



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.

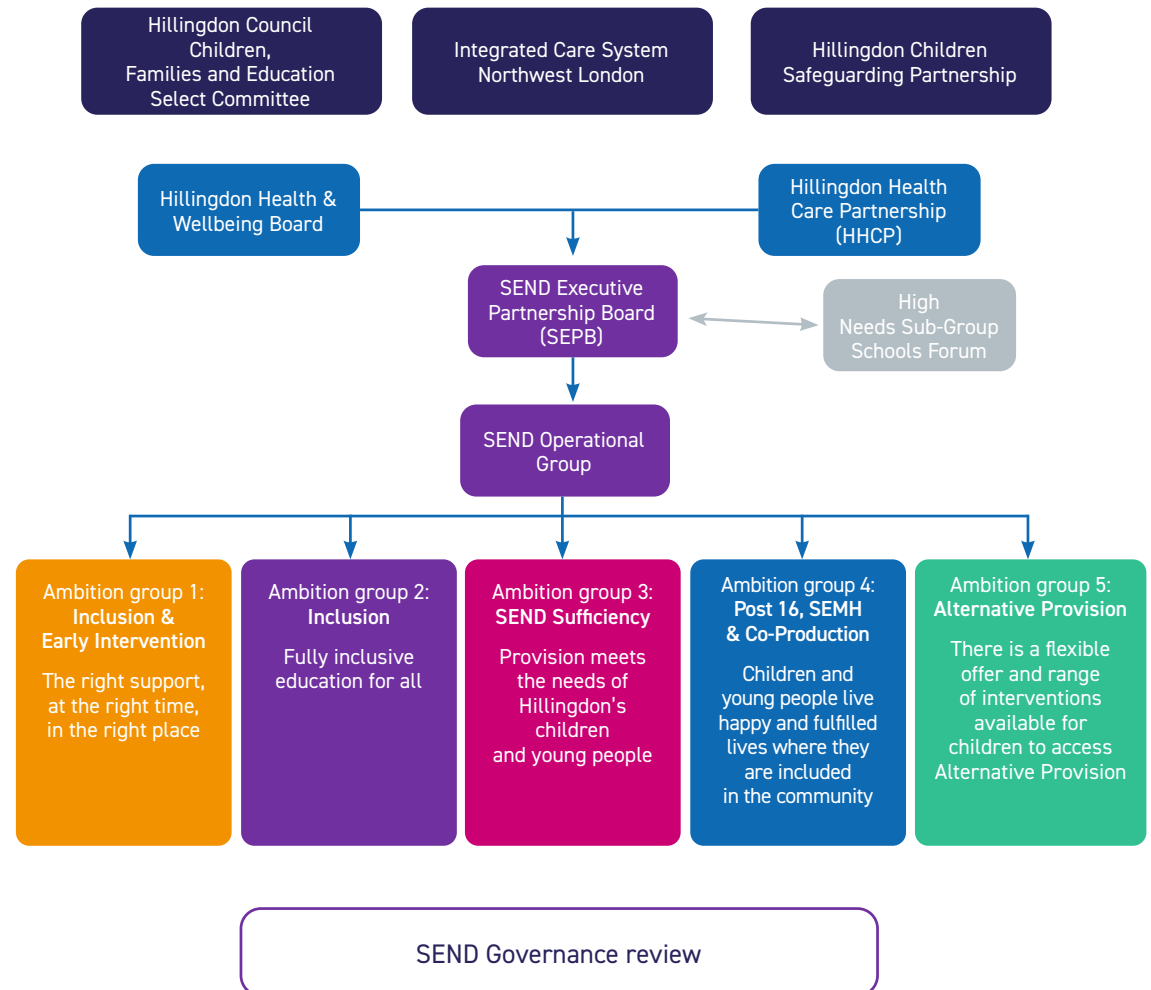
There is a clear long term impact that our children and families will face as a result of COVID however there has been significant learning from this crisis and many opportunities for the local area to improve outcomes for all children and young people with SEND and those accessing Alternative Provision.

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

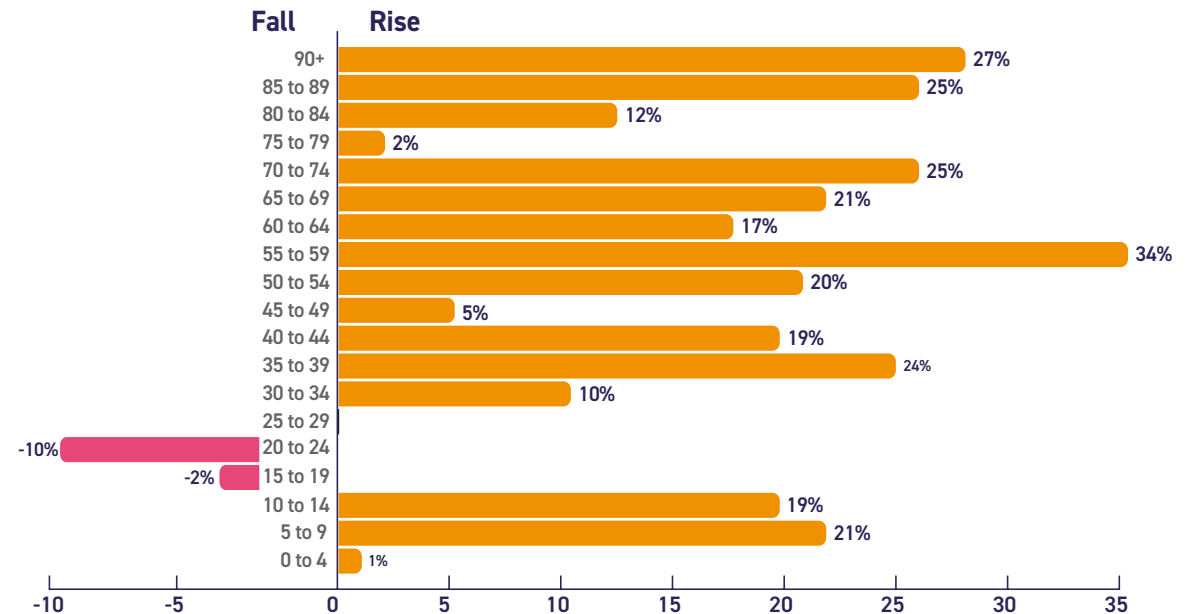
The Hillingdon Joint Strategic Needs Assessment informs this strategy at Borough and Ward level.

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.

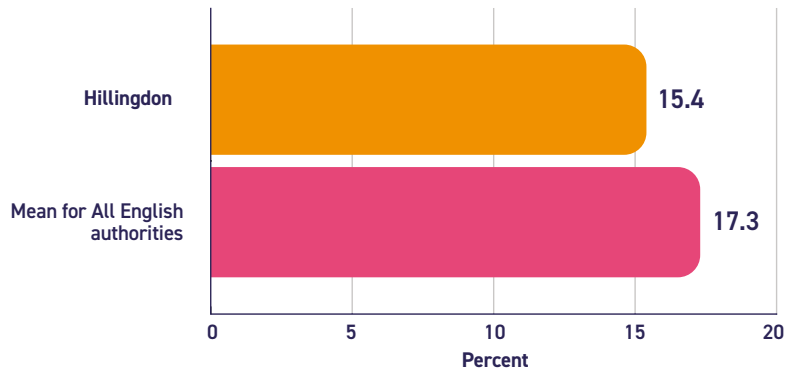


13.2. Special Educational Needs and Disabilities (SEND)

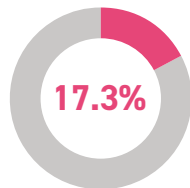
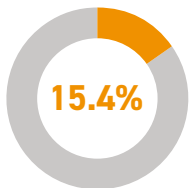
During 2022-23, Hillingdon identified 15.4% of pupils who have either an EHC Plan or are receiving SEND support. This compares to an average of 16.9% in London.

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.

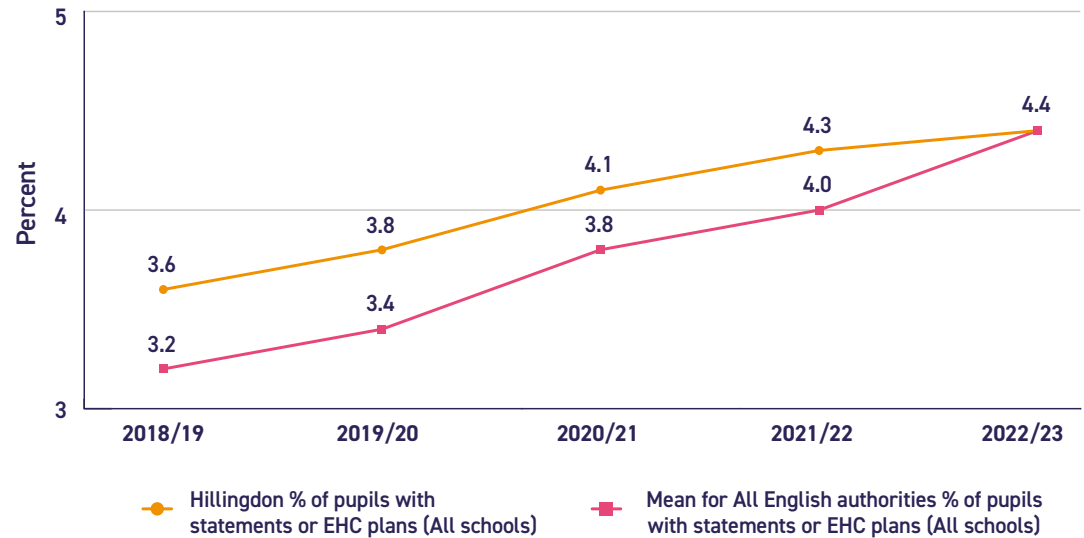
% of pupils with SEN (2022/23 (academic))



(source: LG Inform)

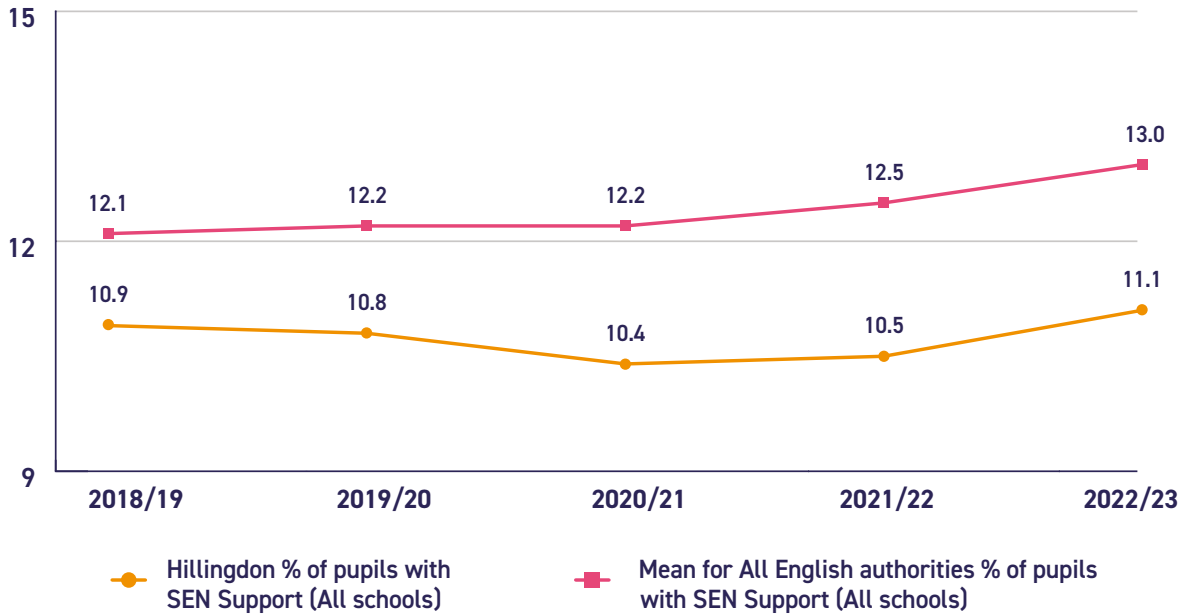


% of pupils with a statement or EHC Plan (from 2018/19 (academic) to 2022/23 (academic))



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))

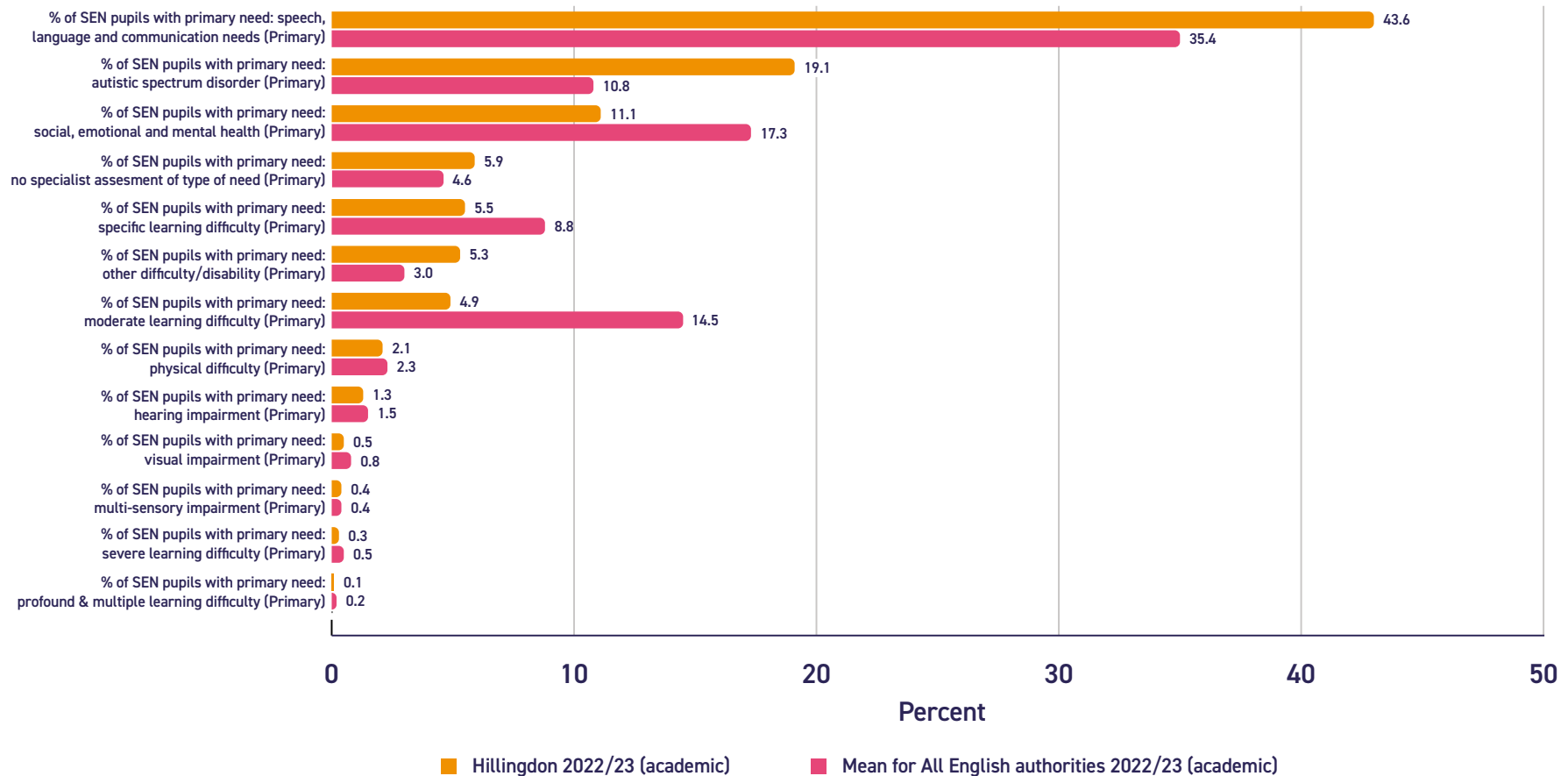


In Hillingdon, 16.3% of looked after children receive SEND support, compared to 26.3% nationally. 34.1% of Looked After Children in Hillingdon have an EHCP, compared to 31.5% nationally.

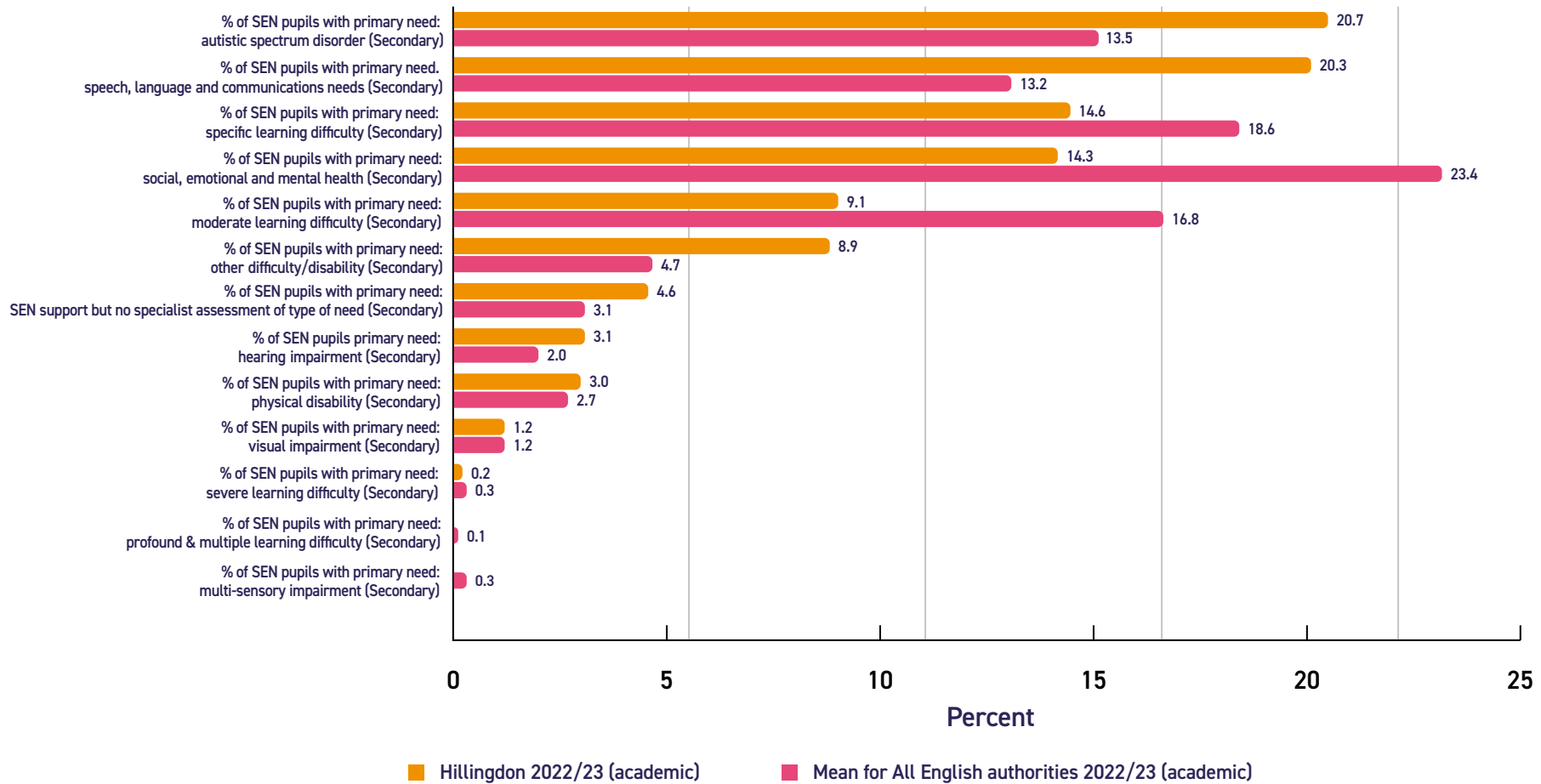
The primary need for children with SEND in Hillingdon is Speech, Language and Communication Needs (SLCN), followed by Autism

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):

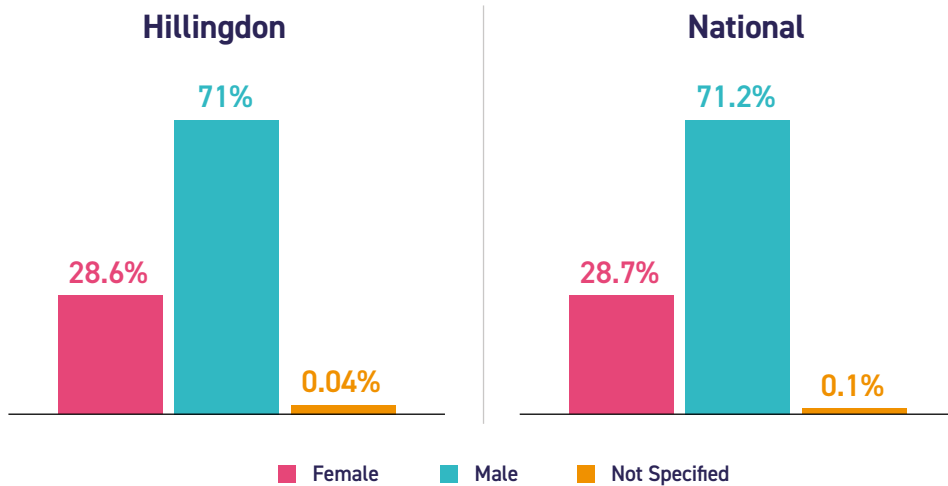
Primary need in primary schools (2022/23 (academic))



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)

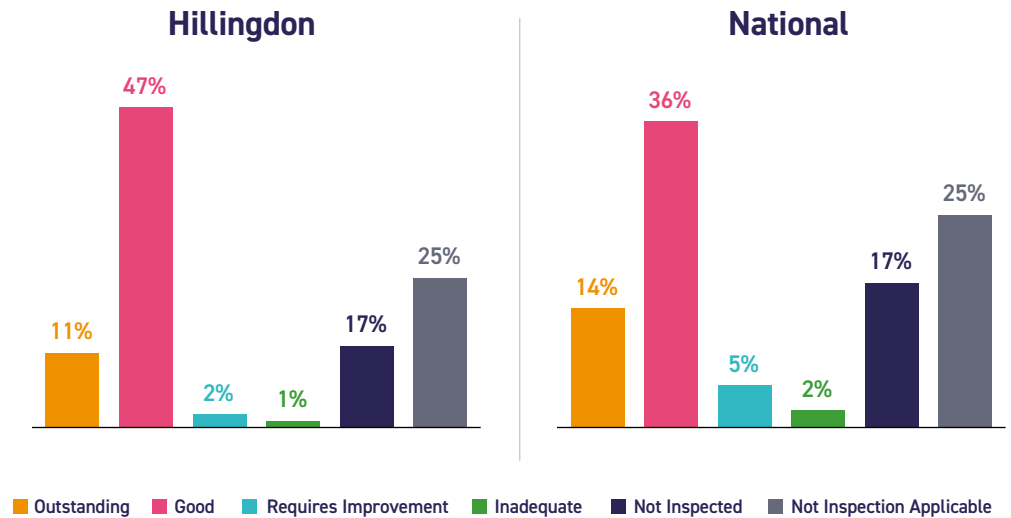


13.3. Hillingdon's Schools

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)

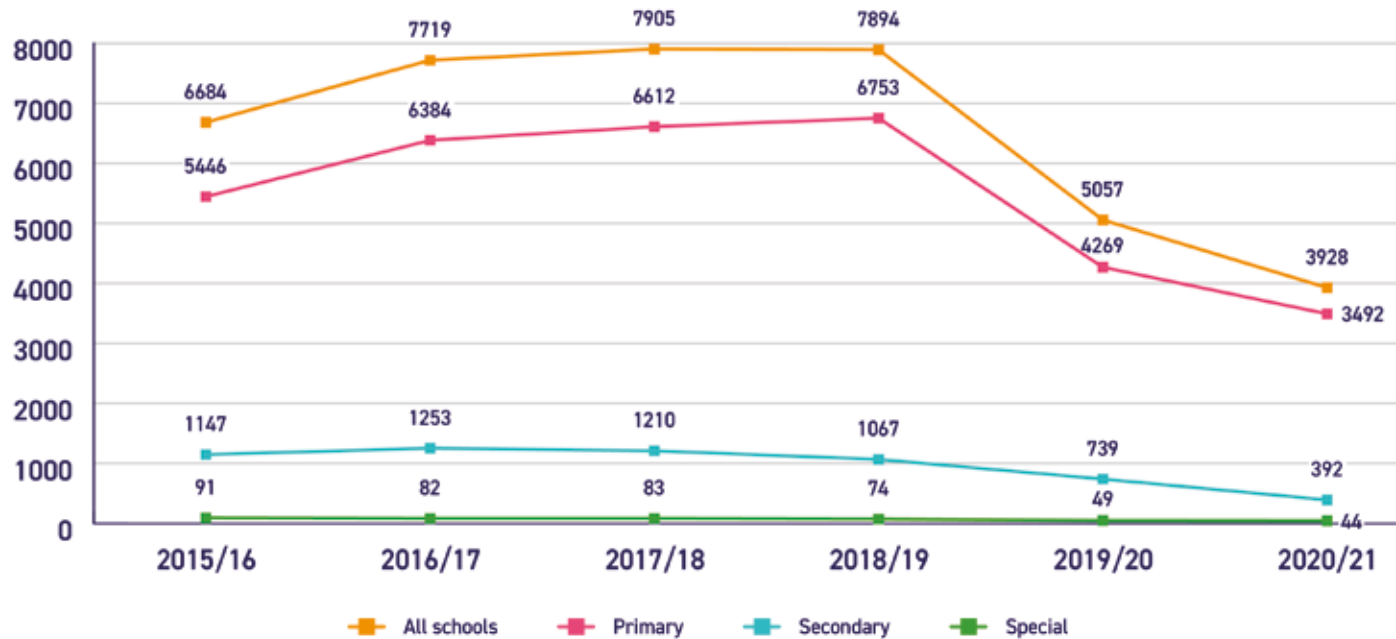
13.4. Alternative Provision in Hillingdon

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.

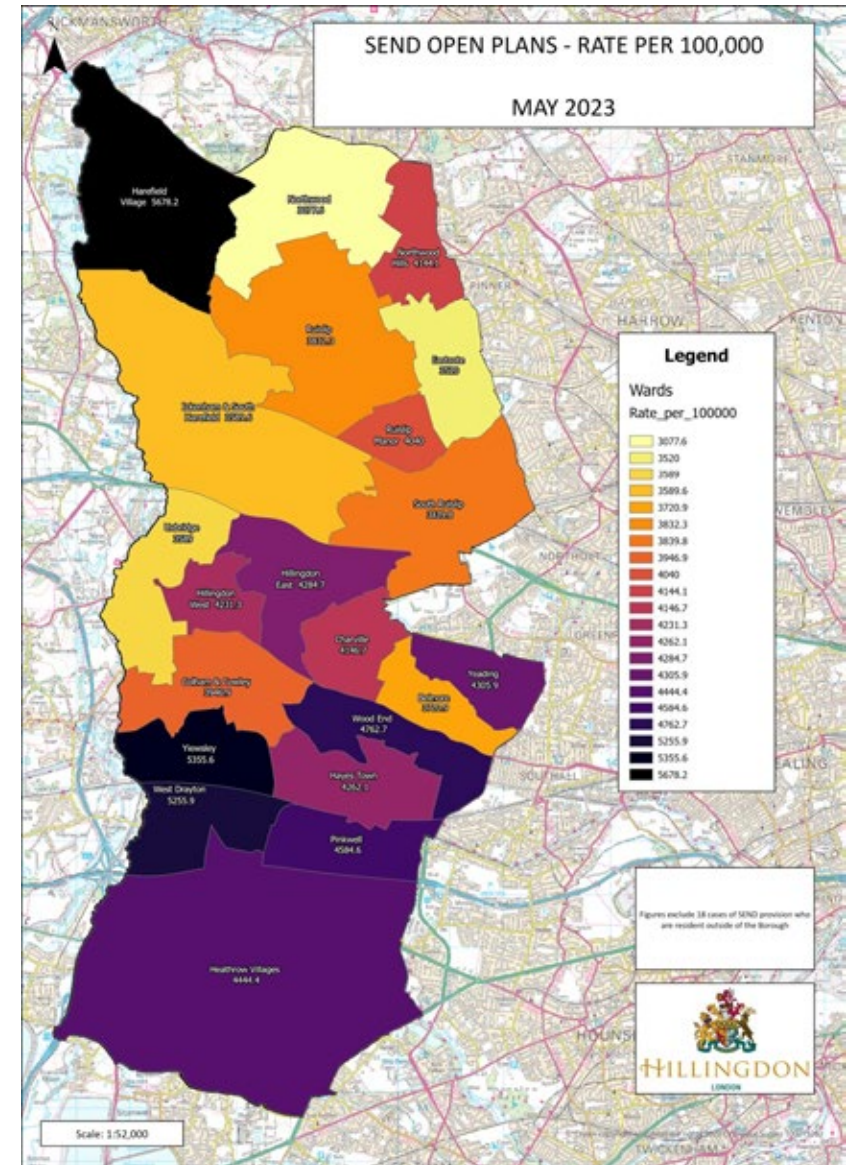
One example is the introduction of Early Support Funding (ESF) for those children who require additional support but, with the right support, can close the gap with a time-limited source of support. This is one of a few pre-statutory funding streams the Council offers to support schools without requiring 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
Hillingdon Pupils									
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%
National									
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
Hillingdon Pupils									
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%
National									
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)¹⁰ (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.

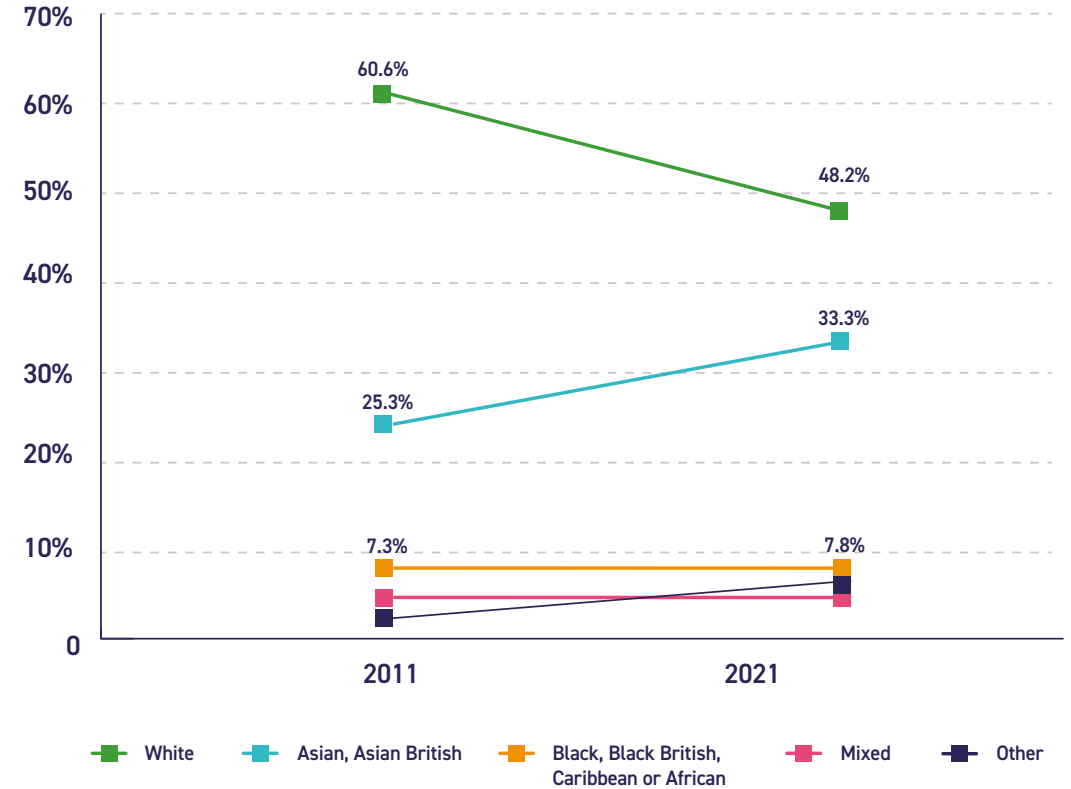
- **Graduated Response:** A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist 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.

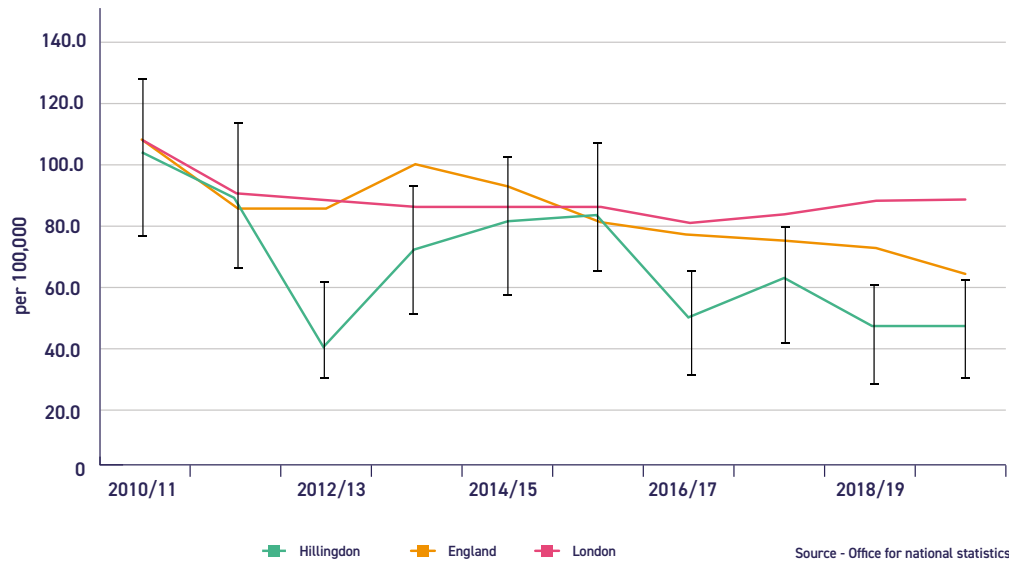
As well as longevity, the number of years people live healthy lives without the onset of disease is important. Men in Hillingdon have a healthy life expectancy at birth of 62 years, slightly below the England average of 63 years. Women in Hillingdon have a healthy life expectancy at birth of 60 years,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

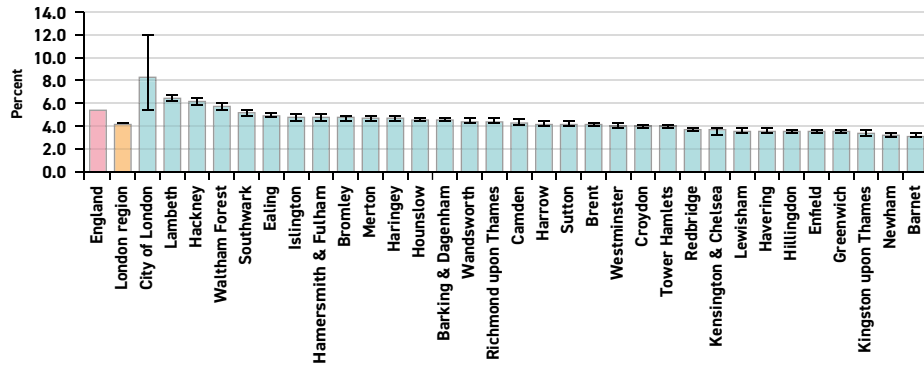
According to data in 2019/2020, about 62% of the adults that registered on the GP learning disability register in Hillingdon are receiving long-term support from local authorities which was around 50% for England for the period.

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.

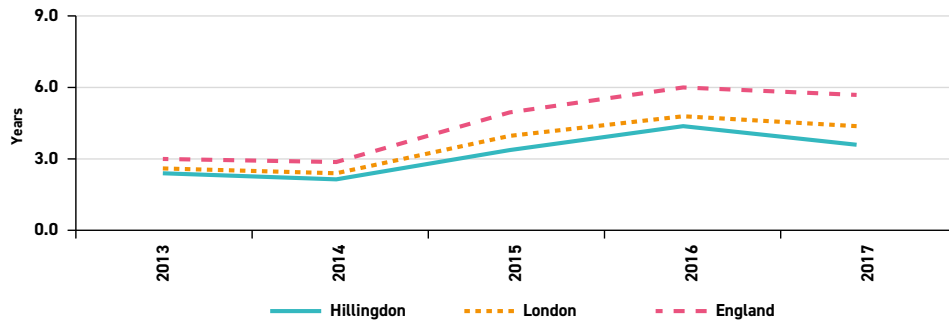
Pupils with Learning Disability: % of school age pupils in 2017



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.

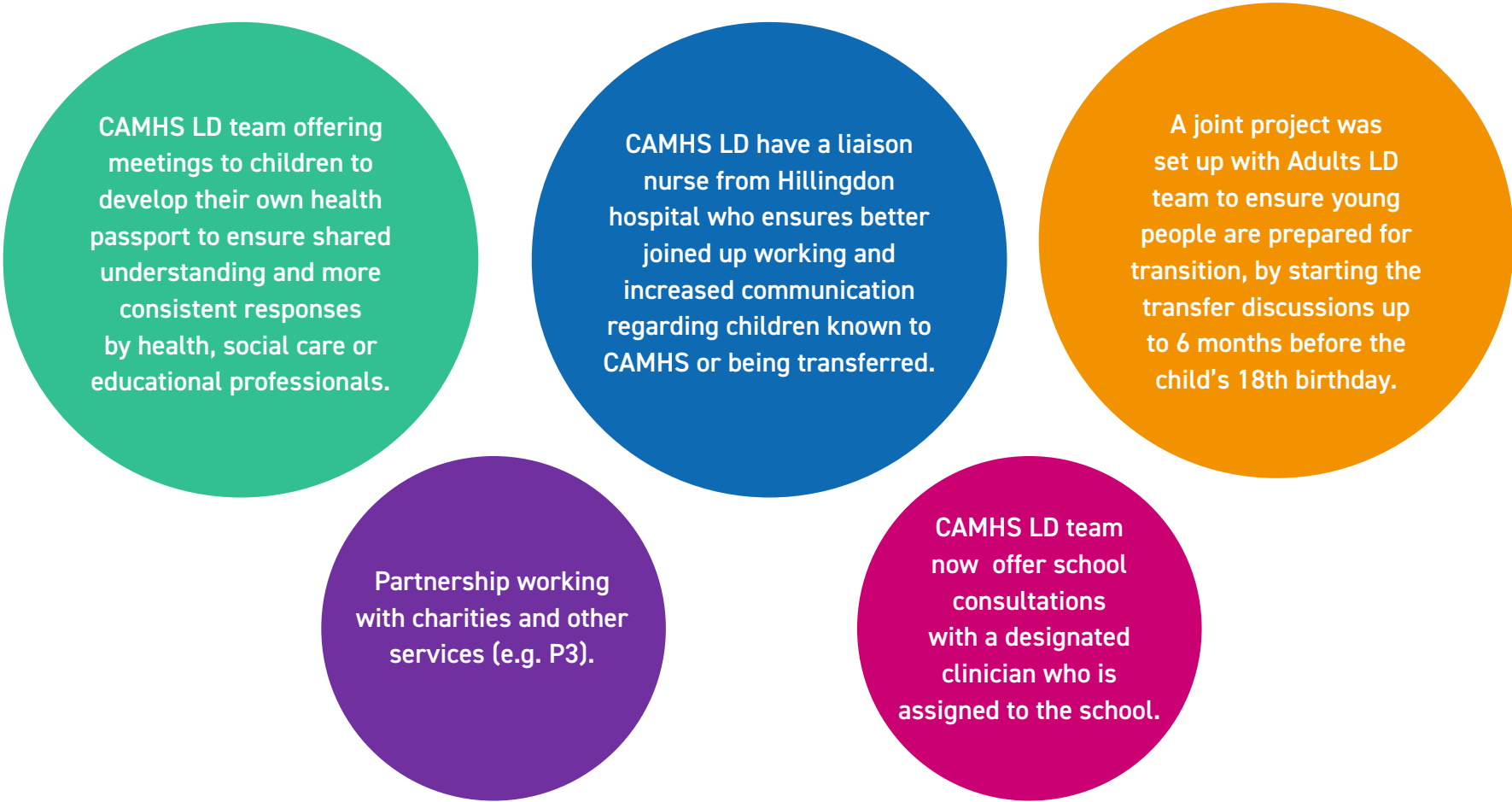
Multi-agency Psychological Services (MAPS) and CAMHS Youth Justice Team (YJS). The MAPS team provide consultation to social workers, Foster Carers and residential homes who work with looked after children or those with CIN/CP plans in the borough. MAPS team, on some occasions, meet with young people 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:

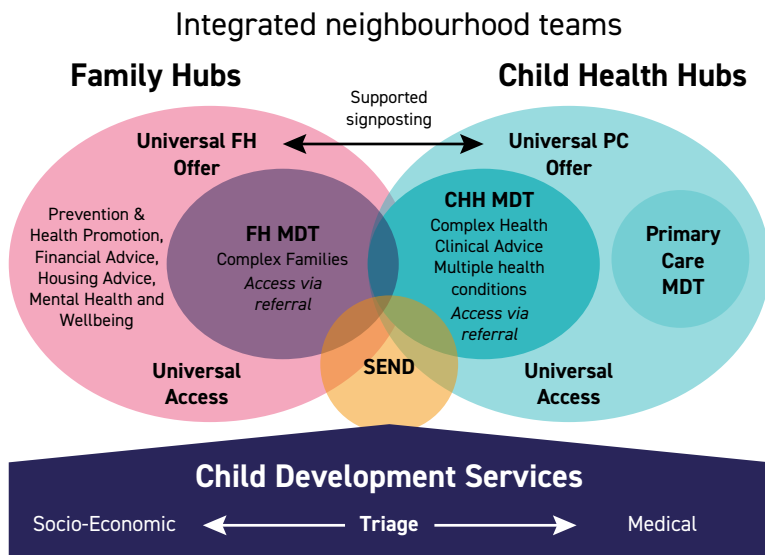
1. **Implementing new 'models of care'**, for example: changing the way integrated neighbourhood teams of GPs, social workers, and community paediatric teams work with residents to identify and reach out to families at risk of missing out on preventative care; acute paediatric hospitals working together 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

