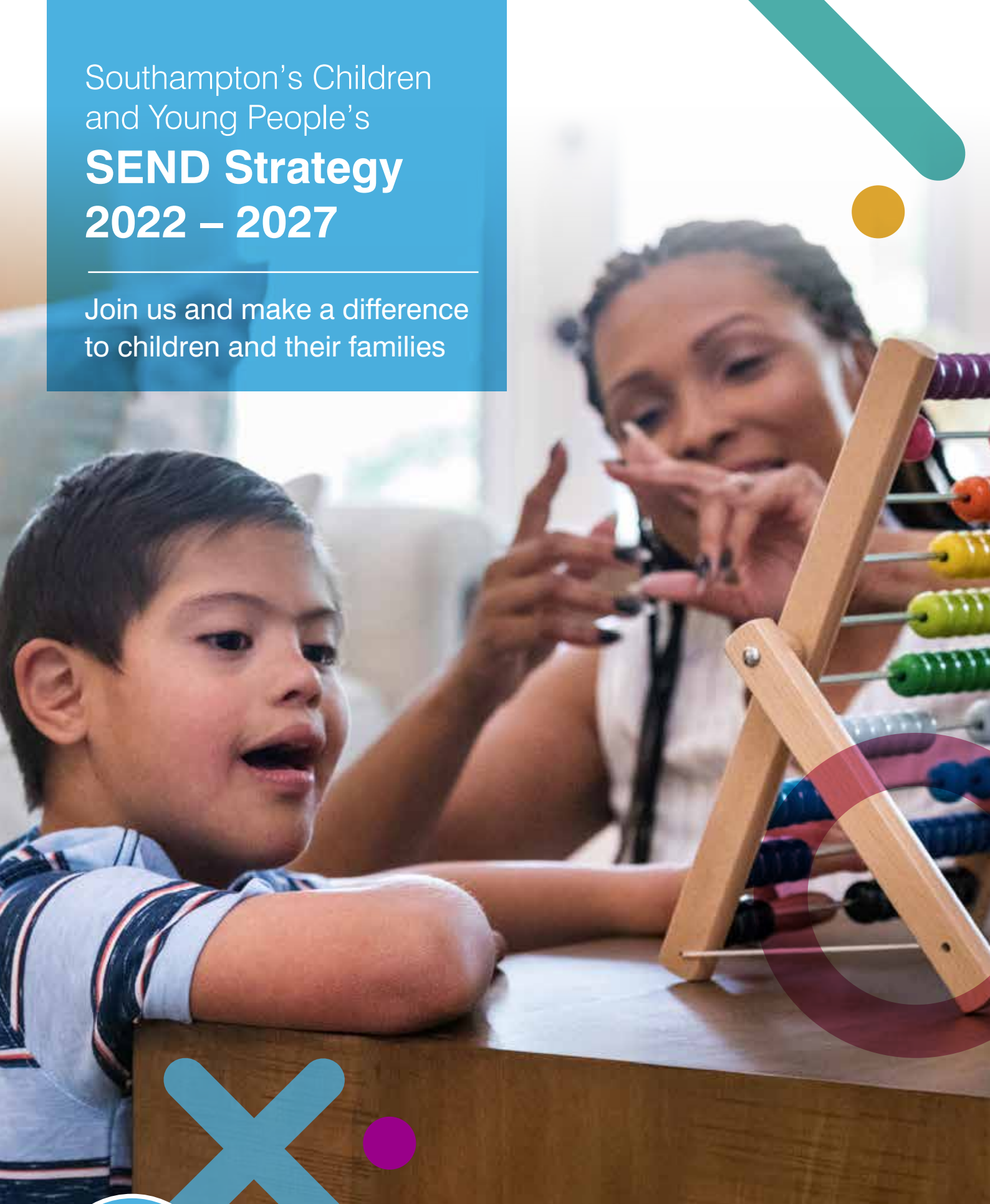


Southampton's Children and Young People's **SEND Strategy** **2022 – 2027**

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to children and their families



southampton.gov.uk

**Children
& Learning**
Making a difference





Our vision

We want all children and young people in Southampton to have a good start in life, live safely, be healthy and happy and go on to have successful opportunities in adulthood.

Introduction

This strategy forms part of a suite of strategies that will be launched in 2022 and describes our plans for delivering sustained improvement in the provision available to children and young people with special educational needs and disabilities (SEND) and their families in Southampton.

The previous SEND Strategy 2017-2020 highlighted the key challenges at the time and set broad outcomes with action plans to address these challenges. This SEND Strategy 2022-2027 builds on those outcomes and presents our priorities for the next five years co-produced over the last two years with children and young people, parents and carers, and all services and agencies who contribute to meeting the needs of children and young people (CYP) with SEND in the city. It takes into account the current context and challenges and has been led by the multi-agency Southampton SEND Partnership Forum which provides oversight and leadership on all SEND developments.

OUR VISION FOR ALL CHILDREN AND YOUNG PEOPLE

We want all children and young people in Southampton to get a good start in life, live safely, be healthy and happy and go on to have successful opportunities in adulthood

This is our vision for all children and young people with special education needs and disabilities in Southampton and is the same as the vision in the overarching Children and Young People's Strategy.

We want to be aspirational and ambitious for our children and young people with SEND, encouraging them to achieve and lead happy and fulfilled lives. We will particularly focus on taking actions to reduce inequalities and closing the gap between those who already do well and those who need extra support to thrive.

Where safe and appropriate, we want every child and young person to be supported in the community where they live. To achieve this we will ensure children and young people have access to high quality local early years provision, schools and further education settings. In addition to the right learning opportunities, we will ensure that children and young people with SEND and their families have access to appropriate health and care support in response to their assessed needs.

Southampton is committed to early intervention and prevention, providing early help in a timely way so that the needs of children and young people are met and do not escalate. We will provide training and support to our frontline staff to enable needs to be met at the first point of contact without the need for referral on to more specialist intervention. This will involve embedding a strong SEND early help offer within each locality as part of the extended locality model in line with Southampton Children and Young People's Strategy.

Our vision sits within the context of families and communities. As such we want families and communities to feel informed, empowered and resilient. Parents and carers are central to everything that we do. We want to engage families as experts through experience to enable them to support themselves and their children but also to support the wider community through peer to peer support, navigators and trainers. We will increase the involvement of children and young people too, ensuring that they have a voice and can influence the future development of provision over the course of this strategy. Our strategy sits within a restorative practice framework that has been developed across the city.

This strategy sets out how we will deliver our vision for children and young people in the city and sits within the overarching framework of the Children and Young People's Strategy and alongside the following local strategies and plans:-

- **Southampton Health and Care Strategy – Start Well programme – 2020-2025**
- **All age Autism Strategy**
- **Children and Young People's Emotional & Mental Health Wellbeing Plan 2021-2027**
- **Children's Destination 22 Programme**

It contributes to the delivery of the council's statutory responsibilities laid out in the Children and Families Act 2014 and the Code of Practice Guidance 2015.



Strategic Principles

Family centred, flexible and needs led

Keeping the child and their family at the heart of everything that we do. Access to services will be based on need and not diagnosis driven. Provision will be person-centred and will flex according to needs.

Clear, accessible and transparent offer

Families will know what is available and how to access support. We will be open and honest with parents and carers and treat them with respect.

Promoting early intervention and prevention

Listening to parents and carers, acknowledging their concerns. Ensuring that we have robust processes in place to ensure that needs are addressed early on and not left to escalate to crisis point. We will ensure that staff are trained to recognise SEND and respond as soon as possible making sure that no child gets lost in the system. We will ensure that SEND is recognised as 'everyone's responsibility' with no hand-offs.

Right support, right time

Ensuring that children and their families receive support from the most appropriate service and that provision is relative to the child or family's needs at any one time. We will ensure that waiting times are kept to a minimum.

Team around the family/worker

Enabling staff to support families they are working with rather than referring on, with access to specialists where required. This is especially relevant for the many families who have more than one child with SEND.

Coordinated and joined up

Ensuring that health, education and social care services work well together, supported by the voluntary and independent sector. Families will experience seamless provision with information shared in the best interests of the child and family.

Inclusive

Supporting all children and young people to be the best they can be, in environments that value and respect them. We will systematically work to remove barriers to learning and ensure access to high quality teaching.

Recognising parents/carers/families as experts

Building their capacity to support themselves and others and developing strong trusting relationships with practitioners and professionals.

Co-production and engagement

With parents, carers, children and young people - informing the design, development and evaluation of provision.

Preparing children and young people for adulthood

Recognising that this starts at birth and should inform the support that children receive throughout their childhood.

Current landscape

CHALLENGE	CAUSE	IMPACT	SOLUTIONS
<p>Increasing number of children with SEND/ EHCP year on year</p> <p>Increasing complexity of need year on year</p>	<p>Medical advances</p> <p>Increased awareness and identification</p> <p>Legislation 0-25</p> <p>Parental voice</p> <p>Government policy placing extra demands on mainstream schools</p> <p>Access to early years intervention and support</p> <p>High levels of deprivation</p>	<p>Pressure on services and budgets (with longer term commitment of funding)</p> <p>Delayed early assessment and intervention leading to problems becoming established or escalating</p> <p>Pressure on specialist provision</p> <p>Dissatisfied parents, appeals, tribunals</p>	<p>Continue to increase inclusive practice in settings, building on the excellent examples that already exist</p> <p>Further develop the offer to early years</p> <p>Develop a robust training and support offer to mainstream schools</p> <p>Skilling up/supporting early help services to support children with SEND at an earlier stage, preventing escalation to specialist services</p> <p>Increase specialist educational provision</p> <p>Continue to develop range of options to ensure provision proportionate to need and regularly reviewed</p> <p>Actively engage with parents, using the strong links with the parent carer forum</p> <p>Actively manage provision with regular reviews, evaluation of impact and escalation/problem solving children at risk</p>
<p>Increasing pressure on special school places year on year</p> <p>Children being placed in more costly provision e.g. special school rather than mainstream+</p>	<p>Increasing number of CYP and increasing complexity</p> <p>Parental demand</p> <p>Lack of confidence in professionals and families that mainstream education provision can meet diverse SEND needs</p> <p>Reputation of special schools</p> <p>Limited specialist options available (mainstream, special, few resourced provisions)</p> <p>Lack of flexibility across health, education and social care that allows bespoke tailoring of provision to need</p>	<p>Dissatisfied parents, appeals, tribunals</p> <p>Pressure to create more special school places / build more special schools</p> <p>Need not equating to provision (children placed in independent non-maintained special schools whose needs could be met locally, children in mainstream schools whose needs are greater than those in special schools)</p> <p>Pressure on budgets</p> <p>Pressure on specialist places</p> <p>Skews perceptions of provision versus need</p> <p>Reduces confidence in the system</p>	<p>Ensure that parents / carers and professionals understand that having an EHCP does not necessarily equate to needing a special school placement</p> <p>Expand special school provision</p> <p>Re-configure special school provision</p> <p>Continue to develop comprehensive and robust inclusive practice in mainstream schools supported by outreach, spreading the learning from those schools who are already operating inclusive practice</p> <p>Have high expectations and aspirations for CYP with SEND</p> <p>Develop range of mainstream+ options building on the wealth of expertise that already exists within the city</p> <p>Establish and apply clear criteria for special school placement</p> <p>All partners to work with parents to develop trust, confidence and manage expectations</p> <p>Develop an offer that supports development of bespoke packages of support</p> <p>Work in partnership with Health and Care Services to develop those services to support the inclusion agenda in recognition of the increase in children with SEND in the city</p>
<p>Increasing numbers of children in independent non-maintained special schools (INMSS)</p>	<p>Lack of special school places</p> <p>Lack of flexibility of special schools to meet more complex needs</p> <p>Parental confidence in local provision</p> <p>Lack of specialist Post 16 provision</p>	<p>Pressure on high needs budget (HNB)</p> <p>Difficulty managing provision and monitoring outcomes including cessation of EHCP / placement</p> <p>Reduces engagement in local community</p> <p>Makes assessing needs and planning for transition to adulthood difficult</p>	<p>Expand special school provision</p> <p>Re-configure special school provision</p> <p>Develop range of mainstream+ options</p> <p>Develop an offer that supports development of bespoke packages of support</p> <p>Develop comprehensive and robust inclusive practice in mainstream schools supported by outreach</p> <p>Establish and apply clear criteria for special school placement</p> <p>Develop twilight and residential options within the city</p> <p>All partners to work with parents to develop trust, confidence and expectations</p> <p>Market local provision</p> <p>Work with SE19 LAs on common framework to increase purchasing/negotiating power</p>

CHALLENGE	CAUSE	IMPACT	SOLUTIONS
Inconsistent and variable inclusive practice in mainstream schools	Government policy that does not reward or incentivise inclusion Different attitudes to inclusion Financial pressures on schools	Demand for specialist placement Pressure on mainstream school budgets Placement breakdown leading to school moves Pressure on HNB Disproportionate levels of SEND in some schools, impacting on outcomes	Continue to develop a city-wide ownership of SEND Continue to ensure all schools sign up to the Inclusion Charter, sharing the many existing examples of best practice Use the inclusion audit and inclusion guidance to develop inclusive practice Build on the existing expertise within the outreach service to develop competence and confidence in the management of individual children
Increasing demand and limited options for post 16 provision	Increasing number of children with SEND and increasing numbers with very complex needs reaching adulthood year on year Increased scope of LA responsibility – Children and Families Act, 0-25. Lack of local specialist provision Lack of suitable accommodation to support people's independence Lack of training/employment options Lack of good transition planning Maintenance of EHCP Post 19	Number of YP with an EHCP will increase putting pressure on HNB Number staying on in independent non-maintained special schools. Post 16 will increase putting pressure on HNB Poorer outcomes for YP in adulthood, particularly in relation to independent living and housing Increasing costs for adult services	Develop post 16 specialist educational provision Develop post 16 pathways Fully embed the transition best practice guide Actively manage EHCPs Post 16, ensuring clear outcomes are identified and plans are ceased when no longer required Roll out of active lives model for adults with disabilities across the city promoting a more person centred, strengths based approach with a richer range of options for access to employment, skills development, travel, community activities, advice and information
Demand for autism assessments versus capacity	Increasing incidence of autism	Long waiting times for assessment and diagnosis Access to support in intervening period	Move to a needs led model Access to services based on need and not diagnosis Re-design the assessment pathway
Parents and young people have expressed a lack of confidence in local provisions to meet some needs	Lack of information, transparency of processes and decisions. Parents not feeling heard Bureaucracy	Increase in demand for more specialist provision Increase in appeals and tribunals	Embed co-production at the operational level Continue to build on the positive relationships with the parent carer forum and others Continue to build on the local offer and engage existing respected partners like SENDIASS to provide parents with information, point of contact Continue to work in partnership with the parent carer forum and other groups to understand parental concerns and develop ways to manage expectations Provide training to all staff on working/communicating with parents, CYP Ensure consistency of messages Ensure issues addressed early on

CHALLENGE	CAUSE	IMPACT	SOLUTIONS
<p>Gaps in city wide ownership of SEND agenda across agencies and providers</p> <p>Effective joint working to ensure best outcomes achieved for individuals</p>	<p>Understanding and recognition that SEND is everyone's responsibility</p> <p>Differing priorities</p> <p>Differing criteria and definitions</p>	<p>Inefficient and ineffective processes</p> <p>Conflicting messages to parents</p> <p>Increase in costs for all agencies</p> <p>CYP being moved between schools and services</p>	<p>Actively engage with leaders and providers across the system to develop understanding and ownership for SEND</p> <p>Professional development for staff</p> <p>Continue to identify and escalate barriers or inefficiencies of joint working</p> <p>Promote joint training, joint working and joint service delivery models, building on existing good practice, e.g. multiagency jigsaw service</p>
<p>Monitoring of effectiveness of provisions and achievement of individual outcomes</p>	<p>Robustness and challenge at annual review process to cease EHCP when outcomes have been met</p> <p>Function and effectiveness of Early Years Panel, Children's Complex Needs Panel, Preparing For Adulthood Panel and Multi-Agency Resource Panel</p>	<p>EHCPs being maintained for longer than needed</p> <p>CYP needs not being met, needs escalating resulting in increased costs, school moves and poorer outcomes</p>	<p>Robust annual review to ensure progress being made, outcomes achieved and EHCP still required</p> <p>Process in place for identifying children who are at risk, experiencing multiple school moves, being excluded or put on part-time timetables or not achieving outcomes</p> <p>Regularly review and challenge provision of Independent non-maintained special schools (INMSS) to ensure provision is addressing needs, achieving outcomes and delivering EHCP</p>
<p>Overspend on HNB</p>	<p>Increase in EHCPs due to increase in need and age range</p> <p>Increase in special school placement</p> <p>Increase in number in INMSS</p> <p>Increase in unit costs especially in INMSS</p>	<p>Financially unsustainable. HNB already overspent with overspend likely to increase year on year unless action is taken</p>	<p>Clear understanding of challenges and financial impact</p> <p>Annual review and forecasting of need</p> <p>Robust and costed plans to address need, reviewed annually</p> <p>Proactive management of EHCP</p> <p>-consistent criteria used to issue an EHCP</p> <p>-robust annual review to ensure progress being made, outcomes achieved and EHCP still required</p> <p>Increase range of options to support more flexible offer of support to prevent special school or INMSS placement</p> <p>Regularly review and challenge provision of INMSS to ensure provision is addressing needs, achieving outcomes and delivering EHCP</p> <p>Address all challenges above</p>

Whilst the table opposite highlights some of the local challenges, there is increasing recognition nationally that the system is not sustainable in its current form. The LGA / ISOS Partnership report 'Have we reached a tipping point? Trends in spending for children and young people with SEND in England' 2019 describes the challenge:

"Local authorities have all the responsibility for maintaining high needs expenditure within budget, and yet have almost no hard levers with which to effect this. The continued viability of the system relies too much on the ability of local government to cajole partners to enter into a collaborative, inclusive approach to developing and delivering local provision for SEND, without the powers to sustain such an approach in face of misaligned incentives. This research argues for additional investment to shore up the immediate overspend, but unless this is accompanied by a more fundamental reboot of the powers that local government need to act as an effective strategic commissioner of SEND, the fear is that the respite will only be temporary."

The SEND review, commissioned in 2019, aimed to address some of these disparities. Whilst publication has been delayed due to Covid-19, the need for systematic change is increasingly being recognised:

"We know systemic change is needed across education, health and care if we are to improve outcomes, and better prepare young people with SEND effectively for adult life. We know the SEND system does not identify and respond to need quickly enough and is driving an adversarial climate where parents only feel confident their child will get the same opportunities as every other pupil through an EHCP (Education Health and Care Plan), which in turn is driving up unsustainable pressure on budgets."

Vicky Ford, MP, Minister for Children and Families, ADCS Conference July 2021

"The SEND Review continues to work with system experts to make sure we are designing a system fit for the future. We are drawing on the best evidence available to review the system, including the consideration of existing legal entitlements, before publishing proposals for public consultation."

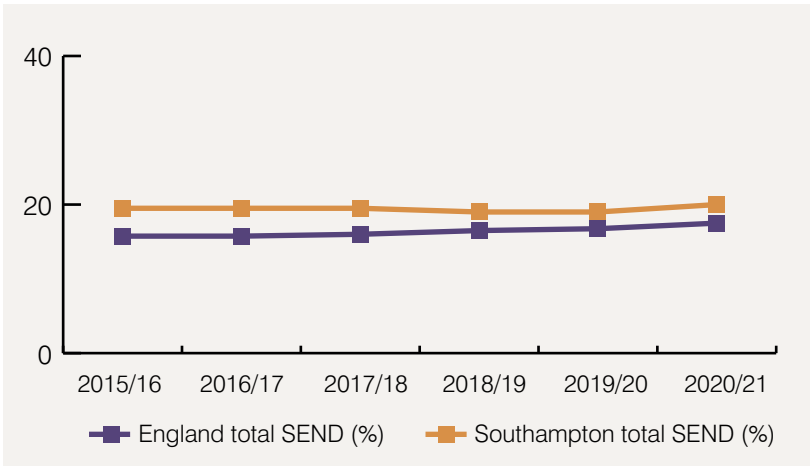
Vicky Ford, MP

It is within this context of growing pressure, challenges to budgets and recognition of the need for system change that a SEND Strategy for the next five years will need to be able to flex and respond.

The SEND system is complex, multi-factorial and cuts across all agencies and age phases. With significant change potentially on the horizon, this strategy outlines some key areas of focus that can be delivered and when taken together, will have an impact on the cost and sustainability of provision long term in Southampton. It calls on all partners from education, health, social care, parents, young people and the voluntary sector to take responsibility for the shared ownership of SEND and ensure that the children and young people of Southampton have access to an offer that all can be proud of.

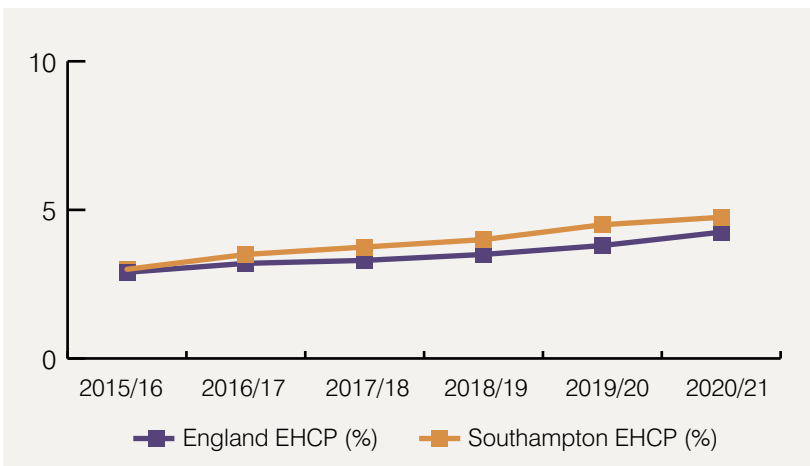
SEND Data

% Children with SEND 2015 - 2021



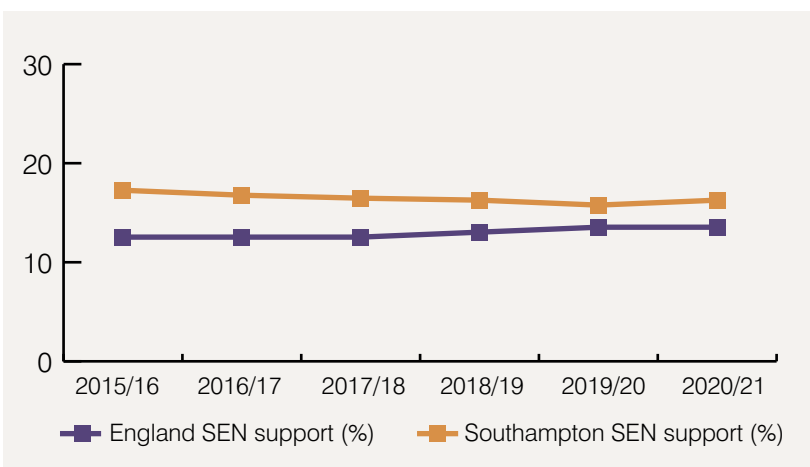
Whilst the number of children with SEND has been fairly constant over the last six years with a slight increase in 2020/21, the number of children with an EHCP has been significantly increasing each year since the SEND Reforms of 2014 and since 2016/17 has been consistently higher than the England average.

% Children with EHCP's 2015 - 2021



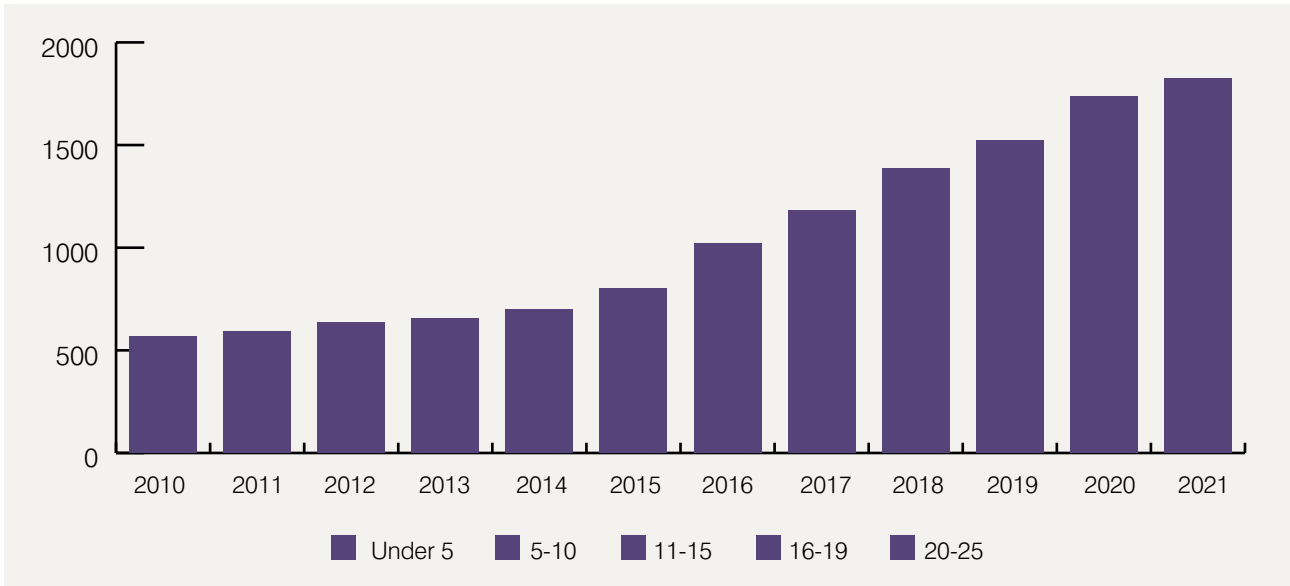
In contrast the number of children on SEND support has been steadily reducing as schools become increasingly skilled at managing children's needs.

% Children on SEN Support 2015 - 2021



(Source: Special educational needs in England, Academic Year 2020/21 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk))

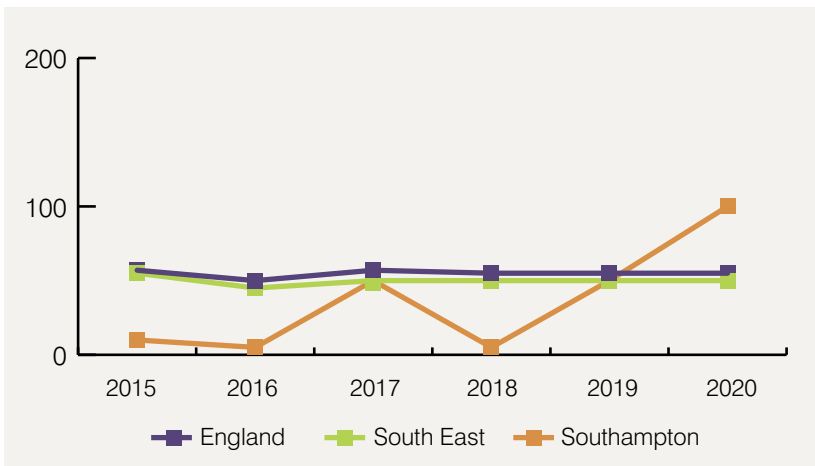
EHCP's by age maintained by Southampton City Council 2010 - 2021



(Source: SEN2 Return)

The increasing number of EHCPs has been seen across all age groups but most significantly in Post 16 and Post 19.

Rates of EHCPs issued within 20 weeks (excluding exceptions)



(Source: SEN2 Return)

Due to the hard work of the SEND Team all EHCPs excluding exceptions are now issued within 20 weeks.

FORECAST INCREASE IN EHCPs MAINTAINED BY SOUTHAMPTON CITY COUNCIL 2022-2029												
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
No of EHCPs maintained by SCC (SEN2 Return)	567	593	634	655	701	803	1021	1181	1387	1522	1736	1826
% increase		5%	7%	3%	7%	15%	27%	16%	17%	10%	14%	5%
			2022	2023	2024	2025	2026	2027	2028	2029		
No of EHCPs maintained by SCC (forecast)			2008	2209	2430	2600	2782	2977	3185	3408		
Based on 10% increase to 2024 and 7% thereafter			10%	10%	10%	7%	7%	7%	7%	7%		

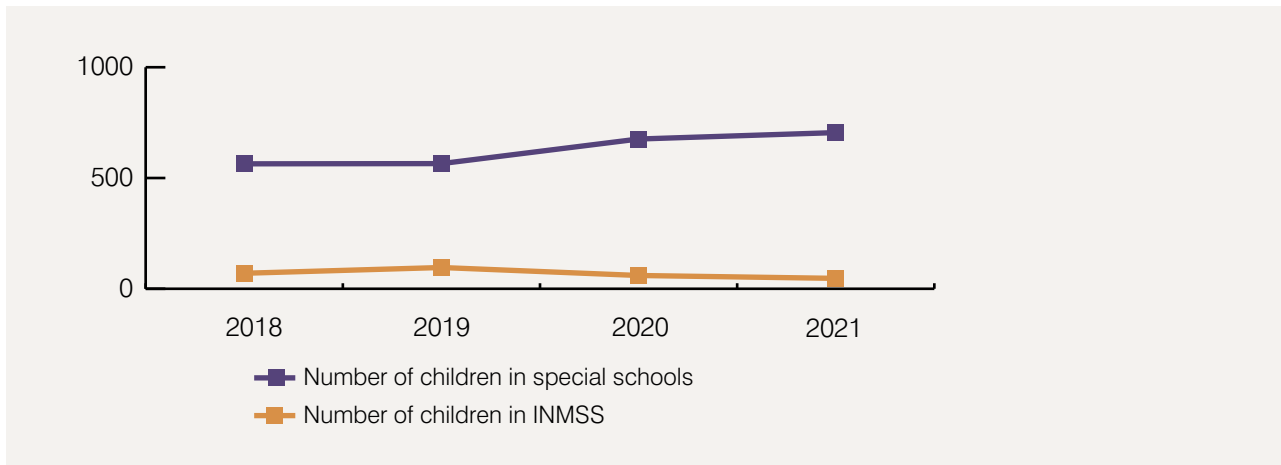
(Source: Based on Southampton SEND Strategic Review 2017/18 forecasts, updated annually following submission of SEN2 Return)

The SEND Strategic Review 2017/18 predicted that EHCP numbers would continue to increase before beginning to plateau once the reforms were fully embedded. The increases seen each year since then have exceeded predictions with forecasts being updated accordingly. The lower percentage increase in 2021 was due to a cleansing exercise which removed many children who were no longer in education, employment or training or where the plans had been ceased but not updated on the database. Further focused work on all young people post 16 will ensure that plans are only in place for those young people who need them.



Placement

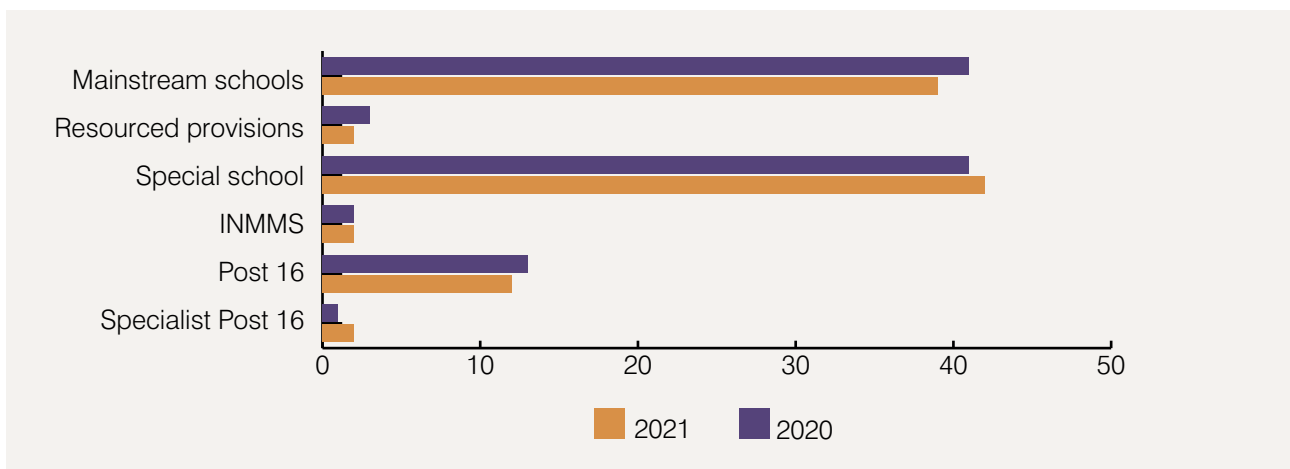
Number of Southampton children in special schools



(Source: SEN2 Return)

The increase in special school places has resulted in a slight decrease in children placed in high cost out of city school

Percentage of Southampton children with EHCPs by placement

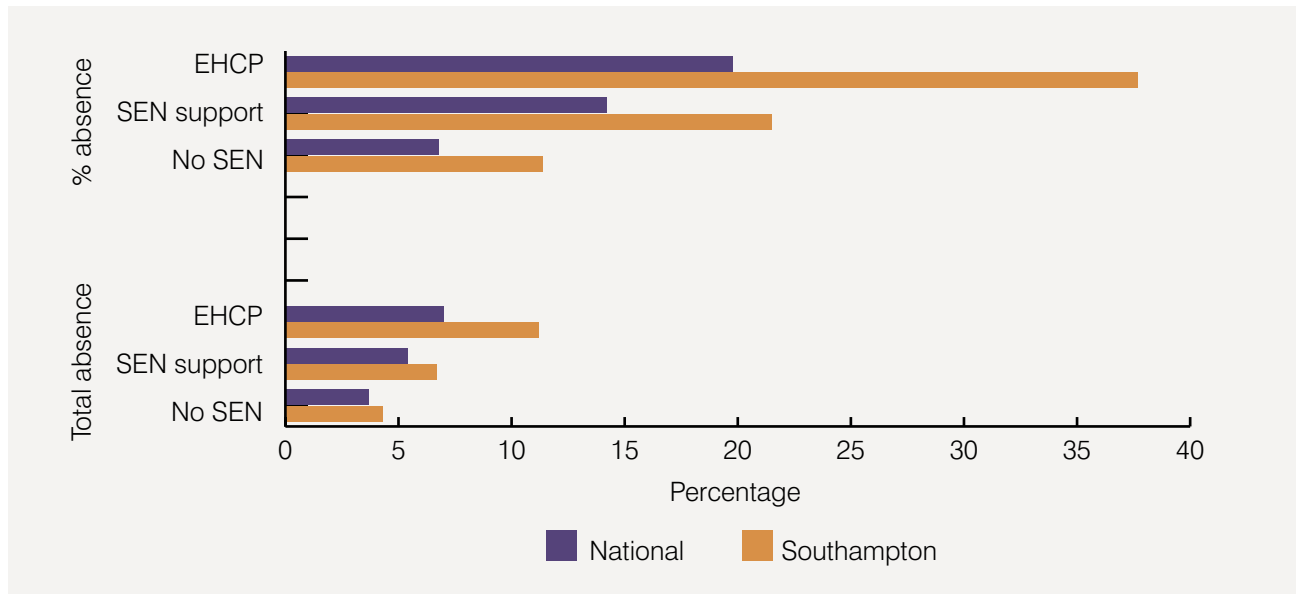


(Source: SEN2 Return)

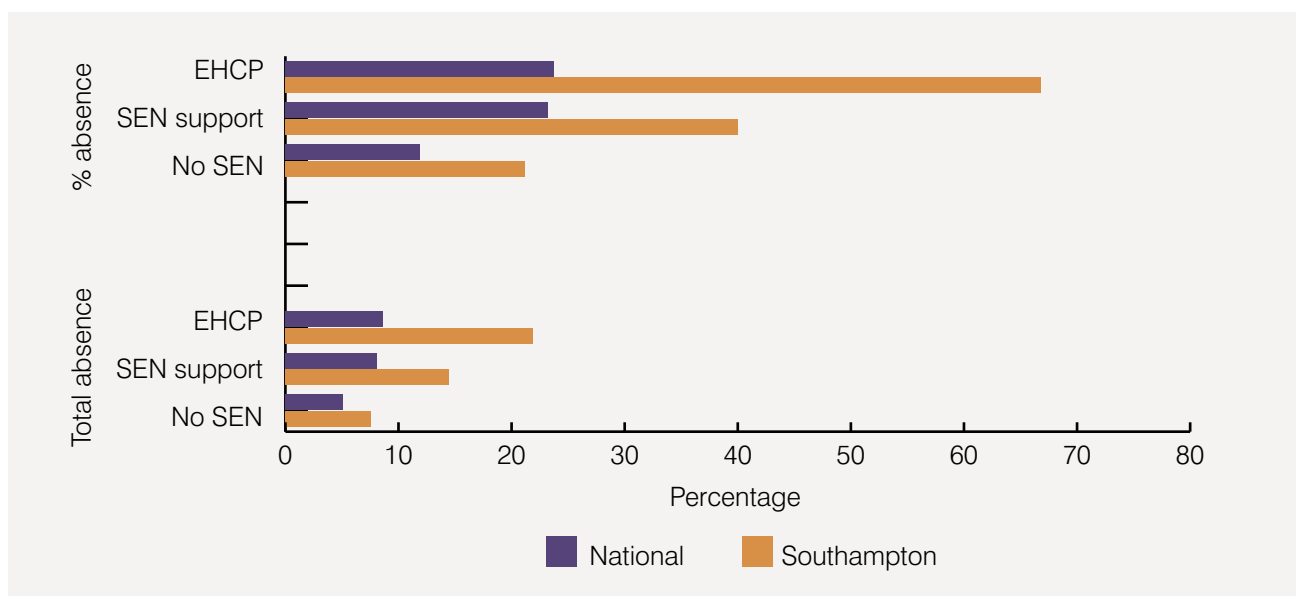
Children are currently placed mostly in mainstream or special schools

Attendance

Southampton Primary school absence 2020/21



Southampton Secondary school absence 2020/21

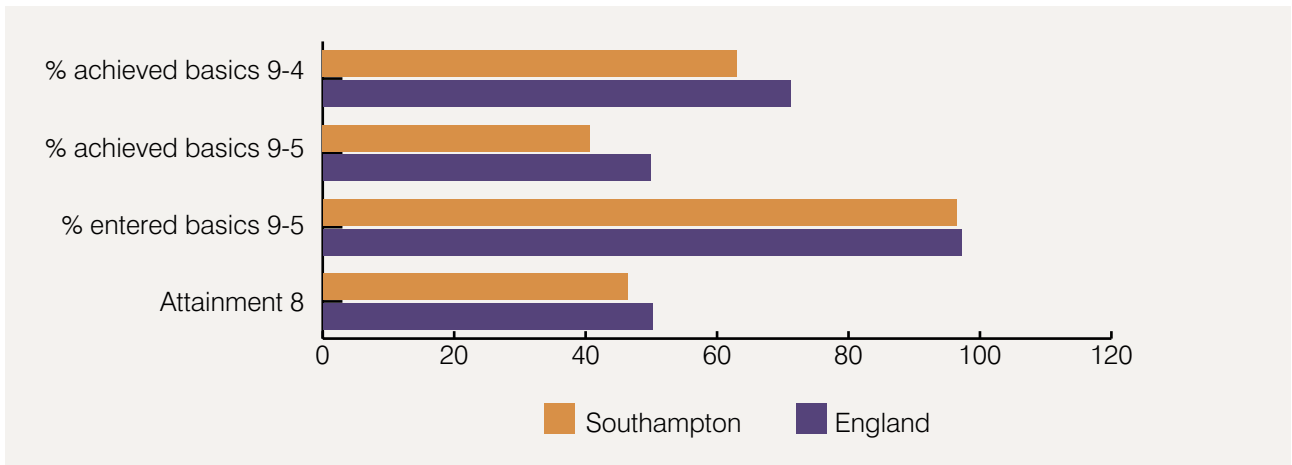


(Source: SCC data team. NB: The National data covers 2018/19 and is the latest relevant data published by the DfE with the Statistical First Release)

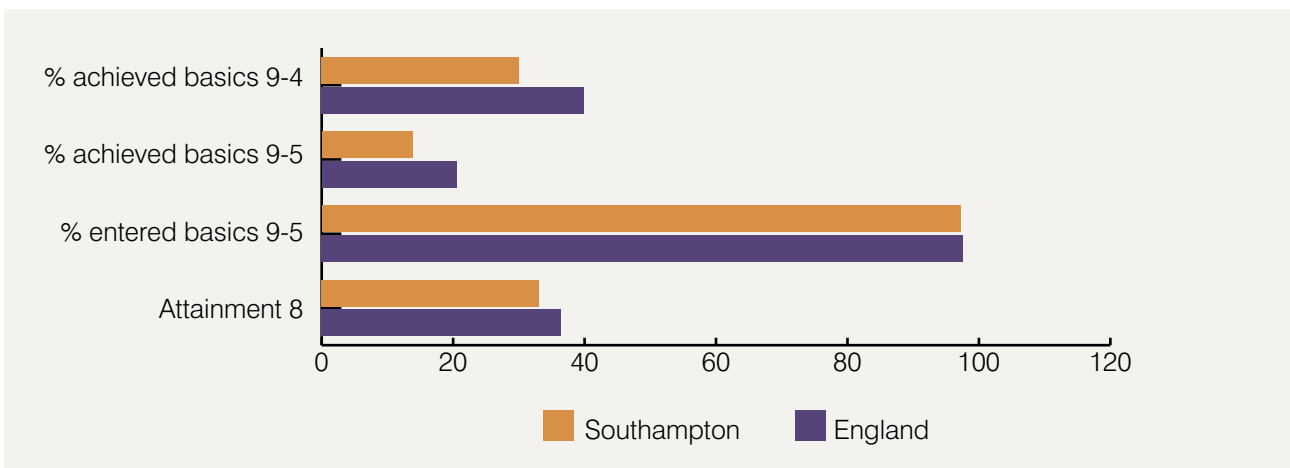
Southampton school's absence rates are higher than national for all children regardless of need but for children with an EHCP or on SEND Support absence rates are significantly higher than national and for children without SEND. This is of particular concern in secondary schools where persistent absence of children with an EHCP increases to 66.

Attainment

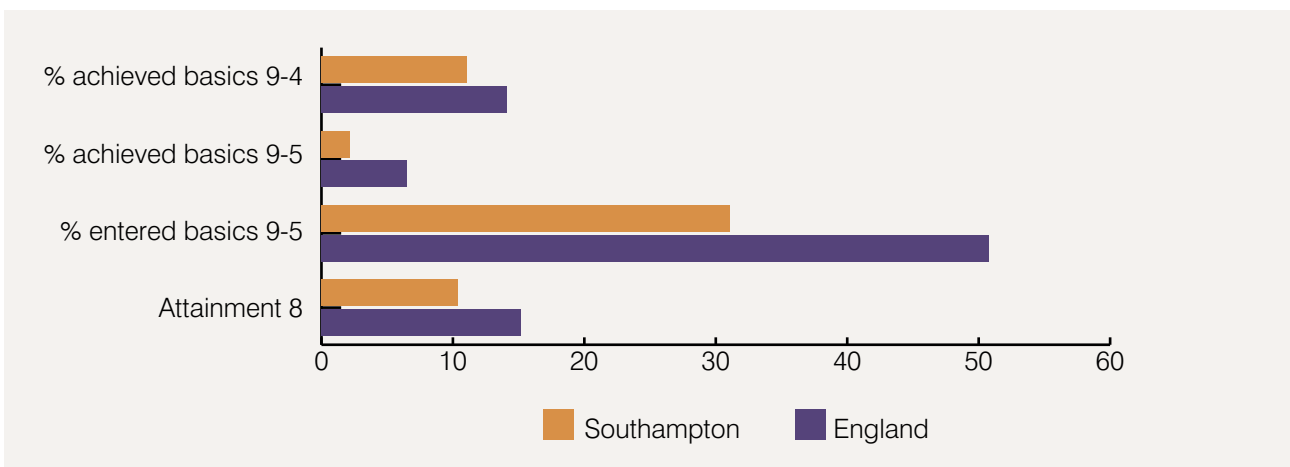
Non-SEND KS4 attainment data 2020



SEN support KS4 attainment data 2020



EHCP KS4 attainment data 2020

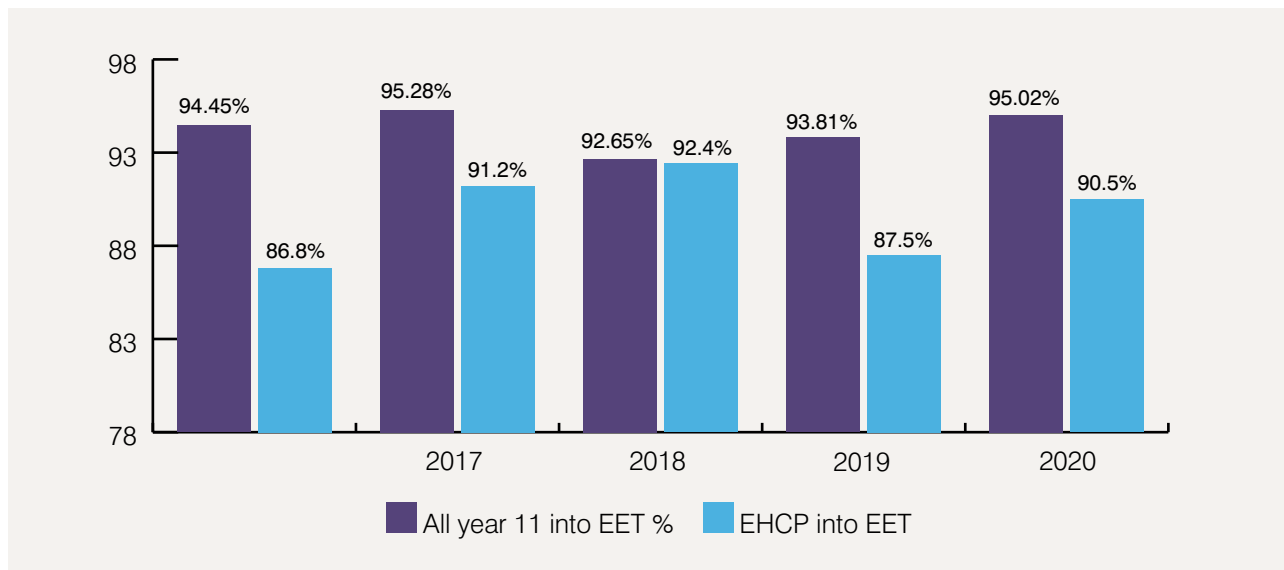


(Source: SCC Data Team)

Southampton pupils perform less well than national regardless of need.

NEET (Not in education, employment or training) data

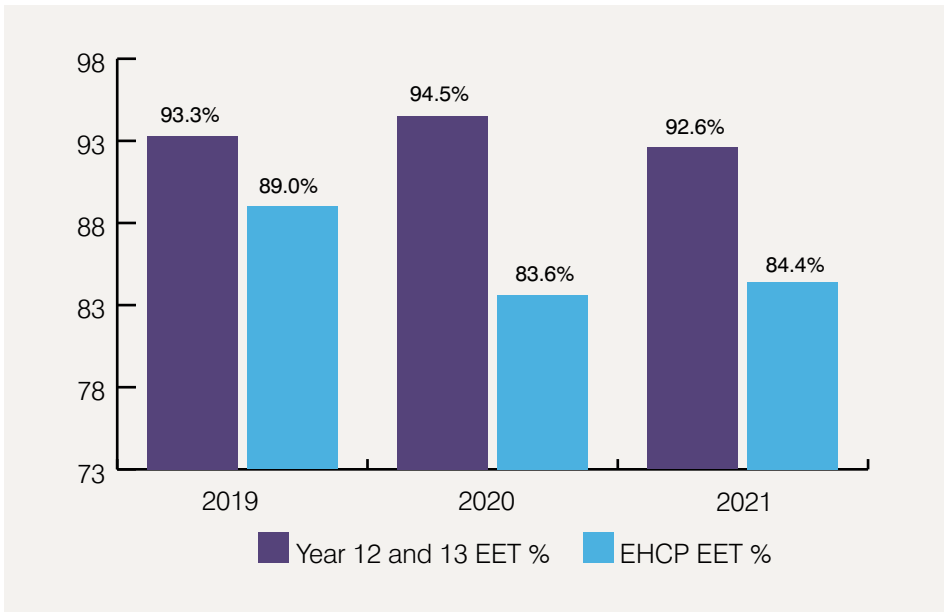
Year 11 post-16 progression survey data



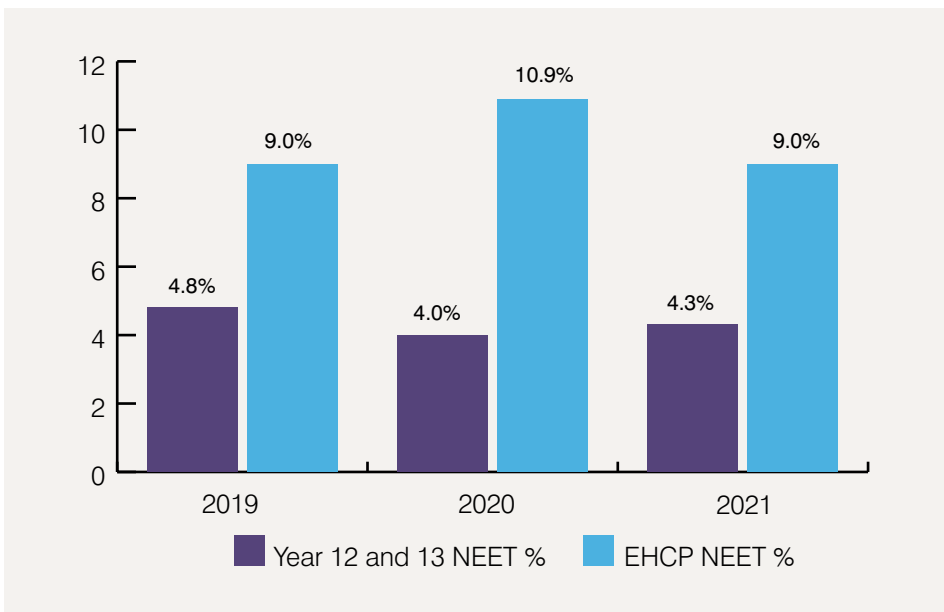
The numbers of children in Southampton with an EHCP who are not in education, training or employment is lower than those who do not have an EHCP.



Year 12 and 13 cohort into EET – from February DfE submission

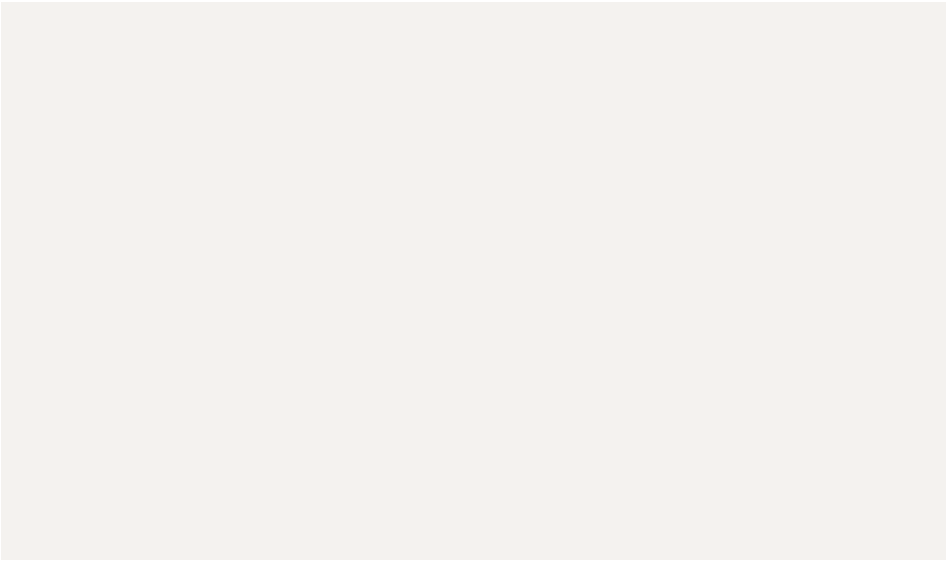


Year 12 and 13 into NEET – from February DfE submission



Tribunal data

Number of appeals lodged with tribunal



(Source: SCC SEND Team)

The number of appeals has been increasing year on year since the SEND Reforms 2014.

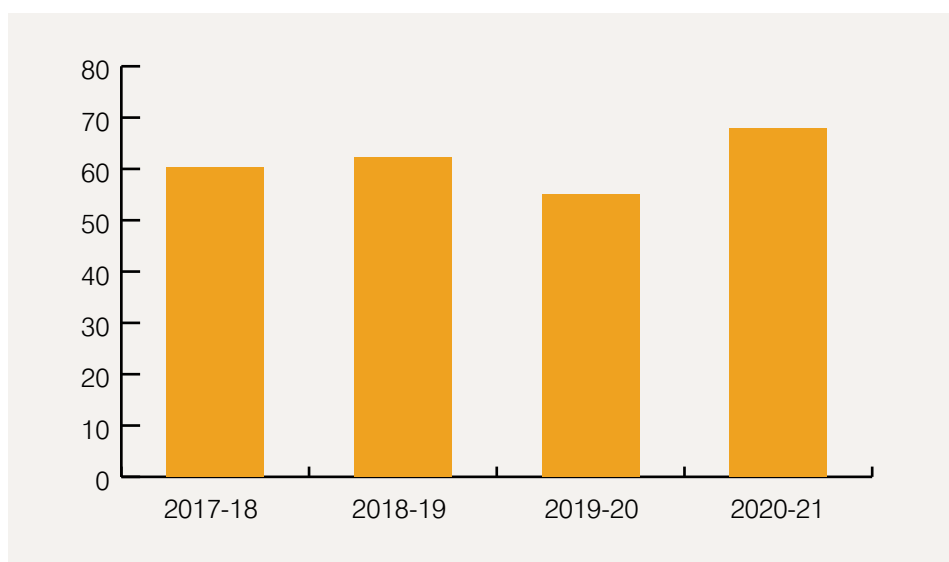


Health data

Autism Assessments	Number waiting for an assessment September 2021	Longest wait
	160	18 months

“The numbers waiting as at September 2021 are lower than would usually be expected owing to the waiting list being paused for a six-month period in 2021 whilst the service undertook work to improve the pathway. However, an external provider has been commissioned to support with ongoing assessments for the next six-months and so it is expected that the waiting list will reduce further despite new referrals being received. Work is continuing to identify need and future demand with a view to ensuring improvements are sustainable in the longer term.”

% of GP practices able to offer 14+yr olds learning disability health checks



(Source: Southampton City CCG)

The number of GP practices offering Learning Disability health checks to 14-year-olds and above has been steadily increasing.



Priority 1	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
Early Years	<i>In 2017 you asked us to ensure timely access to assessments and services. So we established an Early Years Panel to ensure that all children who have or may have SEND or complex health needs are identified and have their needs met with gaps in provision identified and reported to the SEND Partnership Forum. For the next five years we want to achieve the following:</i>		
	We want SEND children to have access to high quality, inclusive provision where they can be supported by practitioners with skills and knowledge matched to their ever increasing and complex needs	<ul style="list-style-type: none"> • Settings will be adequately supported to meet the needs of all children with SEND • We will deliver the Dingley's Promise inclusion training for all practitioners • We will review the reach and support provided by the early years advisory teachers, including the training offer and graduated response • We will review the reach and support provided by the portage team 	<ul style="list-style-type: none"> – No of practitioners within each service attending Dingley's Promise training each year (five year programme) – Nos of SENDCos gaining level three SENDCo accreditation each year – EYATs caseloads (area SENDCo role) – reviewed annually
	We want to increase the take up of the early years offer across all children with SEND	<ul style="list-style-type: none"> • We will ensure that children with SEND are identified early through the Early Years Panel • We will develop a multi-agency training offer to children's centres • We will encourage parents to take up the early years education offer 	<ul style="list-style-type: none"> – % of eligible two year olds and three and four year olds accessing early years provision
	We want there to be a clear and effective offer available for children with speech, language and communication needs	<ul style="list-style-type: none"> • We will deliver a city wide campaign around the importance of speech, language and communication to support the Every Child a Talker Programme (ECAT) • We will review the offer to children with specific language impairment • We will ensure the continuation of a robust universal offer (ECAT) to support the development of speech, language and communication 	<ul style="list-style-type: none"> – No of settings trained to deliver ECaT
	We want all families of children with highly complex needs to have access to early support, assessment and intervention	<ul style="list-style-type: none"> • We will take forward proposals for the development of an early years multi-agency complex needs offer – zero to five one stop shop for information, advice, support, assessments, therapy, early education, family support and training 	<ul style="list-style-type: none"> – A clear multi-agency offer of provision for children with complex needs will be available
	We want children who present with complex behaviours and their families to have access to a multi-agency early years offer to enable the development of an understanding of their needs and support the development of skills	<ul style="list-style-type: none"> • We will take forward proposals for the development of an early years ASD/SEMH/behavioural offer - zero to five multi-agency one stop shop for information, advice, training, support, assessments, therapy, outreach, early education, family support and training • We will explore the development of an offer for children with sensory processing difficulties including training and resources • We will increase the training and development offer for early years staff to improve their understanding of, and ability to, effectively support the social, emotional and mental health needs of the under fives. • We will ensure the offer developed is wrap around – supporting the child and family at home and in the education setting 	<ul style="list-style-type: none"> – A clear multi-agency offer of provision for children with complex behavioural needs will be available – No of settings which complete the bronze level Healthy Early Years Award in mental health and wellbeing

Priority 1	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
	We want children with SEND and/or complex health needs and their families to experience a smooth transition to pre-school education and from pre-school to school	<ul style="list-style-type: none"> •The Early Years Panel will ensure that children's needs are highlighted early and notified to relevant professionals and services •We will embed consistent support for transitions of children with SEND, including those with complex health needs. •The specific needs of children with complex SEND and/or health needs will be identified and considered well in advance of transition to school to ensure that transition plans and arrangements are in place involving parents as partners. •Feedback will be sought annually from parent carers and schools to continually improve practice 	– Evaluations from schools and settings on transition into school at Year R

Priority 2	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
Right support at right time	<p><i>In 2017 you asked us to improve and promote the Local Offer website (available on the Southampton Information Directory) to increase awareness of the Local Offer. So we commissioned Rose Road to undertake work over 2021/22 to update and refresh the Local Offer to ensure it meets the needs of parents, carers and young people with SEND and is presented in a variety of accessible formats.</i></p> <p><i>You also asked us to work with voluntary and community groups as partners, to develop a greater level of support to children and young people and their families. So we ensured that the Parent Carer Forum and SENDIASS is an active partner in all strategic partnership groups and workshops. The Parent Carer Forum also host regular interactive FaceTime sessions with the SEND service manager and other guest speakers, and Re:Minds run collaborative training and information sessions with CAMHS, educational psychology services. Parents have access to a range of support groups, YouTube videos, Facebook information.</i></p> <p><i>You asked us to embed person centred planning/approaches at SEND support level through workforce development. So we delivered co-production training to all schools with professionals invited. 50 professionals attended from primary and secondary schools, EP Service, Therapy Service, Health Visiting and Paediatrics. Feedback was positive with further workshops requested</i></p> <p><i>You asked us to review Education, Health and Care assessments and planning pathways to increase numbers of plans completed within 20 week statutory timescales. All EHCPs are now completed within the statutory timescale and EHCP assessment and co-production has improved over the last two years.</i></p>	<ul style="list-style-type: none"> •We will refresh the Local Offer to ensure that it is fit for purpose and is the 'go to' place for all information about SEND, providing a single point of contact for resources for families and professionals. It will be up to date, accessible, in different languages and a range of formats with digital forms of support. •Services will actively promote the Local Offer, the Parent Carer Forum, the SEND Advice and Information Service and other sources of information e.g. Healthier Together website •We will develop a volunteer programme of Local Offer parent navigators for those families who are hard to reach or require information to be delivered in person including the Autism Allies pilot for families of children with diagnosed or suspected ASD •Services and the Parent Carer Forum will monitor and develop their reach to ensure that all families have access to information, advice and support •We will develop a suite of resources including information videos to enable parents to access advice when they need it and to improve the accessibility of the Local Offer •We will ensure there is sufficient resource within the SEND Information and Advice Service (SENDIASS) in line with need 	<ul style="list-style-type: none"> – Parent carer feedback – SENDIASS reports – No of people accessing Local Offer website – Evaluation of key themes searched for on Local Offer
	We want children, young people and families to know where and how to access information, advice and support and understand what is on offer and as a result feel empowered to help themselves and take advantage of every opportunity		

Priority 2	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
	We want to ensure that parents are given the opportunity to put forward their thoughts and feel listened to, respected for the knowledge they bring of their child and treated as equal partners in assessing, planning, delivering and evaluating any provision	<ul style="list-style-type: none"> • We will develop a programme of parent carer led training for professionals to improve understanding of lived experience and collaborative working • We will develop a range of feedback mechanisms across service areas to assess parent/carer satisfaction with service provision e.g. annual survey 	– Parent carer feedback Reduced number of appeals and tribunals
	We want parents to have confidence in local provisions	<ul style="list-style-type: none"> • Parents and carers will be included in the service design, development, training and evaluation of the SEND local offer • Feedback will be regularly and routinely sought to inform practice and provision 	– Reduction in number of appeals and tribunals
	We want parents and carers to have access to a parent carer assessment of their needs if required	<ul style="list-style-type: none"> • We will establish a SEND Youth Forum • We will develop a website with, and for, young people with SEND • We will include young people with SEND on recruitment panels for the SEND Service 	– Reduction in number of appeals and tribunals
	We want young people with SEND to have a voice and contribute to the design, development and delivery of services	<ul style="list-style-type: none"> • We will develop a rolling multi-agency training programme for the wider workforce to include early help and young people's teams • We will develop autism champions in all schools to share resources and celebrate inclusion • We will cascade the learning from the Autism in Schools Project to improve the experience of children with autism in mainstream schools and services • The Jigsaw service will be re-modelled to provide a more flexible offer of support to any child who requires specialist input for a period of time e.g. continence, sleep. It will wrap around the early help provision providing training and advice to early help workers enabling those professionals who are already working with the family to continue to do so without needing to refer on to a specialist team. 	– Reduction in demand on specialist services
	We want all families of children with suspected or diagnosed autism and ADHD, and practitioners to have access to information, support and training. We want parents to be involved in the delivery of programmes as experts by experience	<ul style="list-style-type: none"> • We will develop a continuum of early intervention support to focus on increasing levels of information, advice and support e.g. Autism Hampshire workshops, neurodiversity awareness and education manual; ensuring there is a range of parenting resources / programmes available e.g. Early Bird, Cygnet and the New Forest Parenting Programme. • We will develop a peer support offer for families requiring additional support – Autism Allies pilot • We will implement the Autism in Schools Project in selected schools to pilot a more inclusive approach to training and development, whole school policies and support, working with the Parent Carer Forum, which can then be rolled out across the city 	– Evaluation of training provided including numbers of parents and professionals involved Parent carer feedback
	We want families to have direct access to specialist more bespoke individualised advice and support when required	<ul style="list-style-type: none"> • We will review the outcomes of the EP telephone advice line to determine future provision • We will develop a whole family / setting positive behaviour service that intervenes earlier and provides a toolbox of strategies to prevent escalation. This service will link with provision currently available from health, social care and education services to provide a continuum of provision • We will continue and further develop advice clinics to ensure parents are able to access 1:1 advice with CAMHS 	– Evaluation of services accessed and outcomes

Priority 3	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
Inclusion	<p><i>In 2017 you asked us to develop protocols to support and challenge schools to promote and encourage inclusivity and build good practice. So we developed an Inclusion Charter to be launched following design work. An Inclusion Audit and Inclusion Guidance have also been developed and will be launched in line with the Charter. Work is underway to develop autism champions in schools – 25 schools have signed up so far. You also asked us to improve attainment, progress and attendance and reduce exclusions for children and young people with SEND.</i></p> <p><i>Educational attainment at KS2 for pupils with SEN has increased to 8% and is nearing the national average of 9%. For those pupils with an EHCP, attainment at KS2 has plateaued at 29% but is still above the national average of 25%. Attendance has improved over the lifespan of the strategy for pupils with an EHCP, with total absence reducing from 9.49 ⇨9.14%. Unfortunately for pupils on SEN Support absence rates have increased from 6.72 ⇨7.12%. A pilot to develop individual pathways in secondary schools as an alternate to alternative provision has been successful and rolled out to all secondary schools in the city. This has resulted in a significant reduction in the number of pupils per 100 with an EHCP who have received fixed period exclusions - 19.15 ⇨10.42 and has seen a small reduction in those pupils on SEN Support who are permanently excluded - 0.28 ⇨0.14. This pilot has still to impact on fixed period exclusion of pupils on SEN Support where the numbers per 100 have increased from 12.02 ⇨12.75; and pupils with EHCPs who are permanently excluded which has increased per 100 pupils from 0.1 ⇨0.33 (All data is a comparison between 2017 and 2019)</i></p>		
	We want children to attend and be included in their local mainstream school, where appropriate, where they will thrive and achieve	<ul style="list-style-type: none"> • We will work to ensure that high quality inclusive practice, using the 'SEND first' approach, is embedded in all schools through a shared understanding of what inclusion is (Inclusion Charter); city-wide use of the inclusion audit to highlight what good inclusion looks like and drive up practice; demonstration of successful inclusion in practice through sharing of case studies via the inclusion guidance; understanding of good practice with regard to readiness for transition 	– Mapping of placement of children with SEND, exclusions, managed moves, achievement
	We want city wide ownership and responsibility for children and young people with SEND	<ul style="list-style-type: none"> • We will develop a joint understanding across agencies and settings of the offer available to maximise the impact of the collective resources available, working collaboratively to engender parental confidence in the system and the support provided for their child • All partners will play their part in delivering a SEND System that is effective, efficient, sustainable and rated highly by parents and children and young people • Southampton Inclusion Partnership will continue to provide training and support 	<ul style="list-style-type: none"> – Reduced waiting times due to reduced demand on specialist services – Feedback from parents and professionals on efficiency and effectiveness of pathways of provision
	We want early years settings, mainstream schools and post 16 providers to feel adequately supported, confident and competent to meet the needs of children and young people with a wide range of SEND	<ul style="list-style-type: none"> • A support programme will be developed for mainstream schools to include: <ul style="list-style-type: none"> o The Inclusion Guidance o An outreach offer o Training o Access and advice to specialists when required • Advice, training and resources will be provided to schools to support them in their understanding and management of children with sensory processing difficulties • Neurodiversity champions (expanding on autism champion programme), working with CAMHS, will be rolled out to all schools • A behaviour support service will be developed to work with early years settings, schools and families • Children and young people with increasingly complex health needs will be supported by an integrated and robust health offer • Learning from the Autism in Schools Project will be shared across all schools 	– Annual survey of settings on inclusion support and outreach

Priority 4	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
A local offer that meets the wide range of needs within the city	<i>In 2017 you asked us to ensure there were sufficient places in schools following the forecast of need. So we increased the number of special school places from 530 to 707 (2017 – 2020); we developed a special school expansion and reconfiguration programme (currently at feasibility stage); we developed three Springwell Resourced Provisions and a secondary Autism Resource Base. We have also established an annual review of SEND needs and provision and a re-fresh of forecasts to inform future planning, reporting into the Southampton SEND Partnership Forum and JSNA.</i>		
	We want the special school expansion, refurbishment and reconfiguration programme to be completed with the aim of creating an additional 338 places in local special schools by 2026.	<ul style="list-style-type: none"> • Following consultation, and subject to funding, we will proceed with the expansion and reconfiguration of specialist provision within Southampton to create 220 secondary complex needs places, 50 post 16 complex needs places, 20 primary SEMH places and 48 secondary SEMH places. • We will develop an offer for children who exhibit high levels of anxiety and school refusal 	<ul style="list-style-type: none"> – Number of special school places available to meet demand – Reduction in CYP placed in independent non-maintained special schools
	We want girls with SEMH and ASD to have access to appropriate provision	<ul style="list-style-type: none"> • Training on the identification of ASD and SEMH in girls will be developed and rolled out to all early years settings and schools • Secondary SEMH provision for girls will be developed 	<ul style="list-style-type: none"> – SEMH and ASD provision for girls available within Southampton – Reduction in girls placed in independent on-maintained special schools
	We want an integrated multi-agency offer to be available within all special schools including a transparent and equitable health offer to all schools	<ul style="list-style-type: none"> • A health core offer will be matched to each resourced provision, special school based on their designation and core offer 	<ul style="list-style-type: none"> – Health offer to schools matched to need
	We want a more flexible offer to be available with the development of mainstream-plus options including resourced provisions/ SEN Units within mainstream schools and an expanded outreach offer	<ul style="list-style-type: none"> • Primary and secondary schools will be invited to host resourced provisions/SEN Units for children with autism, SEMH and physical disability • The current outreach offer will be reviewed and developed to ensure that schools feel adequately supported and every child's needs are met 	<ul style="list-style-type: none"> – Continuum of provision in place e.g. resourced provisions, SEN Units
	We want social care input into the EHCP process to be evident	<ul style="list-style-type: none"> • All social care staff will receive training on SEND and EHCP processes • Senior social care management will be involved in EHCP auditing processes • Social care staff will be included on decision making panels 	<ul style="list-style-type: none"> – Social Care involvement evident in all EHCPs as demonstrated through EHCP audit process
	We want to have implemented the recommendations from the National All age Autism Strategy	<ul style="list-style-type: none"> • The Southampton All Age Autism Strategy will be refreshed to include the recommendations from the national and regional strategies 	<ul style="list-style-type: none"> – National Autism Strategy recommendations implemented
	Better service access and outcomes for children with special educational needs and disabilities who are involved in the criminal justice system	Collaborative work between the Special Educational Needs and Disabilities Service and the Youth Offending Service	<ul style="list-style-type: none"> Evidence of strategic oversight through the Youth Justice Management Board. Evidence of effective Education, Health and Care Planning through joint audits. Improved education and youth justice outcomes for children in contact with the Youth Offending Service

Priority 5	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
Mental and Physical Wellbeing	<p><i>In 2017 you asked us to make reasonable adjustments where necessary to enable children and young people with SEND to have equal access to health services. Since then the number of GP Practices able to offer 14+ years old learning disability health checks (all ages) has increased from 60.3% →68% (2017/18 →2020/21)</i></p> <p><i>You also asked us to promote positive mental health and ensure improved access to services, including autism assessments, through an integrated approach. So the CAMHS team and Jigsaw have developed clinical posts which sit across the two services to promote identification of mental health needs in children and young people with SEND. This includes a nursing post and clinical psychology as well as a consultant psychiatrist with some dedicated sessions. The autism assessment service has been redesigned to make the best use of the capacity that is available. There is a growing recognition in the city that the needs of children and young people with social communication needs are able to be met outside of a diagnosis and the work of the task and finish group for autism assessments has contributed to this culture by considering how families can have access to 'specialist' practitioners at the earliest possibility. Examples of this include working with Re:Minds for drop-ins.</i></p> <p><i>Specially connected to ASC and the education psychology service running a consultation line for parents/carers. Parent led intervention groups are being rolled out which will increase the availability of service provision relevant to need which families can access within early help.</i></p> <p><i>Task and finish groups in the city connected to autism and ADHD have come together under the umbrella of a Neurodevelopmental Group. We have increased the skill set in CAMHS practitioners in delivering evidence-based interventions for CYP with learning disability and autism through recruitment to posts connected to the University of Exeter who are delivering training in this area.</i></p> <p><i>You asked us to ensure robust safeguarding monitoring for children and young people with SEND placed out of area. Now SEND Officers attend all annual reviews of children with SEND in out of city schools. The virtual school monitor all children who are looked after in out of city schools (including those with SEND).</i></p> <p><i>Finally, you asked us to review the short breaks offer, ensuring that it offers opportunities for the whole range of needs and is equitable and fair. So we undertook a review of the short breaks offer in 2017 which gave rise to the DPS and max card arrangements we have now. There is more work needed to ensure it covers the whole range of needs (more providers and specialisms in particular areas, e.g. neurodiversity). Training has been delivered to PACT teams around the short breaks offer for children with SEND, which has increased the number of referrals significantly.</i></p>		
	<p>We want Southampton to be an inclusive city that respects and values difference</p>	<ul style="list-style-type: none"> • We will work to ensure that the Inclusive Education Charter is embraced and embedded across all settings, building on being a Child Friendly City • We will implement the recommendations from the national all age Autism Strategy • Partners across the city will work together to make Southampton an inclusive city for all across all sectors • The Autism Strategy Group (or equivalent) will have an agenda informed by parents, carers and CYP and key stakeholders. The strategy group will report to the Southampton SEND Partnership Forum and Children and Young People's 	<ul style="list-style-type: none"> – Parent feedback – CYP feedback – Inclusion Audit Q – Even distribution of EHCPs across all settings subject to catchment areas
	<p>We want CYP with neurodevelopmental differences to have a clear offer of support available to them and their families</p>	<ul style="list-style-type: none"> • A range of parent interventions will be rolled out across the city e.g. Early Bird, Cygnet, New Forest Parenting Programme • Access to specialisms will be available at the front door with increase drop ins through Reminds with CAMHS, Adult MH Services and Jigsaw • The outcomes of the Autism in Schools Project will be rolled out across the city • Staff within education settings will be supported to increase their skill set in managing children such as those with ADHD in the classroom 	<ul style="list-style-type: none"> – Take up of parent support offer – Parental feedback – Increase in number of school-led parent forums – Increase confidence in schools
	<p>We will target the health and wellbeing of children and young people with SEND to support them in leading healthy, active lives, reducing health inequalities</p>	<ul style="list-style-type: none"> • The Healthy Early Years Award will be expanded to include Mental Health and Wellbeing Award • The number of settings achieving the award will be increased and the number of children in settings that have achieved the award will be monitored • The uptake of the annual health check for young people from age 14 upwards will be increased through increased promotion, targeting and information to families, schools and services • We will encourage and support the participation of all special schools in the Healthy Schools Awards 	<ul style="list-style-type: none"> – Number of schools achieving Health EY / Schools Award – Increase in take up of annual health check

Priority 5	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
	We want children and young people to have a range of opportunities to participate and be enabled to do so	<ul style="list-style-type: none"> • Staff who work with children and young people will be aware of and have an understanding of the specific needs of children and young people with SEND and make all reasonable adjustments to enable them to participate equitably. • An increasing number of settings and services will become SEND friendly. • The SEND Youth Forum will be established to represent CYP with a wide range of abilities 	– Social Care involvement evident in all EHCPs as demonstrated through EHCP audit process
	We want children and young people to be supported to access a range of activities and short breaks in mainstream and specialist settings	<ul style="list-style-type: none"> • The short breaks offer will continue to be reviewed to ensure uptake, encourage new providers into the market and ensure that the offer is meeting the needs of all children and young people with SEND. • The short breaks offer available to children and young people and their families will be effectively publicised to ensure awareness and take up. • The reach of the short breaks offer to children and young people with a range of needs will be increased • New providers will have access to the right type of training, developed and delivered in partnership with the Parent Carer Forum, to support children and young people with SEND 	– Social Care involvement evident in all EHCPs as demonstrated through EHCP audit process
	We want children and young people who have experienced trauma and / or ACE to be understood and have their needs met	<ul style="list-style-type: none"> • The city-wide approach to trauma informed practice will be applied to all CYP irrespective of abilities 	– Social Care involvement evident in all EHCPs as demonstrated through EHCP audit process
	We want children and young people with SEND to not be disproportionately involved in crime or unsafe behaviours	<ul style="list-style-type: none"> • The additional risk factors for children and young people with SEND being exploited as victims or perpetrators of crime will be understood and actively used to identify those at risk and support their engagement in preventative programmes • All staff involved in the criminal justice system will be trained in how to recognise, communicate and manage the needs of children and young people with SEND 	– Social Care involvement evident in all EHCPs as demonstrated through EHCP audit process
	Understanding of the impact of COVID-19 on CYP with SEND and develop specific support packages for those who have been impacted negatively, with learning for the future identified and embedded in response plans	<ul style="list-style-type: none"> • The positive and negative impacts of COVID on CYP with SEND will be identified including how providers responded and the learning for the future • Children who have been impacted negatively will receive targeted support • Provision will be developed for CYP who experience difficulty attending schools due to anxiety 	– Increased attendance / reduction in children missing education

Priority 6	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
<p>Preparing for Adulthood - Employment; Independent Living; Friends, Relationships & Community; Good Health (PfA Outcomes)</p>	<p><i>In 2017 you asked us to improve transition processes to support smooth transfer from children's services to adult services. So we developed and launched the Transition Pathway in February 2019. We updated information on the Local Offer and designed an audit tool to evaluate progress. We created a post for a personal advisor/preparation for adulthood support worker to improve engagement with education, employment and training (EET), health, social care and community PfA outcomes as well as improving outcomes for children leaving care.</i></p> <p><i>We re-named the Transition Operational Group, the Preparing for Adulthood panel, which brings together professionals from across children and adult services, health, education and social care, physical and mental health to plan and oversee individual transitions.</i></p> <p><i>Our parent groups, like Re:Minds (support group for parents of children with mental health issues and neurodiversity), started to run monthly adult mental health advice clinics for parents / carers – with adult mental health services attending regularly. We developed a IAPT (Improving Access to Psychiatric Therapies) pathway for young people transitioning from CAMHS. We started to roll out mental health support teams in schools and colleges – this will cover all of Southampton's colleges by January 2022.</i></p> <p><i>We worked with GPs to design and implement a transition care plan, including a crisis risk management plan for those young people who don't meet adult mental health criteria.</i></p> <p><i>You asked us to increase the number of young people aged 16-25 who remain in education, enter employment or take up other opportunities such as internships or volunteering. Unfortunately, the number of KS4 SEN pupils with EHCP going to or remaining in education & employment/training overall has dropped from 85% ⇨80% (2017 ⇨2019) and is significantly below the national average of 90%.</i></p> <p><i>However, the number of KS4 SEN cohort still in education, employment or training at 17 (including special schools) has increased from 84% ⇨87% (2017 ⇨2019) and is now nearing the national average of 89%.</i></p> <p><i>You also asked us to develop a greater range of options to support independent living and community inclusion. Young people and their carers now have the option to explore independent living as part of their EHCP. New housing developments since 2017 have provided some young people with opportunities to increase their independence. We commenced Project Choice (Health Education England funded) with Portsmouth NHS Trust to deliver supported internships to some of Southampton's young people.</i></p>		
	<p>We want all young people to have a clear transition plan incorporating PfA outcomes embedded in EHCPs from year nine onwards</p>	<ul style="list-style-type: none"> • We will re-establish the PfA workstream to embed the transition guidance and pathway previously developed to drive forward improvements in SEND provision for young people post 16 and post 19 • Where plans are no longer required, they will be ceased in a timely way following discussion with the young person and parent/carers with a robust transition plan developed • Transition plans will be regularly reviewed as part of the annual review process and person-centred approaches will be used to support the young person to attend and/or inform the review • The focus of reviews in transition will be outcomes led with expectations of demonstrable progress towards the 4 PfA pillars. 	<p>–All young people have a clear transition plan</p>
	<p>We want effective transition planning across children's and adult services including social care, health services and mental health services</p>	<ul style="list-style-type: none"> • A Transition lead will be appointed working across children's and adult social care to raise awareness, drive improvements in transition planning and ensure that a training programme is in place to support staff from both children's and adult's services, building a network of transition champions across operational teams • The SEND Partnership will carry out the PfA Transition Audit that will demonstrate areas of strength and areas for improvement which will form a specific PfA Improvement Plan • Adult MH services will launch a new ADHD pathway to support transition from CAMHS • The development of enhanced primary care mental health teams embedded within primary care networks will include a specific focus on improving transition for those young people who do not neatly meet the criteria for adult mental health services • The mental health support teams will be rolled out in colleges to include a specific focus on transition 	<p>– Improved timeliness of transition from children to adult services</p> <p>– Qualitative user feedback from parents and young people</p>

Priority 6	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
	<p>We want pathways to adulthood to be in place and used to support transition planning</p>	<ul style="list-style-type: none"> • A sub-regional educational offer will be developed with Hampshire and Portsmouth local authorities to support equality and breadth of opportunity • Local colleges will be supported to develop a broader offer of provision to meet a wider range of needs that is co-produced with young people and parent/carers • The number of specialist places for post 16 students with complex needs will be increased as part of the special school expansion programme • Young people and parents will be supported to assess potential options available • The regional rationalisation of post 16 education, led by the DfE, will be used to inform the future offer for Southampton young people • Specific transition guides will be co-produced and made available to young people and their parents/carers that describe the PfA offer for each of the areas so that key options are shared and understood • Young people will be supported to attend their annual review and/or have better quality input (e.g. by using person-centred tools). Resources to aid young peoples' participation in review meetings and a person-centred planning booklet will be made available for reviewers. • The use of direct payments and/or personal health budgets will be further developed so that as young people transition to adulthood there is a more personalised approach to their support • Providers supporting young people eligible for adult social care will increase personalised and outcomes focussed supports that seek to reduce health inequalities including wider/social determinants of health 	<ul style="list-style-type: none"> – Improved timeliness of transition from children to adult services – Qualitative user feedback from parents and young people – Improved/extended offer available



Priority 6	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
	<p>We want the numbers of young people with an EHCP who are in education, employment or training (EET) to be in line with those without an EHCP</p>	<ul style="list-style-type: none"> • The range and quality of educational provision for young people post 16 will be scoped and developed to enable more young people to access appropriate further education provision locally • A programme of education and awareness that seeks to raise aspirations and increase knowledge of the benefits of employment for all stakeholders, via a range of activities, such as improved communications, workshops and drop-ins will be designed with young people and parents/carers and delivered • Vocational profiling will be embedded into education, health and care plans and reviews • Locally driven employment programmes e.g. taster days, work experience, traineeships, supported internships, apprenticeships, will be developed in partnership with young people, families, education and social care practitioners, and employers (this can be captured within the specific employment transition guides) so that options are clear from year nine onwards • A stronger partnership will form with Solent Local Enterprise Partnership (LEP) who can support schools to develop improved careers guidance and employment programmes for young people. In addition, we will explore with Solent LEP wider options to support the development of micro providers and social enterprise within the health and social care sector and beyond. • Supported internship programmes and traineeships will be further developed, to include the development of programmes such as Project Choice offered within Southampton, by lead NHS Trusts • Southampton City Council and other leading public organisations will work in partnership to create work opportunities for young people • A supported internship and traineeship forum will enable the creation of work placements that will result in the young person being better prepared by the education provider (who understands what an employer needs), and better supported in the workplace (as employers gain greater understanding of support needs, job carving) as well as benefiting the young person. • Young people will have opportunities to benefit from the recently awarded Solent Get into Employment project delivered by Southampton City Councils employment support team in partnership with Princes Trust and Autism Hampshire. This is a 24-month intervention (starting in September 2021) offering employment support to people with autism, a mild to moderate learning disability or neuro-diverse conditions. • Effective tracking of young people will be introduced • Actions from the NEET (not in education, employment or training) Working Group will be implemented • Appropriate targeted support will be made available to young people who are NEET to re-engage with education, training or employment 	<p>– Reduction in NEET figures for those with SEND</p>

Priority 6	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
	We want to support more young people in independent living	<ul style="list-style-type: none"> • Schools and colleges curriculum will promote independence in relation to making choices, personal care, skills for living in your own home, online safety and safety in the home and community • Information about housing options will be co-produced with young people and parents/carers and actively promoted • Good strategic planning will mean that preferred housing options are developed for young people 	– Increase in young people living independently
	We want all young people to have friends, meaningful relationships and feel part of their community	<ul style="list-style-type: none"> • Southampton will be an inclusive and safe city, where proactive support is given to young people and their carers to remove social and environmental barriers that may prevent the development of friendships, relationships and community supports • Solent NHS Trusts SHIELD (Sexual Health clinic for people with learning disabilities), as well as mainstream supports that provide advice and information to young people about relationships and sex, will be actively promoted • Young people will be given the opportunity to develop and keep friendships, including those from LGBTQ communities, who may need additional support as they grow into adulthood • Work will continue to develop 3rd party hate crime reporting centres in partnership with Spectrum • Hampshire police will actively recruit young people and their parent/carers in volunteer roles to their Hate Crime Independent Advisory Group (IAG), whereby they scrutinise police procedures/practices • Hate crime will be taken seriously, and young people and their carers will be able to access information and advice regarding this • Transformation will occur within the social care market, that supports a community connectors approach to support providing outcomes in this area 	– Feedback from young people

Priority 6	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
	We want all young people to stay healthy	<ul style="list-style-type: none"> • More young people aged 14+ with a learning disability will be supported to access their annual health check and we will explore if there are opportunities to work in partnership with the young person and their parent/carer as well as other services to improve how this works • As part of the annual health check young people will have a health action plan • The promotion of the annual health check will take place across services and via parent/carer networks, and young person supports, so that benefits are shared, and uptake is increased • Young people and their parent/carers will be given an opportunity to share how best to complete the annual health check • A detailed joint strategic needs assessment will be undertaken for our SEND CYP that captures information on health-related behaviours to inform future planning of services and supports • There will be a stronger focus on health prevention and management including that of preventable long-term conditions (e.g. diabetes) whereby services make reasonable adjustments consistently and in line with the young person's needs and wishes • STAMP/STOMP (Stop over-medicating people with learning disabilities) will be made available through joint work with our health providers, and young people and their carers • For young people with more complex health needs they will be offered support to develop a Hospital Passport, Communication Passport and an Emergency Grabsheet, Ready, Steady, Go tool so that if they do need to access health services there is good information about how they need their care and treatment delivered 	<ul style="list-style-type: none"> – Increased take up of annual health check – Improved health outcomes for young people with SEND

Key enablers

Ambitious leadership

- Strong strategic leadership by the council, the education, social care and health sectors, across the SEND system in Southampton
- Leaders from across the system who are committed to driving ever improving outcomes for children and young people with SEND, who support inclusion and understand the barriers to learning, independence and successful preparation for adulthood
- Leaders who are courageous and prepared to do the right thing
- Leaders who will provide strong support and challenge
- Leaders who make it their business to understand SEND and through a 'SEND first' approach deliver better outcomes for all children

High aspirations and expectations

- Expecting the same outcomes for children with SEND as for all children

Person centred practice

- Putting the child and their families at the heart of everything that we do

Collaborative working

- A well-planned continuum of provision from birth to 25 years that meets the needs of children and young people with SEND and their families. This means integrated services across education, health and social care which work closely with parents and carers and ensures that individual needs are met without unnecessary bureaucracy and delay

Culture of respecting parents as experts

- Seeing the world through their eyes 'If you want to know how well a pair of shoes fit, you ask the person wearing them, not the person who made them, or who paid for them.'

Joint commissioning

- Effective and well-developed joint commissioning with joint planning, design, development and commissioning of delivery
- Strong support and challenge across the system within commissioning and providers

Strong governance

- Strong governance, accountability and challenge through the Southampton SEND Partnership Forum and the Children and Young People's Partnership Board

Our strategy will be successful if....

Ambitious leadership

- Parents/carers, children and young people report satisfaction with services received
- Parents/carers, children and young people feel empowered and able to influence service provision
- Parents feel confident in supporting their own child's needs
- Settings and the wider workforce report increased confidence and capacity to manage and support CYP with SEND

These 'soft' measures will be evaluated through annual surveys of parents and carers, settings and the wider workforce.

Quantitative measures / Outcomes

Improved access to support when needed including better access to services for those waiting an autism diagnosis

Improved attendance

Reduced exclusions

Reduced NEET

Improved attainment at KS4 and above

Reduced tribunals

Reduced numbers of children and young people placed in Independent Non-maintained Special Schools

Increase in specialist places

Increase in take up of Learning Disability health assessments

Governance

The SEND Strategy will sit within the governance framework for the Children and Learning Strategy 2022-27. It will report to the Southampton SEND Partnership Forum and via that to the Children's Strategic Partnership Board.

Delivery

The delivery of this Strategy will be overseen and held to account by the Southampton SEND Partnership Forum. Detailed action plans with measurable targets will be developed annually for each priority with lines of accountability and timescales agreed across the five year span for delivery. Progress on each action plan will be a standing item on the Partnership Forum agenda with leads held responsible for progress and any delays in delivery.



