, Health and Care (EHC) plan for a child or young person with special educational needs or disabilities. It can include funds from Education, Health and Social Care
- **Pupil Referral Unit (PRU):** A type of alternative provision that caters for children and young people who are not able to attend a mainstream school and may not otherwise receive suitable education. This could be as a result of illness, or they may have been excluded or need more specialist intervention or support.
- **Satellite Classrooms:** A classroom or series of classrooms, within a school, designed specifically to provide education for supported learners who cannot be accommodated within inclusive education – usually a satellite site that is part of a larger SEND school.
- **SENCo:** Special Educational Needs Co-ordinator. Every school is required to have a teacher responsible for special educational needs to enable children and young people to achieve the best educational outcomes.
- **SEND Information, Advice and Support (SENDIAS) Service:** All local authorities, by law, have to provide free impartial information, advice and support to children and young people with SEN or disabilities, and their parents/carers. Hillingdon SENDIAS Service is the information, advice, and support service here. The service is free, confidential, impartial and at arm's length from Hillingdon Council.
- **SEND Local Offer:** Local authorities are required to set out in their Local Offer information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled. Local authorities must consult locally on what provision the Local Offer should contain.
- **SEND Sufficiency Report:** Hillingdon has a statutory duty to ensure there is sufficiency of school places available to meet the needs of all children and young people within the borough, including those with SEND. To ensure the best educational outcomes for all children and young people the report reviews historic demand for school places. This enables future demand to be assessed and monitored to ensure the correct provision is in place to continue to best meet the needs of all children and young people within Hillingdon.
- **SEND Support:** SEND support is the approach that all education settings are required to provide for children with SEND. It has four stages of action: assess, plan, do and review. This graduated approach aims to ensure that progress is regularly monitored, and appropriate interventions are made to support the child or young person to achieve their goals.
- **Specialist Resource Provision (SRP):** Special provisions within a mainstream school where the children are taught mainly within separate classes.
- **Special School:** A school which is specially organised to make special educational provision for pupils with SEN.

# Appendix 2: Contextual Information about Hillingdon

## a) Ethnicity

Hillingdon is a diverse Borough and the Local Partnership celebrates and embraces the richness that comes from diversity. At the same time, we know that the population profile is an important consideration for our strategic plans, for engagement and for the way in which we deliver services. Ethnicity, culture, language spoken, are all important consideration in our planning. The White British population in the borough has decreased by 20.7% and 51.8% of the borough population is from a global majority ethnic group:



## b) Languages Used

English is spoken as a main language by 74.9% of borough residents, followed by Punjabi 4.5%, Romanian 1.7% and Polish 1.6%. Overall, our residents speak over 90 languages which is an important consideration for engaging and communicating.

When considering engagement strategies it is important to note that the 2021 census was conducted online and over 97% of Hillingdon residents submitted responses which gives a good indication that vast majority of our residents communicate and access information online and make use of Information Technology.

montenegrin ukrainian  
vietnamese german marathi croatian  
serbian lithuanian turkish cantonese  
tiginya spanish pashto somali  
tagalog farsi tamil italian kurkish russian  
filipino gujarati polish hindi dutch urdu  
greek persian arabic bsl latvian slovak  
sinhala bengali punjabi romanian nepalese  
thai albanian portuguese japanese english  
telugu malayalam french bulgarian  
bosnian amharic mandarin hungarian

## c) Health

People in Hillingdon are relatively healthy in comparison to England as a whole.

The average life expectancy for both men and women in Hillingdon is higher than the average for England and is on a par with the London averages. Women in Hillingdon have a life expectancy at birth of 84 years, men can expect to live for 80.4 years.

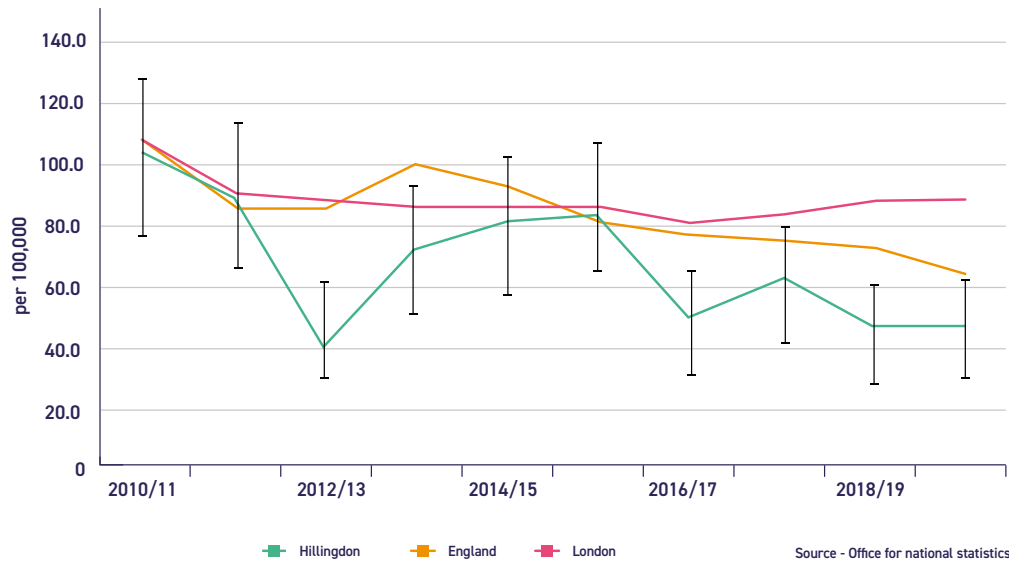
As well as longevity, the number of years people live healthy lives without the onset of disease is important. Men in Hillingdon have a healthy life expectancy at birth of 62 years, slightly below the England average of 63 years. Women in Hillingdon have a healthy life expectancy at birth of 60 years, below the England average of 64 years.

Poor air quality increases the incidence of acute asthma and Chronic Obstructive Pulmonary Disease (COPD) and contributes to the onset of heart disease and cancer. Respiratory disease is the third highest cause of death in Hillingdon. Nitrogen dioxide levels caused by road traffic continue to be above recommended levels.

The percentage of low birth-weight babies in 2020 was higher at 4% than the averages for London and England.

Hospital admissions for self-harm in children have increased in recent years for England. In Hillingdon, 85 young people aged between 10-19 were admitted to hospital following self-harm during 2020/21.

## Hospital admissions for mental health conditions (<18yrs) from 2010/11 to 2019/20



Teenage pregnancies have decreased steadily in Hillingdon over recent years. The most recent figure for 2019 was 2.4 per 1000 births, compared to a rate of 8.2 per 1000 in 2010.

1 in 5 children in Hillingdon are measured as overweight or obese when they start school. By Year 6, 1 in 3 children is overweight or obese.

Population immunisation coverage has improved across a number of areas in 2020/21 (latest data) relative to previous years. Thus whether Flu for 2-3 year olds, MMR, PCV or Hib/MenC – rates of coverage have steadily increased. However, despite this progress – Hillingdon, like the rest of London, performs less well when it comes to vaccine coverage – with rates of coverage below the national average and below CIPFA neighbours.

A third of children aged 5 in Hillingdon have visually obvious dental decay. This is worse than the averages for London and England.

Hillingdon is home to one acute hospital trust with two sites in the borough, a GP confederation that includes 43 of the borough's 45 practices, a single community health and community mental health provider and an established consortium of the five larger third sector organisations in the borough.

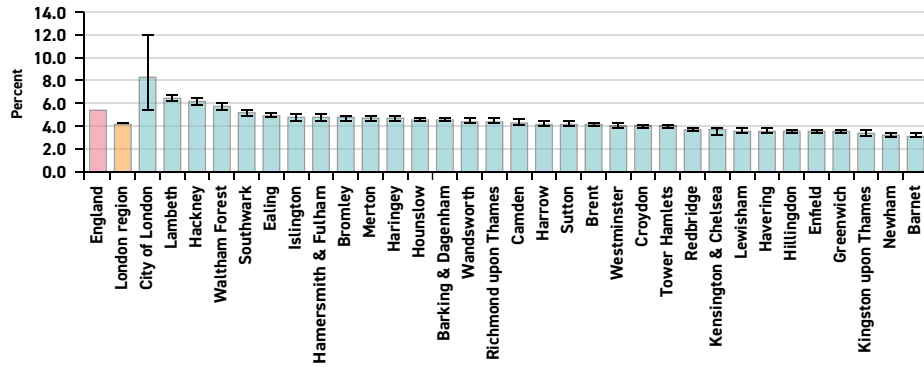
According to data in 2019/2020, about 62% of the adults that registered on the GP learning disability register in Hillingdon are receiving long-term support from local authorities which was around 50% for England for the period.

### d) Disability

Information from our JSNA and Census 2021 shows that 27.6% of borough households have people disabled under the Equality Act in the household; 21.8% have one person disabled under the Act in the household, and 5.8% have two or more people disabled under the Act in the household.

Around 4% of school age pupils in Hillingdon were identified as having a learning disability in 2017, and this was about 6% for England.

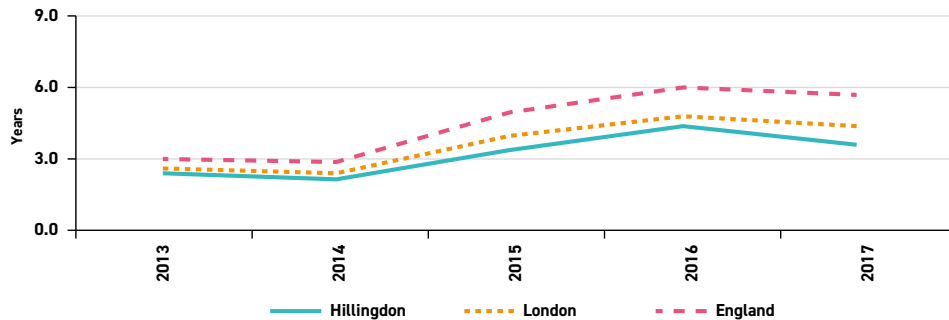
## Pupils with Learning Disability: % of school age pupils in 2017



Source: NHS Digital (Open Exeter)/ Public Health England

The trend shows that the pupils identified as learning disabled have increased in Hillingdon since 2013 to 2017 which is in line with England and London.

## Pupils with learning disability: % of school aged pupils in 2017



Source: Public Health England (based on ONS source data)

We will build on existing good practice to ensure that young people with SEND are aware of the importance of annual health checks and are supported to take up the offer of annual health checks with their GP. As a young person makes the transition to adulthood, the focus of health services is to enable them to be as independent as they can in maintaining a healthy lifestyle. Many young adults are able to manage their health needs through universal services. Where they have more complex health needs, these are supported via a health care plan and specialist healthcare. Annual health checks for young people with learning disabilities help to detect and treat long-term conditions. In Hillingdon 78% of people with Learning Difficulties aged 14 and over received an annual health check in 2021/22, exceeding the national target (75%). Our primary care clinical leads communicate with all GP practices outlining the importance of providing annual health checks for people with LD and reinforce the importance of face-to-face appointments.

## Appendix 3: Legal requirements underpinning the Local Area SEND Strategy

In relation to special educational needs and disabilities, statutory services are currently bound by three pieces of legislation and the associated statutory guidance:

- (i) The Children and Families Act 2014, The Carers Act 2014 and the Equality Act 2010.

The Carers Act mirrors the Children and Families Act in relation to SEND as this legislation applies to young people with SEND from the age of 18, and wholly so from the age of 25. The Children and Families Act 2014 (Part 3 relates to SEN) and the SEND Code of Practice set out the following:

- The strategic planning duties apply to all disabled children and young people and those with SEN
- The individual duties generally apply to children and young people with special educational needs and disabilities. Individual duties related to children and young people with a disability are also contained in the Equality Act 2010.

- (ii) The Equality Act 2010 brought together a range of existing equality duties and requirements within one piece of legislation. The Act introduced a single Public Sector Equality Duty (PSED) or 'general duty'. This applies to public bodies, including maintained schools and academies, free schools etc. It covers all protected characteristics

- race, disability, sex, age, religion or belief, sexual orientation, pregnancy and maternity, and gender reassignment. This combined equality duty came into effect in April 2011.

The duty has three main parts. In carrying out their functions, public bodies (including educational settings) are required to have due regard to the need to:

- Eliminate discrimination and other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
- Foster good relations across all characteristics between people who share a protected characteristic and people who do not share it.

Early years providers, schools/academies, FE colleges, sixth form colleges, 16-19 academies and independent special schools approved under Section 41 of the Children and Families Act 2014 all have duties under the Equality Act 2010.

All publicly funded early years providers must promote equality of opportunity for disabled children. Schools, academies and colleges have wider duties to prevent discrimination, to promote equality of opportunity and to foster good relations.



## Appendix 4: Child and Adolescents Mental Health Service

There has been an increase in demand for CAMHS services during the COVID pandemic and referrals were at their highest level ever, impacting on the ability to see children and young people quickly and resulting in a long waiting list. However, waiting times have reduced significantly, which is a positive for our children and young people.

Hillingdon CAMHS is a Tier 3 Specialist Child and Adolescent Mental Health Service funded by NHS England to support children and young people (aged 0 to 18) presenting with moderate to severe mental health concerns that are registered with a Hillingdon GP. The service offer includes supporting children and young people with SEND.

Like many of the Hillingdon services, the multiagency and multidisciplinary approach is evident in CAMHS. There is a team of professionals, including Consultant Child and Adolescent Psychiatrists, Clinical/Counselling Psychologists, Family Systemic Therapists, Registered Mental Health Nurses, Child and Adolescent Psychotherapists, Behaviour Analysts, Child and Wellbeing Practitioners (CWPs) and Assistant Psychologists (APs). The service has distinct care pathways to support the delivery of mental health services. CAMHS skilled clinicians benefit from regular access to supervision and advice from colleagues regarding ways in which they can adapt assessments and therapeutic interventions for children with varying learning/ cognitive or neurodevelopmental profiles.

The partnership ethos is evident in the relationships with the children and families who are supported to understand their rights and are invited to be part of the decision-making process in relation to their care and treatment options (including intended outcomes). Partnership working is integral in all pathways and support is offered within a multi-agency context. The wider needs of the child or young person's family are considered, along with relevant signposting or inviting other professionals working with the family to support joint planning or reviewing.

A good example are the interventions for the “core features” for children and young people with behavioural concerns within the context of neurodevelopmental conditions such as Autism or ADHD. In these situations, CAMHS will encourage families to access support from Brilliant Parenting, Stronger Families, HACS or CAAS for challenging behaviour in the context of ASD through the Local Authority Offer. However, if there are concurrent and significant mental health difficulties CAMHS teams will offer intervention or advice to other professionals.

Hillingdon CAMHS include an array of teams and services that are developed around the identified needs of the children in the borough and some (like MAPS and YJS Support) have been developed in partnership with the local authority to promote joint intervention and support.

**Emotional Disorders Team (EDT)** provides specialist assessments and evidence-based interventions for moderate to severe mental health concerns such as anxiety, depression, OCD, PTSD, adjustment disorder, self-harm for children and young people.

At Tier 3, CAMHS work closely with Tier 4 inpatients and **Adolescent Community Treatment Team (ACTS)** should the young person's need require more in-depth assessment or treatment that Tier 3 is unable to provide either due to the complexities of needs or the level of risk being too high.

CAMHS work closely with our **Urgent Care Team CAMHS (UCT)** colleagues who are based in the acute hospital and assess and make recommendations for children and young people who present to A&E in crisis.

**Neurodevelopmental Team (NDT)** is commissioned to provide specialist ADHD assessments and ADHD medication monitoring (including medication psychoeducation groups), with parenting, educational and behavioural support being provided by other agencies in the community.

Social Communication / Autistic Spectrum Disorder (ASD) assessments are generally carried out by our colleagues in the **Child Development Centre (CDC)**. Referrals are made by GP or, more recently, directly by the school's SENDCo to the CDC if there are concerns regarding possible presentation of ASD.

**Specialist CAMHS Learning Disabilities (LD) Team** provides specialists assessments and evidence-based interventions to children and young

people with moderate to severe LD suffering with mental health/challenging behaviour.

**Trainee Children Wellbeing Practitioners Team (T-CWP)** offers low intensity Cognitive Behaviour Therapy (CBT) to children/young people and their families suffering from mild to moderate low mood and anxiety. This can include individual work, group-based interventions and workshops.

**Multi-agency Psychological Services (MAPS) and CAMHS Youth Justice Team (YJS)**. The MAPS team provide consultation to social workers, Foster Carers and residential homes who work with looked after children or those with CIN/CP plans in the borough. MAPS team, on some occasions, meet with young people and their families to provide advice and support as part of the child's social care plan. There is also a Tier 3 CAMHS worker in the Youth Justice Service who provide bespoke support and advice to young people supported by YJS and to their families and professionals.

**Mental Health in Schools Teams (MHST)** provide psychological interventions for young people presenting with mild low mood and anxiety in 8 Hillingdon primary and secondary schools.

CAMHS now offer **telephone triages** for new referrals. This is a new process that is being embedded. Most families will receive a telephone triage appointment within 2-3 days. This has improved the ability to quickly identify those who have SEND in a timely manner.

In addition to the range of services there is continuing development and review of the existing provisions. For example, CAMHS are developing/ streamlining a neurodiverse pathway for ASD and ADHD assessments where there are mental health co-morbidities, by working collaboratively with health partners. Over the last years, with the support of partners, CAMHS have been undertaking a quality improvement project that reduced the waiting times through use of Goal Based interventions.

The working together approach taken by CAMHS in line with Hillingdon's ethos, has led to numerous partnership initiatives like:

CAMHS LD team offering meetings to children to develop their own health passport to ensure shared understanding and more consistent responses by health, social care or educational professionals.

CAMHS LD have a liaison nurse from Hillingdon hospital who ensures better joined up working and increased communication regarding children known to CAMHS or being transferred.

A joint project was set up with Adults LD team to ensure young people are prepared for transition, by starting the transfer discussions up to 6 months before the child's 18th birthday.

Partnership working with charities and other services (e.g. P3).

CAMHS LD team now offer school consultations with a designated clinician who is assigned to the school.

## **CAMHS impact on children's outcomes**

Early data suggests supporting good outcome delivery (50% discharged and indicating that intervention was adequate, impact with reducing waiting list) but needs to be further evaluated.

Early indicators suggest that the newly initiated NDT pathway for ASD and ADHD assessments reduced assessment time and result in better joint formulation/care plan.

CAMHS LD team's meeting with children to develop their own health passports, has recently commenced and it's particularly helpful for those attending A&E to communicate their needs to staff quickly. It is envisaged that it will help when in contact with various professionals and teams in the community.

## **Next steps**

CAMHS in Hillingdon are committed to continuing the development of services and provisions and to working in partnership with other professionals and the families. One area of focus is the response time to providing information for the EHCP requests to ensure this is done in a timely way. CAMHS are currently monitoring the requests received, with plans to look at response time frames. Strategic planning focused on streamlining pathways is underway (i.e. LD & NDT Consultant Psychologist role across 3 boroughs is in post).

CAMHS are committed to listen to children and their families and to develop the provision together. To that end there are plans to ensure children with SEND and their parents/carers are represented in Young People's CAMHS participation group and in the parents' group. Active steps are being taken to identify families to participate in service development.

# Appendix 5: ICS Pyramid of care for improving health outcomes for babies, children, and young people



We will deliver this through:

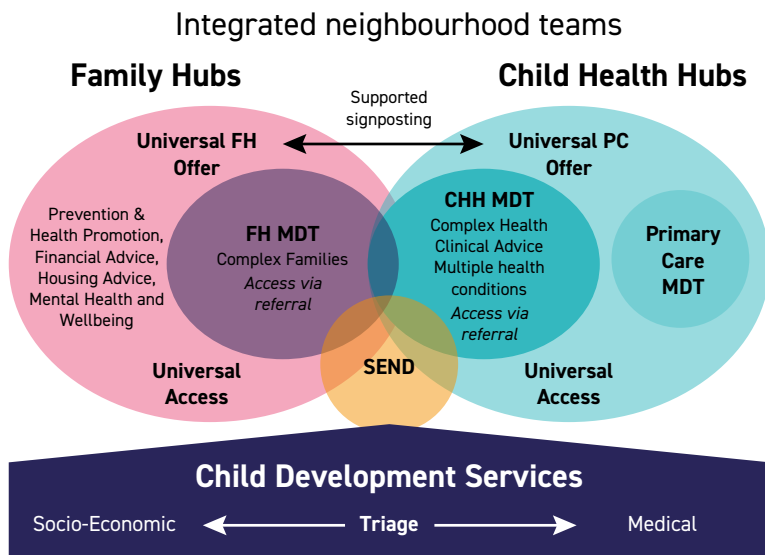
1. **Implementing new 'models of care'**, for example: changing the way integrated neighbourhood teams of GPs, social workers, and community paediatric teams work with residents to identify and reach out to families at risk of missing out on preventative care; acute paediatric hospitals working together to ensure children receive consistent standards of care.
2. **Establishing 'system enablers'**, for example: regularly listening to the ideas, concerns, and experiences of parents with new babies, infants, adolescents, and young adults through a range of age-appropriate engagement activities; using the diversity of communities and number of health and care children's services to create more attractive opportunities for professional recruitment, development, and retention; changing some of the contract arrangements for child health services to incentivise more preventative care for families at risk of poor health outcomes.
3. **Coordinating 'programmes of work'** across NW London ICS, for example: reducing waiting times for children with Special Educational Needs and Disability (SEND) to access assessments and care improving access to remote monitoring equipment for children with diabetes; work with schools and families to ensure all children with asthma know what to do if they have an asthma attack, and how to reduce their risks; improve the oral health advice and access to dental care for children at risk of tooth decay, thereby reducing the number of children who need tooth extraction in hospital; supporting paediatric hospitals and community health services to increase their

capacity to treat common childhood diseases, so that children and families get better care locally.

To support all segments of the population in a proactive way, NW London ICS will use the 'Whole System Integrated Care' (WSIC) dataset to share intelligence between health, education, and social care to proactively identify and prioritise care for children and families who have the highest level of need, and highest risk of health inequality.

- Fewer children sent outside NW London for specialist hospital care or multi-agency placements – Regular review of BCYP referred to services outside NW London used to identify **opportunities to invest in improving local services**, for example: specialist foster-care; specialist cardiac and respiratory care.
- BCYP 'provider alliances' will be established, enabling provider collaboratives and Borough Based Partnerships to **level-up children's services in each borough and plan for future workforce skill mix and capacity** to be on par with the best global cities.
- Quantify and optimise the use of **digital platforms, local resources, community assets**, and neighbourhood expertise to ensure BCYP receive care within NW London ICS, at home or close to home whenever possible; and increase the opportunities for NW London children and families to participate in clinical research.
- Co-locating services and coordinating appointments to **reduce travel and time away from school** for children, and reducing the number of in-person appointments needed to deliver clinically appropriate care.
- **Multi-disciplinary teams including schools** to support early intervention, holistic care of long-term conditions and complex needs; including dedicated focus on reducing health inequalities in mental health, SEND, asthma, diabetes, and epilepsy.

- Improve the work of integrated neighbourhood teams to **tackle health inequality for children growing up in the poorest areas**, or in households with the lowest income.
  - **Extend the NW London ICS roll-out of 'Family Hubs'** to all eight boroughs, so that multiagency support is optimal for pre-school children; with dedicated workstreams to tackle inequality in outcomes around oral health, SEND and healthy weight.
  - **Extend the NW London ICS roll-out of 'Child Health Hubs'** to all 45 Primary Care Networks, so that all BCYP registered with a GP practice have improved-access to specialist child health resources, earlier intervention and holistic care; with dedicated workstreams to cover areas of focus such as asthma, mental health, immunisations and complex health.
- Helping **families to be more active**, supporting physical activity to benefit children's physical development, such as strengthening bones.



## Aligning BCYP work streams with ICS core purposes

**NHS England's four core purposes of Integrated Care**

Systems:

- improve outcomes in population health and healthcare;
- tackle inequalities in outcomes, experience and access;
- enhance productivity and value for money; and
- help the NHS support broader social and economic development.

Top 20 proposed work streams for child health	a	b	c	d
NHS-LA linked data & qualitative analysis for BCYP	Very high	Very high	High	Medium
Coordinated hospital care	High	High	Very high	Medium
Integrated neighbourhood teams (CHH & FH)	High	High	Very high	Medium
Special Educational Needs & Disabilities (statutory)	High	High	High	High
Complex care packages	Medium	High	Very high	Medium
BCYP core community offer	High	Very high	Very high	Low
Looked After Children (statutory)	High	Medium	High	Medium
Healthy weight	High	High	High	Medium
Supported care at home (PATCH)	Medium	High	Very high	Medium
Unscheduled care (SDEC)	Medium	High	Very high	Medium
Oral health	High	High	High	Low
Emotional wellbeing, social development	High	Very high	Medium	High
Asthma (implement care bundle)	High	High	High	Medium
Mental illness (in physical care settings)	High	High	High	Medium
Inclusion health groups of children	Medium	Very high	Medium	Low
Specialist care outside NWL	Medium	Medium	Very high	Medium
Diabetes	High	High	Medium	Medium
Epilepsy	High	High	Medium	Low
Preventable child death	Medium	Very high	Low	Low
Palliative & end-of-life care for babies and children	Medium	High	Medium	Low



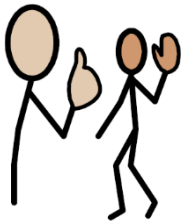


# Hillingdon's Local Area SEND & AP Strategy for Children and Young People 0-25 years (2023-2028)

*A borough where our children and young people are at the heart of everything we do.*

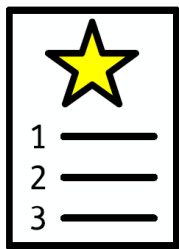


## Introduction



Hello,

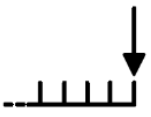
We would like to tell you about our strategy for children and young people with SEND in Hillingdon



This strategy tells you what we plan to make happen in Hillingdon



This is an easy read version of the strategy. It gives you an idea of our plans. But there is much more in the full strategy which you can find on our website.



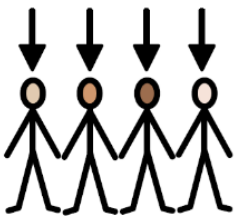
## [SEND and AP Strategy 2023-28](#)

### About the strategy



This strategy has been written with the help of a lot of people, bringing their ideas and vision, together.

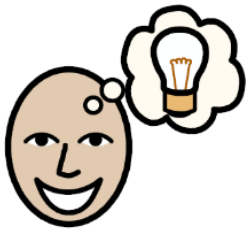
We have listened to what children and young people in Hillingdon have told us is important to them.



We will work with a lot of people to make things better for children and young people with SEND. This includes schools, health and social services.

We also believe that our children and their families play a continuing, central role in helping us to shape this strategy.

### Our Vision



"We want Hillingdon to be a place where children and young people with special educational needs and/or disabilities and their families lead happy and fulfilled lives from early years through adolescence to adulthood, in communities that accept and understand them."

## Our Ambitions



There are 5 ambitions, or priorities, in the strategy. These explain what we plan to do over the coming years.

## Ambition 1:

### The right support, at the right time, in the right place

We will improve children's and parents' experience of the SEND system by delivering the right support in the right place at the right time



#### How will we achieve this?

- Looking at how we can support and identify your needs as soon as possible
- Creating a clear pathway, so we can support you efficiently and effectively
- Working together with other professionals to work out the best way to jointly provide our services to you
- Improving outcomes by working with schools to increase their knowledge about SEND and help them develop the skills they need to put the right support in place

## Ambition 2:

### Fully inclusive education for all

We will support all schools and settings in Hillingdon to be inclusive and welcome young people with SEND



#### How will we achieve this?

- Making schools and settings aware of how important Inclusion is, by encouraging them to work together to find the best way to support different abilities
- Developing effective guidance (Ordinarily Available Provision) which outlines how schools and settings should

be supporting ALL children to learn

- Working together to learn from others, training and keeping you at the heart of everything we do so that we can always learn and become better
- Using data and evidence to work with schools and settings to improve attendance and reduce exclusions

### **Ambition 3:**

#### **Provision meets the needs of Hillingdon's children and young people**

We will deliver new, ambitious, and innovative provision that enables children and young people with SEND to receive excellent education in their local community



#### **How will we achieve this?**

- Looking at how we can increase the number of places in specialist schools/units
- Using skills from special school staff to create an external support system so that you get the right, high quality provision at the right time

## Ambition 4:

### Children and young people live happy and fulfilled lives where they are included in the community

We will help all children and young people to achieve independence, take part in activities they want to be part of, build good relationships and have meaningful outcomes in adulthood



#### How will we achieve this?

- Creating opportunities for you outside of school so that you can feel comfortable in the community around you, develop a new skill and socialise with others outside of school
- Supporting you when you need it so that when you are an adult, you can become as independent as possible
- Looking at how we can help you to stay in education or get jobs after you turn 16 and how we can support your mental health and wellbeing

## Ambition 5:

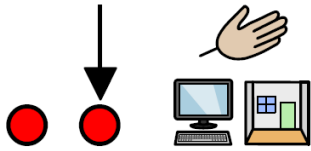
### There is a flexible offer and range of interventions available for children to access Alternative Provision

We will create a three-tiered model for Alternative Provision that offers flexible interventions and supports children back into mainstream education, where possible

We will make sure that quality education is provided to all children, including those who need a different pathway or a different place to learn.

#### How will we achieve this?

- Supporting mainstream schools and settings to provide



inclusive education for all

- Reviewing the quality of support provided by 'Alternative Provisions', which provide education for children and young people who don't have a school to go to
- Working together to help the child or young person to return to mainstream education as soon as possible
- Providing alternative curriculums and assessment programs, where GCSEs are not appropriate

## Conclusion

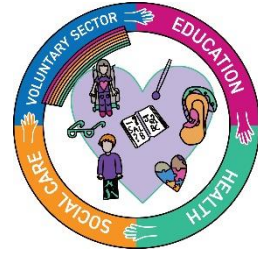


You are at the heart of everything we do, we want feedback on what's working well for you and what could be improved. We are always here to listen.

We hope you have enjoyed reading about our SEND strategy and plans.

You can find information relating to our strategy, and support on our local offer website.

[Local offer](#)



Hillingdon SEND  
and AP Partnership

# Hillingdon Local Area SEND & AP Partnership Improvement Plan 2024-2028

October 2024

Hillingdon SEND & AP Strategy 2023-28





## Working in partnership with:

- London Borough of Hillingdon
- North West London Integrated Care System
- Hillingdon Parent Carers Forum
- Central and North West London NHS Foundation Trust
- SENDIAS Service
- Schools and education settings
- Third sector organisations

## Context

SEND (Special Educational Needs and Disability) is a key priority for the Hillingdon Local Area and is owned strategically and politically across the system by senior leaders who are collectively ambitious for children and young people with SEND and their families.

Ofsted and the Care Quality Commission (CQC) have recently undertaken a joint inspection of Hillingdon's Local Area Partnership between 29th April and 3rd May 2024. The purpose of inspection was to:

- Provide an independent, external evaluation of the effectiveness of the local area partnership's arrangements for children and young people with SEND.
- Where appropriate, recommend what the local area partnership should do to improve the arrangements.

The inspection outcome was that "the local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements and publish its plan based on the recommendations set out by inspectors".

## Our Commitment and strategic vision

This Hillingdon SEND Local Area Partnership Improvement Plan aims to take forward the learning from the Ofsted/CQC inspection process and will set out how the Partnership will address the priority actions for improvement identified through the inspection. The Partnership will also incorporate actions required to fulfil ambitions from [Hillingdon SEND and Alternative Provision Strategy 2023 – 2028](#). This Plan has been co-produced with all partners through a series of workshops and various meetings.

The Hillingdon Local Area Partnership, led by the Hillingdon Council and the NHS Integrated Care Board, accept the findings of the inspection report. We recognise that some children and young people with SEND and their families have not received the service and outcomes they need and deserve. The Local Area Partnership are continuing to take action to address the areas for development highlighted in the report, alongside our broader SEND and AP ambitions, to lead to improved lived experiences for all.

Working in partnership, under the SEND Executive Partnership Board (SEPB), the Local Authority, ICS and our Parents and Carers Forum have developed a strong vision to reflect our belief that SEND is everyone's business. The Hillingdon SEND and Alternative Provision Strategy 2023 - 2028 outlines our vision, aspirations, and priorities for children and young people with SEND and their families.

The five ambitions outlined in our SEND and AP Strategy 2023-2028 focus on the delivery of local area services for children and young people with SEND and their families are:

- **The right support, at the right time, in the right place**  
We will improve children's and parents' experience of the SEND system by delivering the right support in the right place at the right time.
- **Fully inclusive education for all**  
We will support all schools and settings in Hillingdon to be inclusive and welcome children and young people with SEND.
- **Provision meets the needs of Hillingdon's children and young people**  
We will deliver a new, ambitious, and innovative provision that enables children and young people with SEND to receive excellent education in their local community.
- **Children and young people live happy and fulfilled lives where they are included in the community**  
We will enable all children and young people to achieve independence, take part in activities they want to be part of, build good relationships and have meaningful outcomes in adulthood.
- **There is a flexible offer and range of interventions available for children to access alternative provision**  
We will create a 3-tiered model for alternative provision that offers flexible interventions and supports children back into mainstream where possible.

## Coproduction

The Hillingdon SEND Local Area Partnership Improvement Plan has been coproduced during dedicated stakeholder sessions delivered between July and October 2024. The overarching governance sits with the SEND Executive Partnership Board (SEPB). Terms of Reference have been approved for this partnership work with specific objectives for leaders.

The views of parents, carers and young people have been included in the development of this plan via established forums:

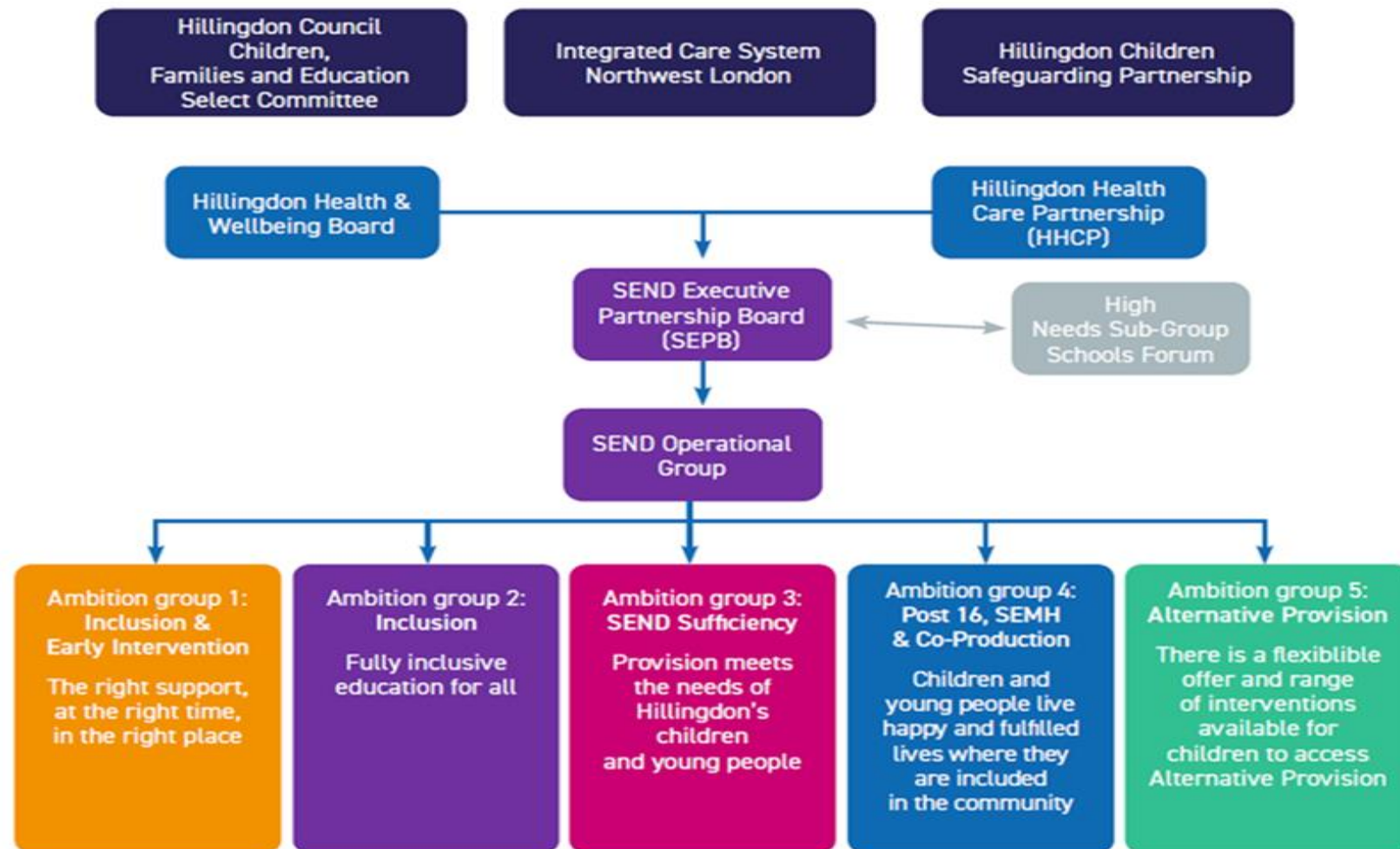
- Parent carer representatives have shared their thoughts about what families would expect to see in this plan and, more importantly, the changes that families want the plan to urgently deliver, in terms of improved service delivery and better outcomes for children and young people with SEND.
- Children and young people gave feedback on their experiences and shared improvement ideas through targeted sessions and have selected a new name for their SEND Youth Forum: "Aim High".

Educational settings have been involved in developing this plan through a dedicated Schools' Leaders Coproduction Session, with 70 representatives from a range of educational settings across Hillingdon. A Schools' SLT survey and School Governors' survey captured feedback and provided actions for improvement across all areas identified during the inspection.

Social Care and Health have actively participated in Leader Improvement sessions to build on the stakeholder feedback and shape them into joint system wide actions with clear timelines and success metrics.



## Governance



The Hillingdon SEND Local Area Partnership Improvement Plan will be monitored by the SEND Executive Partnership Board (SEPB) within an established SEND governance structure. The board will ensure there is integrated leadership for all aspects of SEND, with the involvement of parents, carers and young people. This board will also provide both high support and high challenge across the partnership, facilitating solution-focused practice to resolve issues and barriers which impact on the timely delivery of actions. The board will remain within existing governance structures to ensure clear lines of accountability and oversight by local councillors, via the Select Committee, and the ICB's governing body. This board, together with the SEND Operational Group, will provide effective governance, leadership and oversight to address the priority actions and areas for improvement identified in the inspection report.

The SEPB will ensure the objectives of the programme are clearly defined, and Key Performance Indicators and Quality Assurance activity measures are set to track progress and achieve the desired impact. The operational delivery of the improvements will be implemented through reviewed action plans of the Ambition Groups and scrutinised by the SEND Operational Group.

To fulfil this plan's objectives and to ensure the effective working relationship across the partnership, SEPB will remain jointly chaired by Directors in Health and Children's Services. Membership of this Board also includes members of Hillingdon Parent Carer Forum.

### **Monitoring Progress**

The progress against targets and outcomes against success measures will be monitored bi-monthly by the governance groups. The SEPB will receive reports from the leads of Ambition Groups and the SEND Operational Group providing assurance to members of the Board and to enable any emerging concerns to be raised. The effectiveness of these monitoring arrangements will be kept under review.

Each of the Ambition Group members will be responsible for monitoring their specific action plans and providing evidence of impact to demonstrate improvement. Actions will be signed off by the SEND Operational Group and included in the updates to the SEPB. Leaders will be held to account for the areas they lead on and will provide detailed changes and mitigations when actions are not being progressed as expected, and to take the steps necessary to improve outcomes. Updates on progress will be communicated to children and young people, families and wider stakeholders via existing communication channels, such as the LBH Forum of Parent Carer Representatives & Family Support Agencies, and the Local Offer.

The performance dashboard will incorporate key measures identified within each of the improvement priorities such as key performance indicators and quality assurance activities.

### **Areas for improvement identified during inspection**

Ofsted and CQC SEND inspection of Hillingdon Local Area took place between 29<sup>th</sup> April and 3<sup>rd</sup> May 2024. During the inspection there were identified four main areas of improvement, and these are addressed within this action plan.

These are:

1. Leaders in education, health and social care should collaborate in a multi-agency approach to strengthen and embed their quality assurance framework of existing, amended EHC plans and annual reviews. This includes:

- improving the quality and timeliness of contributions from health and children's social care practitioners into the plans
- improving the quality and timeliness of annual reviews
- more effectively using the voice and aspirations of children and young people when shaping their EHC and/or amended EHC plan
- ensuring that PfA is more effectively planned from Year 9 onwards
- improving the specificity of outcomes, ensuring that they help the child or young person in readiness for transfer through to their next phase of education
- significantly increasing the timeliness with which final amended EHC plans are issued.

2. Leaders should improve how well information about children and young people and their families is shared and used between and across all those involved in the partnership. This should focus on ensuring that:

- systems to share information about children and young people are more robust and prevent them from ‘falling through the net’
- when children and young people move between settings, schools and colleges, information is shared in a timely way so that everyone works together to ensure that the support for children and young people is implemented quickly
- leaders use a wider range of information to inform how they evaluate children and young people’s needs and understand families’ lived experiences.

3. Leaders need to refine their strategies for training the workforce across education, health and social care in better understanding and supporting children and young people and their families. This should include how well mainstream schools identify children’s needs in relation to SEND and then effectively plan provision that meets their needs, thereby helping to avoid the risk of suspension and/or permanent exclusion.

4. Leaders across the partnership need to further improve their support for young people in PfA. They should focus on:

- ensuring that those young people with a learning disability under the age of 18 can receive a formal diagnosis when required to ensure a smooth and planned transition through to adult services
- ensuring that all children and young people benefit from an effective and timely presentation to the transition panel
- more robustly capturing the voice of children and young people and their lived experience about the partnership’s approach to PfA.

## Improvement Plan

REFERENCE TABLE	
Areas of Improvement from Inspection:	Ambition Group Objective & Actions
1.1 improving the quality and timeliness of contributions from health and children's social care practitioners into the plans	1.2
1.2 improving the quality and timeliness of annual reviews	1.2 & 1.6
1.3 more effectively using the voice and aspirations of children and young people when shaping their EHC and/or amended EHC plan	4.2 & 4.4
1.4 ensuring that PfA is more effectively planned from Year 9 onwards	4.2 & 4.3
1.5 improving the specificity of outcomes, ensuring that they help the child or young person in readiness for transfer through to their next phase of education	1.5
1.6 significantly increasing the timeliness with final amended Plans issued following Annual Review	1.2
2.1 systems to share information about children and young people are more robust and prevent them from 'falling through the net'	1.1
2.2 when children and young people move between settings, schools and colleges, information is shared in a timely way so that everyone works together to ensure that the support for children and young people is implemented quickly	1.1 & 2.3
2.3 leaders use a wider range of information to inform how they evaluate children and young people's needs and understand families' lived experiences.	1.1 & 4.4
3.1. training the workforce across education, health and social care in better understanding and supporting children and young people and their families.	1.6
3.2 how well mainstream schools identify children's needs in relation to SEND and then effectively plan provision that meets their needs, thereby helping to avoid the risk of suspension and/or permanent Exclusion	2.2 & 5.2
4.1 ensuring that those young people with a learning disability under the age of 18 can receive a formal diagnosis when required to ensure a smooth and planned transition through to adult services.	4.2
4.2 ensuring that all children and young people benefit from an effective and timely presentation to the transition panel	4.2
4.3 more robustly capturing the voice of children and young people and their lived experience about the partnership's approach to PfA.	4.2
Integrated two-year-old review	1.2
Strengthen early identification of needs	1.1 & 2.2
Children and young people in Hillingdon wait too long for Neurodisability assessments. In Hillingdon, CYP are assessed on different pathways for Autism and ADHD, and in some cases, this means CYP having to wait twice for a full assessment of their needs.	1.3
the short break offer is not well developed. Some children and young people wait too long to access provision, for example due to a lack of appropriate equipment.	4.1
the local offer is not well established, many CYP and their families do not know about it	2.1
CYP are not directly represented on the local offer steering group or in SEND governance groups	4.2

# Local Area Partnership Improvement Plan to implement SEND and AP Strategy 2023-2028

Actions are based on strategic ambitions and recommendations following Local Area Ofsted Inspection

## Ambition Group 1

### Objective 1: Review and refine early intervention offer

#### Areas of Improvement from Inspection:

Leaders should improve how well information about children and young people and their families is shared and used between and across all those involved in the partnership. This should focus on ensuring that:

- systems to share information about children and young people are more robust and prevent them from 'falling through the net'
- when children and young people move between settings, schools and colleges, information is shared in a timely way so that everyone works together to ensure that the support for children and young people is implemented quickly (see also 2.3).
- leaders use a wider range of information to inform how they evaluate children and young people's needs and understand families' lived experiences

	Key Areas	Actions (with timeliness)	Lead role & organisation
1.1.1	Education settings, children and families have access to clear, understandable information to enable access to Early Help Services.	Coproduce Support Information Guidance for CYP and their families while awaiting neurodiverse assessments. → To commence project in <u>January 2025</u> for completion <u>by May 2025</u>	CYP Delivery Manager Hillingdon ICB DCO CDC Consultant Paediatrician
1.1.2		Training and information sessions for parent/carers/CYP to be designed as per parental/CYP's feedback → 2 parent information days will take place by <u>October 2025</u>	SEND Advisory Team Manager & PEP
1.1.3		Review current early intervention offer and refining it to meet the needs of CYP their families and educational settings. EI toolkit will be developed further. → Reviewed EI toolkit to be published <u>by July 2025</u>	SEND Advisory Team Manager & PEP
1.1.4		Strengthen multidisciplinary Early Intervention by increased accessibility to SEND specialist advice and support within Specialist Inclusion Services. → SEND Advisory Team and Educational Psychology Service joint school visits to commence <u>by February 25</u> → To lead on one year pilot with Harrow LA and ICB for Partnership in Neurodiversity for Schools (PINS) project to be implemented in 20 Hillingdon primary schools. Pilot to finish <u>by September 2025</u>	SEND Advisory Team Manager & PEP CYP Delivery Manager Hillingdon ICB



1.1.5	<p>There is effective multiagency working across the Partnership in supporting CYP with SEND, especially at transition points in their education, through joint plans, effective and timely information sharing and evaluation of families' lived experiences. Effective information sharing across Partnership agencies supports early intervention, prevents CYP 'falling through the net'.</p>	<ul style="list-style-type: none"> <li>→ The Partnership will develop protocols for information sharing, confidentiality and merged multidisciplinary meetings (where appropriate) across partnership to be established and implemented <u>by March 2025</u></li> <li>→ Configure EHM database system and build in reports to share information between SEND EHCP team, social care and health teams regarding Annual Review due dates. Report to be build and securely shared across partnership. <u>by January 2025</u> and every term thereafter.</li> <li>→ The Partnership will utilise existing Early Years Tracking Panel that includes Early Health Notifications to prevent children 'falling through the net' by reviewing the membership of the panel and ensuring robust case monitoring system is in place <u>by February 2025</u></li> <li>→ Based on CYP's 'lived experiences' feedback <i>the Holistic Support</i> process map across education, health and social care to be developed <u>by June 2025</u> and implemented <u>by September 2025</u></li> <li>→ Develop surveys for CYP and their families to evaluate services. Surveys will be developed and implemented <u>by October 2025</u></li> </ul>	<p>Borough Director Hillingdon NWL ICB DCO</p> <p>Director of Education &amp; SEND</p> <p>AD of SEND &amp; Inclusion</p>
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### Ambition Group 1

## Objective 2: Review and refine approaches to early identification, assessment and reviewing of EHCPs

### Areas of Improvement from Inspection:

Leaders in education, health and social care should collaborate in a multi-agency approach to strengthen and embed their quality assurance framework of existing, amended EHC plans and annual reviews by:

- Improving the quality and timeliness of contributions from health and children's social care practitioners into the plans
- Improving the quality and timeliness of Annual Reviews (see also 1.6)
- Significantly increasing the timeliness with final amended Plans issued following Annual Review

	Key Areas	Actions (with timeliness)	Lead role & organisation
1.2.1	<p>Improved quality of statutory advice for EHCP (EHCNA) and advice for Annual Reviews through processes that are rigorous, sustainable</p>	<p>The Partnership will co-develop the EHCP Quality Assurance Framework based on views and experiences of CYPs and their families. Both health and social care agencies will ensure accurate quality monitoring is built into operational service delivery.</p> <ul style="list-style-type: none"> <li>→ The EHCP education, health and social care advice templates to be developed to support better quality of information within statutory advice (for both EHCNA and Annual Review) <u>By January 2025</u></li> </ul>	<p>CYP Delivery Manager Hillingdon ICB</p> <p>DCO</p>

	and lead to plans of consistent quality.	<ul style="list-style-type: none"> <li>→ The Partnership will utilise new EHCP Annual Review tool within Invision 360 to regularly audit the Plans following Annual Reviews and monitor the quality of amended plans. Annual Review Invision 360 tool to be in use <u>by May 2025</u></li> <li>→ Partnership Task &amp; Finish Group will be established to design QA Framework. <u>by February 2025</u></li> <li>→ QA Framework and templates to be published by <u>September 2025</u></li> </ul>	AD of SEND & Inclusion LBH
1.2.2	Improved timeliness of statutory advice for EHCNA and Annual Reviews	<p>The SEND EHCP Team will increase workforce establishment to ensure there are sufficient officers to respond to annual reviews in a timely manner and will provide appropriate ongoing training to upskill the officers to ensure the review is high quality.</p> <ul style="list-style-type: none"> <li>→ Recruit 6 substantive Annual Review Coordinators <u>by February 2025</u></li> <li>→ Recruit 2 additional EHC Coordinators to lower caseloads and ensure an increase in timeliness in issuing final EHCPs following reviews <u>by February 2025</u></li> <li>→ Configure EHM database system and build in report to monitor timeliness of the statutory advice. Report will inform health and social care of Annual Review due dates to enable them to participate in the process and monitor relevant agencies meeting the 6 weeks (EHCNA) and 2 weeks (Annual Review) statutory timeframe. Report will be shared with schools to support their timely planning of the Annual Reviews. Report to be build and securely shared across relevant agencies within partnership. <u>by January 2025</u> and every term thereafter.</li> <li>→ Capture planned dates of Annual Reviews to be held by schools annually and monitor paperwork expected from each school with follow up communication where necessary <u>by September 2025</u> <ul style="list-style-type: none"> <li>→ <i>As per action in 1.1.5</i> Annual Review due report will be created and shared with health and social care teams to improve internal monitoring of timeliness of the statutory advice for Annual Reviews.</li> </ul> </li> </ul>	AD of SEND & Inclusion LBH
1.2.3	Ensuring that Educational Settings work in close collaboration with health and social care to inform Annual Review contributions from these agencies.	<p>Both Annual Review Guidance with checklist for schools and Annual Review Proformas will be reviewed in consultation with CYP to enable settings to ensure relevant professionals' involvement.</p> <ul style="list-style-type: none"> <li>→ Reviewed Annual Review Guidance with checklist be published <u>by March 2025</u></li> <li>→ Coproduced new Annual Review Proformas to be published <u>by June 2025</u></li> </ul>	AD of SEND & Inclusion LBH

1.2.4	Early years providers and 0-19 Healthy Child Programme Health Visitors work together to deliver the 2.5-year developmental review, initially for children with known SEND or significant developmental delay.	0-19 Healthy Child Programme will work together with the wider partnership to introduce a method of integrating 2-2.5-year developmental reviews between health and early years settings, initially for children with identified developmental delay or identified SEND. → To develop methodology utilising Systm1 data to measure progress against this plan. To commence discussions <u>by November 2024</u> → To launch pilot of agreed integrated model with selected early years providers <u>by March 2025</u>	CNWL HCP Lead DCO AD Children Family Support Services LBH
1.2.5	0-19 Specialist Public Health Nurses (Health Visitors) will receive 100% referrals of known vulnerable pregnancies from The Hillingdon Hospital via the 0-19 children's contact centre.	All referrals will be triaged and allocated to a HV who will offer a face-to-face antenatal contact. Systm 1 will be reconfigured to identify the nature of contact (face-to-face or remotely), reasons if not seen and referral source in order to capture measurable data. → To commence monitoring of referrals from THH <u>by December 2024</u> → To have agreed Systm1 updates related to capturing this data <u>by April 2025</u>	CNWL HCP Lead DCO AD Children Family Support Services LBH

### Ambition Group 1

### Objective 3: Develop clear pathways for support

### Promote Hillingdon's approach to inclusion including increasing uptake in SEND reviews & peer mentoring

#### Areas of Improvement from Inspection:

- Children and young people in Hillingdon wait too long for Neurodiversity assessments. In Hillingdon, CYP are assessed on different pathways for Autism and ADHD, and in some cases, this means CYP having to wait twice for a full assessment of their needs.

	Key Areas	Actions (with timeliness)	Lead role & organisation
1.3.1	ICB will work to create consistent alignment of resourcing and development of a standard core common offer to improve services and reduce variation in CYP neurodevelopmental (ND) services.	<u>Pre-assessment and 'waiting well':</u> → NWL ICB will work with referrers and families to ensure the service has information for triage and signposting during 'waiting well'. → NWL ICB will provide parents / carers and CYP with a roadmap of assessment pathway and estimated timelines <u>by April 2025</u> → Referral and signposting process for parents / carers to 'waiting well' support to be implemented <u>by April 2025</u>	MHLDA NWL ICB

		<p>→ ICB will launch a procurement exercise <u>in November 2024</u> to commission a peer-led service for CYP with Autism and ADHD and their families. The service will offer pre and post diagnostic signposting and support to enable CYP and their families to 'wait well'. Service will be implemented <u>by April 2025</u></p> <p><u>Assessment and diagnosis:</u></p> <p>→ Joint assessments which are multi-disciplinary and simultaneously assess ASD / ADHD / Tics if multiple are indicated <u>by April 2025</u></p> <p>→ Share diagnosis following the joint assessment with relevant education provider / referrer / GP with CYP / parental consent to commence <u>by April 2025</u></p>	
<b>1.3.2</b>	CNWL will expand their current data capture to include a greater depth of information regarding numbers of CYP and waiting times for assessment on ASD and ADHD referral pathway	<p>CNWL Service Leads, Business Intelligence Team and ICB representatives will work together to implement increased breadth of data capture.</p> <p>→ BI to commence implementation of changes to IT systems <u>by March 2025</u></p>	<p>CYP Delivery Manager Hillingdon ICB CNWL Business Intelligence CNWL Service Leads</p>
<b>1.3.1</b>	Parents/carers have access to information regarding health services and are offered support for their CYP while awaiting diagnosis.	<p>The Hillingdon ICB and CNWL will work within Partnership to develop 'Waiting Well' support through informal cafe style respite, introduction to Autism programme, Brilliant Parents programme and School Transition Workshops for families awaiting ASD diagnosis.</p> <p>→ 'Waiting Well' initiatives will be implemented as a part of Pilot scheme <u>from April 2024 to March 2025</u></p>	<p>DCO CYP Delivery Manager Hillingdon ICB</p>
<b>1.3.2</b>	The Partnership has clear pathways of support which all professionals and parents understand and report being effective.	<p>Hillingdon early years settings and mainstream schools will increase their uptake in SEND reviews and peer mentoring to strengthen inclusion.</p> <p>→ SEND Advisory Team will undertake more SEND reviews, or revisits. There will be an increase from 62% to 93% of all Hillingdon settings undertaking SEND reviews to support schools' improvement around inclusion. Plan for SEND review visits or revisits to be created and monitoring of outcomes Reviews to be completed <u>by March 2026.</u></p> <p>→ SENCO Hubs will be set up to support peer mentoring <u>by June 2025</u></p>	<p>SEND Advisory Team Manager &amp; PEP</p> <p>Head of Education &amp; Lifelong Learning</p>

### Ambition Group 1

#### Objective 4: Develop new collaborative agreement & ways of working for Children’s Integrated Therapies

	Key Areas	Actions (with timeliness)	Lead role & organisation
1.4.1	New collaborative agreement with Children’s Integrated Therapies is in place and effective and appropriate to meet the needs of the local area.	<p>The LA, ICB and CNWL will create a Collaborative Agreement to demonstrate how key aspects of the local area will work together to meet the therapeutical needs of CYP with SEND (age 0-19). Outcomes will be monitored regularly.</p> <ul style="list-style-type: none"> <li>→ New Collaborative Agreement will be signed off by <u>March 2025</u></li> <li>→ Quarterly reviews of outcomes will commence by <u>June 2025</u></li> </ul>	<p>Head of Children’s Services &amp; Operations CNWL</p> <p>SEND Lead Commissioner LBH</p>

### Ambition Group 1

#### Objective 5: Improve outcomes for children with EHCPs and SEND Support

##### Areas of Improvement from Inspection:

- 1.5 improving the specificity of outcomes, ensuring that they help the child or young person in readiness for transfer through to their next phase of education.

	Key Areas	Actions (with timeliness)	Lead role & organisation
1.5.1	All CYP with SEND have SMART outcomes outlined in their EHCP or My Support Plan. All stakeholders measure the outcomes and intervene where outcomes are not improving.	<p>The Partnership will monitor outcomes of EHCPs and My Support Plans to ensure they are improving.</p> <ul style="list-style-type: none"> <li>→ All will have systems in place to QA the outcomes of EHCNAs &amp; EHCPs including transition points which will be implemented via QA EHCP Framework, training offer, and regular internal auditing systems. <u>by September 2025</u></li> <li>→ Develop further training offer for schools, along with a traded coaching offer for SENCOs or teachers, to improve confidence in creating SMART outcomes and in delivering differentiated curriculums and support to meet CYP’s needs. <u>by September 2025</u></li> </ul>	<p>DCO Service leads for CDC, CAMHS and CITS</p> <p>Director of Education &amp; SEND LBH</p>

1.5.2	Monitor the outcomes of amended EHCPs via Annual Reviews and new EHCPs across the Partnership to ensure swift action can be taken if not sufficient progress is made towards outcomes.	<p>All agencies across the Partnership will work on improving outcomes for CYP with SEND within their internal processes as part of QA Framework and outcomes will be monitored at the point of Annual Review to ensure that CYP make sufficient progress.</p> <ul style="list-style-type: none"> <li>→ Report from EHM on EHCP outcomes (met/partially met/not met) to be created <u>By March 2025</u></li> <li>→ EYES (database) will be implemented to enable more effective data management <u>by Autumn 2025</u></li> </ul>	<p>Borough Director NWL ICB CYP Delivery Manager Hillingdon ICB</p> <p>DCO</p> <p>CNWL Head of Children's Services &amp; Operations</p> <p>AD of SEND &amp; Inclusion LBH</p>
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### Ambition Group 1

### Objective 6: Develop training opportunities for LBH staff, health, social care and schools

#### Areas of Improvement from Inspection:

- training the workforce across education, health and social care in better understanding and supporting children and young people and their families

	Key Areas	Actions (with timeliness)	Lead role & organisation
1.6.1	There is an improved knowledge and confidence in identifying and effectively supporting SEND across Partnership agencies: education, health and social care as well as educational settings. This leads to improved quality of the EHCPs, better inclusive	<p>Partnership Training Programme and information sessions to be designed for schools, education, social care and health staff, tailored to partnership priorities and professionals' feedback. The impact and outcomes of training session will be monitored through feedback.</p> <ul style="list-style-type: none"> <li>→ Task &amp; Finish Group will be set up to develop Partnership Training offer. <u>by March 2025</u></li> <li>→ First part of the Partnership Training Programme to be implemented <u>by September 2025</u> and second part of the training programme to be implemented as rolling programme <u>by September 2026</u></li> </ul>	<p>AD of SEND &amp; Inclusion LBH</p> <p>DCO</p>

<p><b>1.6.2</b></p>	<p>practices and smarter outcomes for CYP with SEND.</p>	<p>The Partnership will coproduce a series of information workshops, webinars, training sessions on EHCNA and AR processes to ensure all relevant agencies and educational settings have the knowledge and resources required to improve the EHCPs.</p> <ul style="list-style-type: none"> <li>→ Information workshops and webinars to be fully developed and implemented <u>by March 2026</u></li> <li>→ Termly SENCo Forums will continue to be delivered on themes related to early identification and preventative work as well as EHCP processes and inclusive practice as per school professionals' feedback. More bespoke sessions will be developed <u>by February 2025</u> and continue on regular basis.</li> </ul>	<p>AD of SEND &amp; Inclusion LBH</p> <p>SEND Advisory Team Manager &amp; PEP</p>
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	SUCCESS MEASURE FOR Ambition 1	Baseline performance	Target				Source
1.1.2& 1.1.3& 2.2.1 & 2.2.2	SEN Support in Hillingdon is in line with national averages	<i>Baseline 23/24 census data</i> Hillingdon SEN Support <u>11.86%</u> <i>National 13.41%</i>	<b>24/25</b> 12.00%	<b>25/26</b> 12.50%	<b>26/27</b> 13.00%	<b>27/28</b> 13.50%	Census Data
1.1.4	The impact of ESF increases leading to CYP's needs being met earlier and closing the gap leading to 3-6% decrease of children applying for EHCP after receiving ESF within 1 year	<i>Baseline FY 23/24 29%</i>	<b>By April 25</b> 24%	<b>By April 26</b> 20%	<b>By April 27</b> 17%	<b>By April 28</b> 14%	DSG PBI dashboard
1.2.1 & 1.2.2 a	% of <u>health advice</u> that meet the 6 weeks and 2 weeks reporting deadlines for EHCNA and Annual Review will increase	<i>New measurement no baseline yet</i> 6 weeks performance for EHCNA 2 weeks performance for AR	<b>By Oct 25</b> 6 weeks at 70%	<b>By Oct 26</b> 6 weeks at 80%	<b>By Oct 27</b> 6 weeks at 90%	<b>By Oct 28</b> 6 weeks at 100%	EHM / PBI
			2 weeks at 50%	2 weeks at 60%	2 weeks at 70%	2 weeks at 80%	
1.2.1 & 1.2.2 b	% of <u>social care advice</u> that meet the 6 weeks and 2 weeks reporting deadlines for EHCNA and Annual Review will increase	<i>New measurement no baseline yet</i> 6 weeks performance for EHCNA 2 weeks performance for AR	<b>By Oct 25</b> 6 weeks at 70%	<b>By Oct 26</b> 6 weeks at 80%	<b>By Oct 27</b> 6 weeks at 90%	<b>By Oct 28</b> 6 weeks at 100%	EHM / PBI
			2 weeks at 50%	2 weeks at 60%	2 weeks at 70%	2 weeks at 80%	
1.2.1 & 1.2.2 c & 1.2.3	Annual reviews 4 -week and 12-week timeline improved	<i>Baseline 23/24</i> 4-week decision met at 17% 12-week final amended date met is 38%	<b>By Oct 25</b> 4-week decision at 50%	<b>By Oct 26</b> 4-week decision at 60%	<b>By Oct 27</b> 4-week decision at 70%	<b>By Oct 28</b> 4-week decision at 85%	EHM / PBI
			12-week Amended Final at 50%	12-week Amended Final at 60%	12-week Amended Final at 70%	12-week Amended Final at 85%	
1.2.3 b & 1.6.1 & 1.6.2	Overall Quality of new Plans and Final Amended Plans following AR will improve	<i>Baseline April 24</i> (based on monthly audit cycle of 20 EHCPs) Baseline for: overall quality of EHCPs	<b>By Apr 25</b> Based on 25 EHCPs per month	<b>By Apr 26</b> Based on 30 EHCPs per month	<b>By Apr 27</b> Based on 30 EHCPs per month	<b>By Apr 28</b> Based on 30 EHCPs per month	Audit Tool Invision 360



- *G 'good' - 40% (43% national average)*
- *RI 'require improvement' - 37% ( 42% national average)*
- *IN 'inadequate' - 23% (14% national average)*

G 43%	G 45%	G 50%	G 60%
RI 32%	RI 30%	RI 27%	RI 25%
IN 18 %	IN 15%	IN 12%	IN 9%

<b>1.3.3</b>	Increase in the number of Hillingdon early years settings taking part in SEND Reviews or revisits.	<i>Baseline 23/24 30%</i> There will be 10% increase each year from the baseline	<b>By Apr 25</b>		<b>By Apr 26</b>		SAS database
			+ 10%		+ 10%		
	Increase the percentage of Hillingdon mainstream <i>primary</i> schools taking part in first SEND Reviews or revisits.	<i>Target 100% of all identified schools 68</i> <i>Baseline 23/24 75%</i>	<b>By Apr 25</b>		<b>By Apr 26</b>		SAS database
			+ 15%		+10%		
<b>1.3.3</b>	Increase the percentage of Hillingdon mainstream <i>secondary</i> schools taking part in first SEND Reviews or revisits.	<i>Target 100% of all identified schools 22</i> <i>Baseline 41%</i>	<b>By Apr 25</b>		<b>By Apr 26</b>		SAS database
			+41%		+ 18%		
	Schools' SEND Reviews outcomes will increase	<i>Baseline Outcomes measure (scale 0-2)</i> <i>Baseline Average 1.4 schools performance following SEND Review</i>	<b>By Apr 25</b>		<b>By Apr 26</b>		SAS database
			1.6-1.7		1.8-1.9		
	Number of early years settings and schools being part of Inclusion Commitment will increase.	<i>Baseline 11% of early years settings</i>  11% of schools	<b>By Apr 25</b>	<b>By Apr 26</b>	<b>By Apr 27</b>	<b>By Apr 28</b>	SAS database
			+10%	+10%	+10%	+10%	
			+10%	+10%	+10%	+10%	
<b>1.4.1</b>	Waiting times for the therapeutic input CYP receiving therapy (1:1 or group session, workshop, training) within 12 weeks of receipt of referral by therapy type: SALT, OT, Physio.	<i>Baseline</i>	<b>By April 25</b>	<b>By Apr 26</b>	<b>By Apr 27</b>	<b>By Apr 28</b>	CNWL database
			SALT 75%	SALT 75%	SALT 75%	SALT 75%	
			OT 75%	OT 75%	OT 75%	OT 75%	
			Physio 100%	Physio 100%	Physio 100%	Physio 100%	
	May 24	June 24	<b>Baseline Quarterly</b>				
SALT	62%	63%	<b>74%</b>				
OT	24%	57%	<b>61%</b>				
Physio	100%	100%	<b>100%</b>				

<b>1.5.1 &amp; 4.2.1</b>	Quality of EHCP Outcomes in Sections C, D & E will increase	<i>Baseline April 24</i> (based on monthly audit cycle of <b>20</b> EHCPs) <ul style="list-style-type: none"> <li>▪ Section C <b>50%</b> rating as 'Good' or 'Outstanding'</li> <li>▪ Section D <b>18%</b> rating as 'Good' or 'Outstanding'</li> <li>▪ Section E <b>87%</b> rating as 'Good' or 'Outstanding'</li> </ul>	<b>By Apr 25</b> Based on <b>25</b> EHCPs per month	<b>By Apr 26</b> Based on <b>30</b> EHCPs per month	<b>By Apr 27</b> Based on <b>30</b> EHCPs per month	<b>By Apr 28</b> Based on <b>30</b> EHCPs per month	Invision 360
			C 55%	C 65%	C 70%	C 75%	
			D 55%	D 65%	D 70%	D 75%	
			E 87%	E 88%	E 89%	E 90%	

## Ambition Group 2

### Objective 1: Improve functionality of the Local Offer

#### Areas of Improvement from Inspection:

- the local offer is not well established, many CYP and their families do not know about it.

	Key Areas	Actions (with timeliness)	Lead role & organisation
2.1.1	Local Offer is well established, regularly reviewed and many CYP and their families can easily access it.	<p>The Partnership will review all information currently on the Local Offer to check it is still relevant and up to date and identify gaps. The Local Offer will be rebranded to help residents understand what it is and will be marketed more widely, monitoring the level of engagement over time and involving young people in the design and content. The Partnership will work in collaboration to raise awareness of the Local Offer with the community and to regularly promote the website.</p> <ul style="list-style-type: none"> <li>→ New branding for the Local Offer will be in place with a new name through coproduction <u>by December 2024</u></li> <li>→ Task &amp; Finish Group will be set up to collate feedback from Families, CYP and other Professionals to evaluate the Local Offer and address all the gaps. Evaluation and improvement plan for LO to be implemented <u>by March 2025</u></li> <li>→ First draft of new Local Offer <u>by October 2025</u></li> <li>→ Regular survey on functionality of Local Offer to be coproduced and implemented <u>by October 2025</u></li> <li>→ Promotion of the Local Offer will be led by the above Task &amp; Finish Group through social media platforms, information forums for parents/carers and YP and by identifying LO champions across all agencies. Promotional activities to be designed and implemented <u>by October 2025</u> and thereafter termly reviewed by AG2.</li> </ul>	<p>AD Children and Family Support Services LBH</p> <p>AD of SEND &amp; Inclusion LBH</p>

## Ambition Group 2

### Objective 2: Support and empower settings to play their part in a fully inclusive system

#### Areas of Improvement from Inspection:

- how well mainstream schools identify children’s needs in relation to SEND and then effectively plan provision that meets their needs, thereby helping to avoid the risk of suspension and/or permanent Exclusion.

	Key Areas	Actions (with timeliness)	Lead role & organisation
2.2.1	There are established frameworks across the Partnership to support educational settings with the identification of SEND needs, inclusion and putting support in place through Ordinarily Available Provision to strengthen inclusion in local mainstream settings.	<p>The Partnership will review and update the OAP framework, create OAP checklists to support settings in strengthening inclusion in local mainstream settings.</p> <ul style="list-style-type: none"> <li>→ OAP guidance to be reviewed and published. <i>(please see also actions 1.6.1 &amp; 1.6.2)</i> <u>by December 2024</u></li> <li>→ OAP checklists are published and promoted to schools and settings <u>by January 2024</u></li> </ul>	PEP
2.2.2		<p>The schools’ community will coproduce an Inclusion Consistency Framework to ensure that an inclusive environment across the Partnership educational settings is transparent and coordinated.</p> <ul style="list-style-type: none"> <li>→ The Task &amp; Finish Group will be created <u>by January 2026</u></li> <li>→ Inclusion Consistency Framework will be coproduced &amp; implemented <u>by March 2026</u></li> </ul>	Head of Education & Lifelong Learning LBH

## Ambition Group 2

### Objective 3: Review and refine support for SEND children with transitions, attendance and exclusions and vulnerable group

	Key Areas	Actions (with timeliness)	Lead role & organisation
2.3.1	Ensuring that agencies across education, social care and health are working collaboratively with educational settings to develop strategies to support CYP and their families through transition points in their education.	<p>The Partnership will:</p> <ul style="list-style-type: none"><li>→ coproduce relevant guidance documents and information for professionals, and CYP and their families, on transition points in education to prevent placement breakdown and reduce requests for a change of placement to specialist where mainstream deemed appropriate</li></ul> <p><u>by July 2026</u></p> <ul style="list-style-type: none"><li>→ Implement transition Pilot programme (run by LBH education in partnership with CAAS) for 4 secondary schools to support transition of CYP with ADHD &amp; ASD with EHCP transferring to secondary mainstream provision</li></ul> <p><u>by October 24</u></p>	EHC Service Manager

	SUCCESS MEASURE FOR Ambition 2	Baseline performance	Target				Source
			By Oct 25	By Oct 26	By Oct 27	By Oct 28	
2.1.1	Number of views and returns on Local Offer website	<i>Baseline (01.10.23- 01.10.24)</i> → Views 1330 → Bounce rate 40%	Views 1530	Views 1730	Views 1930	Views 2130	LBH Website
			Bounce 42%	Bounce 45%	Bounce 48%	Bounce 50%	
2.2.1 & 2.2.2	Increase by 2 % each year the number of CYP with EHCPs attending local mainstream to increase inclusion.	<i>Baseline 22/23 - 44%</i>	By April 25	By April 26	By April 27	By April 28	EHM / PBI
			48%	50%	52%	54%	
2.3.1	Total number of suspensions and exclusions for CYP with EHCPs or on SEN Support.	<i>Baseline Jul 24</i> occurrences  <u>SEN Support</u> Susp. Number: 561 Excl. Number: 14  <u>EHCP</u> Susp. Number: 344 Excl. Number: 3  % decrease from baseline	By Jul 25	By Jul 26	By Jul 27	By Jul 28	Education internal data
			Susp. -10% Excl. -10%	Susp. -5% Excl. -10%	Susp. -2% Excl. -5%	Susp. -2% Excl. -5%	
			Susp. -10% Excl. -30%	Susp. -5% Excl. -30%	Susp. -2% Excl. -60%	Susp. -2% Excl. -10%	

**Ambition Group 3**  
**Objective 1: Review SEND Funding approach**

	Key Areas	Actions (with timeliness)	Lead role & organisation
3.1.1	Hillingdon SEND funding framework is reviewed and provides fair and transparent allocation of HNB funding in line with CYP's needs.	<p>The Partnership will continue banding review to enable continuum of support for CYP on SEN Support as well as with EHCPs.</p> <ul style="list-style-type: none"> <li>→ Mainstream Banding Model implementation commenced in September 2024 and conversion to the new model will be completed <u>by September 2026</u></li> <li>→ Special Schools Banding model review to be completed <u>by February 2025</u> and implemented <u>by July 2027</u></li> </ul>	Director Education and SEND LBH

**Ambition Group 3**  
**Objective 2: Develop new SRP, Designated Units and Assessment base with appropriate quality assurance**

	Key Areas	Actions (with timeliness)	Lead role & organisation
3.2.1	Quality assuring existing SRP/DU/AB provision by regular reviews to create a consistent approach to supporting children with SEND.	<p>The Partnership will develop a quality assurance framework for SRPs, DUs and AB.</p> <ul style="list-style-type: none"> <li>→ Pilot on SRP Review to be completed <u>by March 2025</u></li> <li>→ Develop QA model for all SRPs, DUs, AB and carry out the reviews for all <u>by September 2027</u></li> </ul>	SEND Education Advisor LBH
3.2.2	Developing more specialist provision within mainstream to meet the range of needs locally in the Borough, including additional SRP places, Designated Units (DU) and Assessment Base (AB).	<p>The LBH will continue developing provision following the opening of 2 new primary SRPs, 2 DUs and AB.</p> <ul style="list-style-type: none"> <li>→ Secondary SRP provision and specialist FE provision expansions will be developed <u>by September 2027</u></li> </ul>	<p>Senior SEND &amp; Inclusion Commissioner LBH</p> <p>School Place Planning Manager LBH</p>

**Ambition Group 3**  
**Objective 3: Create additional places in local Special School provision**

	Key Areas	Actions (with timeliness)	Lead role & organisation
3.3.1	Reviewing current SEND provision and developing further SEND school places as required to meet the current and projected demand.	<p>The Partnership will ensure that the types of needs in special schools are fit for purpose for the current cohorts and that the needs are constantly reviewed through Early Years tracking panel, and regular reports on trends and cohorts.</p> <ul style="list-style-type: none"> <li>→ SEND PBI Dashboard to be further developed to enable regular reporting on trends and cohorts <u>by July 2025</u></li> <li>→ SEND Sufficiency Strategy to be published <u>by March 2025</u></li> <li>→ Admission Guidance to specialist provision will be developed and published <u>by July 2025</u></li> <li>→ Pinn River and Meadow High Schools expansion to be completed <u>By January 2026</u></li> </ul>	<p>School Place Planning Manager LBH</p> <p>AD of SEND &amp; Inclusion LBH</p>

**Ambition Group 3**  
**Objective 4: Develop a SEND school outreach offer**

	Key Areas	Actions (with timeliness)	Lead role & organisation
3.4.1	Creating a new SEND outreach and in-reach model to support mainstream settings with a range of needs.	<p>The Partnership will work together to create outreach and in-reach offer for mainstream schools.</p> <ul style="list-style-type: none"> <li>→ Centre for ADHD and Autism Support (CAAS) pilot commissioned by the LA to strengthen transition for EHCP students transferring from primary to secondary mainstream. Review impact of pilot and consider next steps <u>by September 2025</u></li> <li>→ Outreach and In-reach offer from special schools and SRPs to mainstream will be developed to support with a range of needs. <u>by September 2026</u></li> </ul>	<p>AD of SEND &amp; Inclusion LBH</p> <p>Director Education &amp; SEND LBH</p> <p>SEND Education Advisor LBH</p>



	<b>SUCCESS MEASURE FOR Ambition 3</b>	<b>Baseline performance</b>	<b>Target</b>				<b>Source</b>
<b>3.2.1</b>	Number of SRPs, DUs and AB that have regular reviews will increase. There will be ongoing review for all.	Baseline September 2024 - 3/15 reviews completed	<b>By Sept 25</b>	<b>By Sept 26</b>	<b>By Sept 27</b>	<b>By Sept 28</b>	EIP internal database
			6	10	15	15	
<b>3.4.1 &amp; 2.2.1 &amp; 2.2.2</b>	Increase by 2 % each year the number of CYP with EHCPs attending local mainstream to increase inclusion.	Baseline 22/23 - 44%	<b>By April 25</b>	<b>By April 26</b>	<b>By April 27</b>	<b>By April 28</b>	EHM / PBI
			48%	50%	52%	54%	

## Ambition Group 4

### Objective 1: Develop further opportunities for children with SEND to take part in clubs & activities

#### Areas of Improvement from Inspection:

- the short break offer is not well developed. Some children and young people wait too long to access provision, for example due to a lack of appropriate equipment.

	Key Areas	Actions (with timeliness)	Lead role & organisation
4.1.1		<p>The Partnership will work with CYP and their families to establish gaps in local area for activities.</p> <p>→ The Partnership will ensure events and activities for CYP are update on the Local Offer regularly to widen participation. <i>(part of action 2.1)</i>  <u>By October 2025</u></p>	<p>SEND Education Advisor</p> <p>AD Child and Family Support Services</p>
4.1.2	<p>Ensuring that activities and opportunities for CYP with SEND across local area are accessible and provide range of possibilities within their interests including respite offer.</p>	<p>→ The Partnership will explore the development of short breaks offer through DPS and spot purchasing as well as a hub to ease access to short breaks to families. The Partnership will review the reasons for the delay in CYP accessing short breaks and will work across agencies to improve timely access to short breaks.  Short breaks offer development plan informed by the review to be established by <u>October 2025.</u></p>	<p>AD Permanence &amp; Specialist Services</p>

## Ambition Group 4

### Objective 2: Development of Preparation for Adulthood outcomes

#### Areas of Improvement from Inspection:

- ensuring that PfA is more effectively planned from Year 9 onwards
- ensuring that those young people with a learning disability under the age of 18 can receive a formal diagnosis when required to ensure a smooth and planned transition through to adult services
- ensuring that all children and young people benefit from an effective and timely presentation to the transition panel  
YP are not always presented early enough to the transition panel and their views are often overpowered by parents.
- more robustly capturing the voice of children and young people and their lived experience about the partnership's approach to PfA.
- CYP are not directly represented on the local offer steering group or in SEND governance groups

	Key Areas	Actions (with timeliness)	Lead role & organisation
4.2.1	There is a strong collaboration with CYP and their families to capture their voice, ensure YP's involvement in SEND governance, PfA is embedded across all agencies that work with CYP with SEND from Year 9 onwards and YP are presented to transition panel in a timely manner.	<p>The Partnership will work in line with the coproduction charter to ensure effective use of the voice of CYP in shaping EHCPs and will develop partnership's approach to PfA by coproducing a PfA strategy document. New Annual Review Templates (<i>action 2.2</i>) will include coproduced part for PfA. Training for schools (<i>action 6.2</i>) will include PfA. The Partnership will monitor PfA implementation through EHCP QA Framework (<i>action 2.1</i>)</p> <p>→ PfA Strategy to be coproduced and published by <u>October 25</u></p>	AD SEND & Inclusion
4.2.2		<p>The Partnership will review transition panel to ensure there are representatives from all relevant agencies to make it more robust and review the ToR of the panel to improve operational pathways across agencies to enable smooth transition for YP while focusing on their personal PfA Outcomes.</p> <p>→ Transition Panel Terms of Reference and membership will be reviewed by <u>March 2025</u></p>	AD Permanence & Specialist Services  CNWL Transition Nurse/CCN Leads DCO

4.2.3		<p>The Partnership will work with CYP and their families to establish clear platforms for capturing YP's voice and involve them in the local area decision. Hillingdon Hospital LD Nurse supports CYP with SEND and complex health need to develop 'My Health My Plan' (Hospital Passport) that is PfA focused.</p> <ul style="list-style-type: none"> <li>→ SEND Youth Forum to be established <u>by January 2025</u></li> <li>→ YP with SEND to become members of Ambition Groups within Local Area SEND Governance <u>by February 2025</u></li> <li>→ 'Walking in our shoes' to be developed themed on CYP with SEND <u>by April 2025</u></li> </ul>	SEND Education Advisor
4.2.4	Young People will have access to an assessment for Learning Disability to receive a formal LD diagnosis.	<p>NWL ICB will commission review of specialist services for people with LD</p> <ul style="list-style-type: none"> <li>→ To undertake a mapping exercise to highlight the gaps for MHLDA services. Findings will be presented to MHLDA Board and LDA Steering Group <u>by November 2024</u></li> <li>→ NWL ICB will investigate the scale of the issue, the impact on CYP and what is happening across other parts of the country. This will inform the decision to develop a business case seeking investment and service model options. <u>by November 2025</u></li> </ul>	Head of Children's Services and Operations CNWL

### Ambition Group 4

## Objective 3: Further develop options for Post 16 through supported internships, provision, work and employment

### Areas of Improvement from Inspection:

- 1.4 ensuring that PfA is more effectively planned from Year 9 onwards (see also 4.2)

	Key Areas	Actions (with timeliness)	Lead role & organisation
4.3.1	All agencies across the Partnership are working with employers and FE providers to create more opportunities and pathways to support wider education, employment and training opportunities, including Supported Internships.	<p>The Partnership will involve YP with SEND in designing opportunities in local area for internships, work and employment.</p> <ul style="list-style-type: none"> <li>→ Supported Employment Forum to be further developed <u>By March 2025</u></li> <li>→ Pathways Guide to be further developed from existing Routes into Work Guide. <u>By July 2025</u></li> </ul>	Work Inclusion Partnerships Manager

4.3.2	Strengthening practice in career advice and guidance for YP with SEND from Year 9 and onwards. Careers Leads/SENCOs have better understanding of their role in supporting YP with SEND in improving Careers, Education, Information, Advice, and Guidance (CEIAG).	<p>The Partnership will raise awareness about the importance of planning PfA more effectively from Year 9 onwards and will provide support to Careers Leads/SENCOs around CEIAG through the following:</p> <ul style="list-style-type: none"> <li>→ Training Sessions to Careers Leads/SENCOs about supporting YP with SEND in improving CEIAG. First session will be delivered <u>by May 2025</u> and thereafter 1 session per term.</li> <li>→ Careers Leads Network termly meetings are implemented where Gatsby Benchmarks are discussed with all schools with strong emphasis on involving SEND students. Meetings implemented and run <u>termly</u>.</li> <li>→ Pilot programme with few schools to implement vocational profiling as a part of the CEIAG for EHCP students and SEN Support students. Pilot to commence <u>by November 2025</u></li> </ul>	Head of Education & Lifelong Learning LBH
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### Ambition Group 4

**Objective 4: Regularly gather feedback from SEND children to understand what is working and what isn't  
To develop a shared vision and expectation of responsibility, through the development of a Co-production Charter, across all service providers who support children and young people with SEND**

#### Areas of Improvement from Inspection:

- 1.3 more effectively using the voice and aspirations of children and young people when shaping their EHC and/or amended EHC plan
- 2.3 leaders use a wider range of information to inform how they evaluate children and young people's needs and understand families' lived experiences. (see also 1.1)

	Key Areas	Actions (with timeliness)	Lead role & organisation
4.4.1	Ensuring that CYP with SEND are involved at all stages of support offered by services within the Partnership so that they are clear on their options and can make the best choices for themselves in line with their aspirations.	<p>Following the development of Coproduction charter, the Partnership will develop mechanism for coproduction charter implementation, ensuring that all agencies gather evidence of coproduction with CYP and their families. CYP's voice will be regularly evaluated to inform services' delivery.</p> <ul style="list-style-type: none"> <li>→ Coproduction implementation contract to be developed and monitored <u>by May 2025</u></li> </ul>	AD of SEND & Inclusion LBH

## Ambition Group 4

### Objective 5: Improve support for children with Social, Emotional and Mental Health support

	Key Areas	Actions (with timeliness)	Lead role & organisation
4.5.1			LBH SEMH Specialist EP & ICB CAMHS
4.5.2	Ensuring there is an outreach service for CYP with SEND who present with SEMH needs to support them in mainstream settings.	<p>The Partnership will develop SEMH Inclusion commitment and further develop Mental Health Support Worker service in schools.</p> <ul style="list-style-type: none"> <li>→ SEMH Inclusion Commitment to be developed <u>by December 2025</u></li> <li>→ The Thrive Partnership lead by NWL ICB Hillingdon in collaboration with the Local Authority will create a Thrive Directory for CYP and their families/carers/schools and professionals which will signpost to the right service to support their SEMH needs. Directory to be published <u>by March 2025</u></li> <li>→ EHCP Plus team to be created with LBH Education &amp; SEND to offer specialist advice and guidance to mainstream schools for CYP with EHCP who have SEMH/ complex needs. EHCP Plus Team to be recruited <u>by March 2025</u> and support fully enrolled to schools <u>by September 2025</u></li> </ul>	AD of SEND & Inclusion LBH

SUCCESS MEASURE FOR Ambition 4		Baseline performance		Target				Source
4.2.1 & 1.5.1	Increased quality of PfA outcomes linked to YP's ambitions. Quality of EHCP Outcomes in Sections C, D & E will increase. (Themed audits specific on PfA)	<i>Baseline April 24</i> (based on monthly audit cycle of 20 EHCPs)		<b>By April 25</b> Based on 25 EHCPs per month	<b>By Apr 26</b> Based on 30 EHCPs per month	<b>By Apr 27</b> Based on 30 EHCPs per month	<b>By Apr 28</b> Based on 30 EHCPs per month	Invision 360
		<ul style="list-style-type: none"> <li>Section C <b>50%</b> rating as 'Good' or 'Outstanding'</li> <li>Section D <b>18%</b> rating as 'Good' or 'Outstanding'</li> <li>Section E <b>87%</b> rating as 'Good' or 'Outstanding'</li> </ul>		C 55%	C 65%	C 70%	C 75%	
				D 55%	D 65%	D 70%	D 75%	
4.2.2	Improved timeliness of YP with SEND (EHCP and non- EHCP) presented to Transition Panel (adult social care& health)	<i>Baseline FY</i>		E 87%	E 88%	E 89%	E 90%	Panel data
		Out of all CYP with SEND who potentially meet threshold for support under the Care Act Assessment are timely presented to the Transition Panel. 97% are presented on time (at the age of 17)		98%	99%	100%	100%	
4.3.1 a	Increased number of students with EHCP accessing Supported Internships	<i>Baseline September 2024</i>		<b>By Sept 25</b>	<b>By Sept 26</b>	<b>By Sept 27</b>	<b>By Sept 28</b>	Work Inclusion Partnership database
		18 students with EHCP accessing SI		+ 10%	+ 10%	+ 10%	+ 10%	
4.3.1b	% of YP who successfully move to employment following Supported Internships (SI)	<i>Baseline March 2024</i>		<b>By Mar 25</b>	<b>By Mar 26</b>	<b>By Mar 27</b>	<b>By Mar 28</b>	
		43% of YP who moved to employment following SI		45%	48%	51%	55%	
4.3.2	% of students with SEND in Education, Employment and Training (EET)	Baseline June 2024 % of students:		<b>By Oct 25</b>	<b>By Oct 26</b>	<b>By Oct 27</b>	<b>By Oct 28</b>	Participation Team Database and EHM
		<u>on SEN Support</u> 16-17 year olds = 91.3%	SEN Support 16-17 year olds	92.5%	93%	94%	95%	
		Baseline October 2024 with <u>EHCP</u> :						

16-17 year olds – 93.8%

16-25 year olds – 86.2%

EHCP  
16-17 year  
olds

94%

94.5%

95%

96%

EHCP  
16-25 year  
olds

88%

89%

90%

92%



**Ambition Group 5**  
**Objective 1: Create a three-tiered alternative provision system**

	Key Areas	Actions (with timeliness)	Lead role & organisation
5.1.1	To ensure the three-tier alternative provision (AP) system is fully integrated into the local education landscape, with mainstream schools having a clear understanding of the system, how to access support, and how to make effective referrals.	<p>The Partnership will:</p> <ul style="list-style-type: none"> <li>→ Develop an easy-to-understand infographic or visual guide explaining the three-tier AP system, highlighting the types of support available at each tier <u>by October 25</u></li> <li>→ Establish a regular communication plan with schools to gather feedback on the AP system and address any gaps in awareness e.g. annual AP information sessions, feedback surveys to assess school satisfaction and identify areas for improvement. <u>by June 2025</u></li> <li>→ Develop an online hub on LEAP where schools can easily access information about the AP system, submit referrals, monitor student progress, and communicate with AP providers. Ensure it includes resources like case studies, guidance documents, and training videos. <u>by January 2025</u></li> </ul>	AD for Education LBH
5.1.2	Ensure mainstream schools are equipped with resources and training to provide early, preventative interventions to reduce the need for alternative provision referrals.	<ul style="list-style-type: none"> <li>→ Provide additional resources to schools for early intervention program through Vulnerable Learners Clinics. Clinics to be implemented <u>by June 2025</u></li> </ul>	AD for Education LBH

## Ambition Group 5

### Objective 2: Reduce the number of exclusions and suspensions from and within schools

#### Areas of Improvement from Inspection:

- 3.2 how well mainstream schools identify children’s needs in relation to SEND and then effectively plan provision that meets their needs, thereby helping to avoid the risk of suspension and/or permanent Exclusion (see also 2.2)

	Key Areas	Actions (with timeliness)	Lead role & organisation
5.2.1	Ensuring that agencies across education, social care and health are working collaboratively with educational settings to develop strategies to reduce the numbers of CYP with SEND who are suspended or excluded from education.	<p>The Partnership will:</p> <ul style="list-style-type: none"> <li>→ Review existing guidance for educational settings to prevent suspensions and exclusions. <u>by February 2025</u></li> <li>→ Ensure that the Early Intervention and Inclusion Panel (EIIP) effectively links relevant professionals (from education, health, and social care) across the partnership to address cases at risk of suspension or exclusion for CYP with SEND. EIIP ToR to be reviewed <u>by December 2025</u></li> <li>→ Develop and implement strategies across the partnership to address the underlying causes of suspensions and exclusions for CYP with SEND (e.g., behavioural interventions, mental health support, family engagement). <u>by July 2026</u></li> <li>→ Develop and promote a directory of APs on the DPS, ensuring schools have access to a wide range of intervention options, including provisions for students with SEND. <u>by February 2025</u></li> </ul>	<p>AD Education LBH</p> <p>AD SEND &amp; Inclusion</p> <p>DCO</p> <p>CYP Delivery Manager Hillingdon ICB</p> <p>CAMHS Service Manager Hillingdon CNWL</p>

## Ambition Group 5

### Objective 3: Increase the number of children successfully reintegrated back into mainstream

	Key Areas	Actions (with timeliness)	Lead role & organisation
5.3.1	<p>Alternative Provision is used as an intervention, not a destination. There is a reintegration process for CYP who receive a Permanent Exclusion (PEX) and children with SEND. Every CYP accessing AP has a support plan.</p>	<p>The Partnership will:            establish clear reintegration (TAC) plans for each student placed in AP, co-developed with the student, their family, mainstream school staff, and AP providers:</p> <ul style="list-style-type: none"> <li>→ Reintegration Plans from AP to school to be implemented <u>by July 2026</u></li> <li>→ Explore reintegration processes for children with SEND <u>by July 2026</u></li> <li>→ Include requirement for support plans in all SLAs with providers <u>by July 2025</u></li> <li>→ Develop a process for assessing progress of children via their support plans <u>by July 2025</u></li> </ul>	AD Education LBH

## Ambition Group 5

### Objective 4: Improve commissioning of independent providers to have a more flexible approach

	Key Areas	Actions (with timeliness)	Lead role & organisation
<b>5.4.1</b>	There is functional, well developed Dynamic Purchasing System (DPS) for Alternative Provision (AP) with standardised Service Level Agreement (SLA) for all providers.	<p>The Partnership will:</p> <ul style="list-style-type: none"> <li>→ Regularly review and expand the list of approved AP providers within the DPS to ensure a diverse range of high-quality options <u>by July 2025</u></li> <li>→ Implement a Quality Assurance Framework for Alternative Provision providing structured QA process to regularly assess the performance and effectiveness of AP providers <u>by July 2025</u></li> <li>→ Offer information sessions for internal teams and AP providers on how to effectively use the DPS <u>by September 2025</u></li> <li>→ Create a standardised Hillingdon SLA for all providers <u>by January 2025</u></li> </ul>	Senior SEND & Inclusion Commissioner LBH AD Education LBH

## Ambition Group 5

### Objective 5: Reduce the number of children requiring tuition

	Key Areas	Actions (with timeliness)	Lead role & organisation
<b>5.5.1</b>	Reduced reliance on Home Tuition by increasing Alternative Provision Capacity and more bespoke pathways of support to strengthen CYP outcomes and reintegration to educational setting.	<p>The Partnership will:</p> <ul style="list-style-type: none"> <li>→ ensure a broad range of AP is available <u>by December 2025</u></li> <li>→ work with AP providers to create pathways tailored to younger children <u>by July 2025</u></li> </ul>	AD Education LBH

SUCCESS MEASURE FOR Ambition 5		Baseline performance	Target				Source
5..2.1 & 2.3.1 & 2.3.2	Total number of suspensions and exclusions for CYP with EHCPs or on SEN Support.	<i>Baseline Jul 24</i> occurrences <u>SEN Support</u> Susp. Number: 561 Excl. Number: 14	<b>By Jul 25</b>	<b>By Jul 26</b>	<b>By Jul 27</b>	<b>By Jul 28</b>	Education database
		Susp. -10% Excl. -10%	Susp. -5% Excl. -10%	Susp. -2% Excl. -5%	Susp. -2% Excl. -5%		
		<u>EHCP</u> Susp. Number: 344 Excl. Number: 3	Susp. -10% Excl. -30%	Susp. -5% Excl. -30%	Susp. -2% Excl. -60%	Susp. -2% Excl. -10%	
5.3.1 a	% of PEx CYP (including those with SEND) who were successfully reintegrated from alternative provision (AP) into education.	<i>Baseline Jul 24</i> 16% of CYP who were reintegrated to education following PEx.	<b>By Jul 25</b>	<b>By Jul 26</b>	<b>By Jul 27</b>	<b>By Jul 28</b>	Education database
			+5%	+6%	+7%	+8%	
5.3.1 b	A reduction in the average length of time CYP with SEND (EHCP and non-EHCP) spend in alternative provision, with the majority transitioning back to education indicating efficient use of AP as a short-term intervention.	<i>Baseline Jul 24</i> Average time of CYP in AP - 9.5 months	<b>By Jul 25</b>	<b>By Jul 26</b>	<b>By Jul 27</b>	<b>By Jul 28</b>	Education database
		% decrease in duration of AP	+2%	+2%	+5%	+10%	

## Terms or Acronyms:

- AB- Assessment Base
- AD- Assistant Director
- ADHD- Attention Deficit Hyperactivity Disorder
- AP- Alternative Provision
- AR- Annual Review
- ASD- Autistic Spectrum Disorder
- CAMHS- Child and Adolescent Mental Health Services
- CCN- Community Children Nurses
- CITS- Children Integrated Therapy Service
- CNWL- Central North West London
- CYP –Children and Young People
- DCO- Designated Clinical Officer
- DPS- Dynamic Purchasing System
- DU- Designated Unit
- EHCNA- Education Health Care Needs Assessment
- EHCP- Education, Health and Care Plan
- FY- Financial Year
- ICB- Integrated Care Board
- LA-Local Authority
- LBH- London Borough of Hillingdon
- LO- Local Offer
- MHLDA- Mental Health, Learning Disability and Autism
- OAP- Ordinarily Available Provision
- PEP- Principal Educational Psychologist
- PEx – Permanent Exclusion
- PfA- Preparation for Adulthood
- QA- Quality Assurance
- SEMH- Social Emotional Mental Health
- SENCo-Special Educational Needs Co-ordinator
- SI- Supported Internship
- SLA- Service Level Agreement
- SRP- Specialist Resource Provision
- TAC- Team Around the Child
- THH- The Hillingdon Hospital
- ToR- Terms of Reference
- YP- Young People