

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES:



2020-2025

INCLUSION STRATEGY



NHS

Sheffield

Clinical Commissioning Group



CONNECT INFORM EMPOWER

Sheffield
City Council



FOREWORD

We want all children and young people in Sheffield to be happy, safe, settled and ready to learn. Some will need some extra help to achieve this. We want our young people to be as independent as possible but have access to the right support at the right time when they need it.

Our strategy has been developed to help us achieve this goal. We recognise that over the years with previous strategies, this has not necessarily been the case.

However, we are committed to ensuring this strategy will make a difference to young people and their families. We know it will not be easy. This is a massive challenge that requires all of us to work together as schools, the council, health services and most crucially young people and their families. We face growing demand and pressures on our services and recognise that we are working with limited capacity and resources. We must make sure that we carefully and jointly understand the needs of our city and plan how we use our resources most effectively.

But more than this we must make sure that we work in partnership to develop the right early help, support and provision so that the experience of each young person is a positive one. By working together we are confident that we can improve outcomes for young people in our city and make Sheffield a truly inclusive place to grow up and live, no matter what needs they may have.

We want to thank everyone who has worked hard to contribute to and co-produce this strategy and who is committed to work hard to implement it.

*Cllr Abtisam Mohammed, Cabinet Member
Education & Skills, Sheffield City Council*

*John Macilwraith, Executive Director, People
Services, Sheffield City Council*

*Brian Hughes, Director of Commissioning &
Performance and Deputy Accountable officer,
Sheffield Clinical Commissioning Group*

*Katie Monette, Chair, Sheffield Parent Carer
Forum*

Key terms:

Throughout this strategy we use a number of key terms:

- By **'young people'** we mean all children and young people from birth up to age 25
- By **'families'** we mean all parents, carers and family members
- By **'services'** we mean any service across Education, Health and Care, including statutory social care services, supporting children and young people
- By **'schools'** we mean all education providers including childminders, nurseries, schools, colleges and training providers
- By **'assessments'** we mean a wide range of assessments to identify and meet needs across education, health and care services, including diagnosis and co-ordinated plans such as Education, Health and Care Plans (EHC)
- By **'transition'** we mean every stage that a young person moves through including into school, from primary to secondary school and into post-16 education and adult life
- By **'plans'** we mean all types of written plans across Education, Health and Care
- By **'meaningful activity'** we mean all activities in adult life such as paid and voluntary work, activity that enriches life and is purposeful to the individual

Throughout our strategy we recognise that areas overlap and so we have only included these in one specific area rather than repeating and replicating information.

Inclusion in Sheffield:

Inclusion is important to make sure that all young people and their families, regardless of their needs, get the opportunity to access the best life chances. The challenges to addressing inclusion, particularly around Special Educational Needs and Disabilities (SEND), are growing nationally with increasing demand, changes in the complexities of needs, a new academic curriculum and financial pressures across sectors.

The SEND reforms introduced through the children and families act, 2014, created an aspiration that those with special educational needs/disabilities would be at the centre of all decision making and that services would meet needs in a timely and co-ordinated manner.

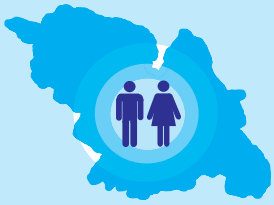
In Sheffield the views of our young people and their families are clear; we are not doing this well enough. The local area SEND inspection in November 2018 identified significant weaknesses and this is confirmed by feedback from families. Our schools have struggled to balance pressures and remain focused on good inclusive practice whilst support services, such as health and social care, have struggled to keep pace with growing demand.

The aspiration across the city is to change our systems so that we act early to identify, assess and meet needs, work in partnership and establish integrated and locally based processes and services that make Sheffield a more inclusive city.

This strategy will build on changes and developments over the past 4 years including:

- Closer school sector working with schools supporting each other to address needs and improve access to support through work such as the Sheffield Support Grid, Primary and Secondary Inclusion Panels, locality working and a developed graduated approach to meeting needs
 - Trialling approaches to address needs locally, for example through addressing sensory needs or sharing of skills
 - A strategic joint commissioning approach to plan support and provision at all levels of need, including a focus on all age disabilities
 - Ensuring that young people and parent voices are central to developments with an agreed co-production charter
 - Developing pathways for assessment, support and provision, particularly through the development of vulnerable learner reviews and early years partnership
 - Improvement in the number of EHC Needs Assessments being completed in 20 weeks.
- A focus on key transition points and pathways to the next stage of education starting at age 2, 9 and 14 – focusing on planning two years in advance
 - Successful improvement of our social care systems to build quality frameworks that address safeguarding needs
 - Improving integration of health advice and intervention through commissions including speech and language support via Primary Inclusion panel and addressing sensory needs and training in schools
 - Improving the use of data, policies and procedures to monitor access to full time education for all young people, including around elective home education, partial timetables and agreeing school places, including reducing exclusions and children being removed from school roll.

While this has all driven forward improvement, there is a clear recognition that more needs to be done to reach the aspirations that the local area has for its most vulnerable young people, including where families feel change is not rapid enough. This strategy provides the overarching focus for that to be achieved, covering all areas of inclusion, including SEND.



CHILDREN IN SHEFFIELD

73,279

Children aged 5-16 (Reception - Y11) in Sheffield

1,998

(2.7%) Have an Education, Health and Care Plan

10,565

(14.4%) Have Special Educational Needs Support in Sheffield maintained mainstream and special school academies



SHORT BREAKS

Between 2018 and 2019

1,447

children and young people accessed various types of short break services



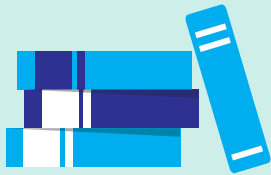
TRENDS

Population increase and placement preference are the biggest drivers for increasing special school places.

Over the past **5 years**, the number of Sheffield children in special school has risen by **25%**. This is in similar to the national average.

Between 2014 and 2018 the population of Sheffield increased by **19,043** (3%).

We are anticipating continued increases in pressure on special school over the next **5 years**, as the population increases.



HOME EDUCATION

In January 2020 there were **524** children recorded in Sheffield as being in elective home education.

Just under **1 in 3** children who are being electively home educated are recorded as having a special educational need (28%)

CONTINUING CARE



In February 2020 there were

100

children in receipt of Continuing Care



The **5** most common needs of pupils with special educational needs in Sheffield Schools are:

PRIMARY SUPPORT REASONS

- Speech, language and communication
- Autism spectrum disorder
- Social, emotional and mental health
- Moderate learning disability
- Specific learning disability

The data in this infographic is drawn from the following sources: School Census 2019; SEN2 Survey; Sheffield City Council Short breaks dataset April 2018 - March 2019; Capita ONE; Sheffield Clinical Commissioning Group; Office of National Statistics mid-year estimates to 2018.

Please note that where figures look different, it is because the sources focus on different age ranges – for example the School Census is for 5-16 year olds whereas the SEN2 Survey is 0-25.

EDUCATION, HEALTH AND CARE PLANS

3,201

Education, Health and Care Plans
maintained by Sheffield City Council



Education, Health and Care Plans as a proportion of school population is lower than the national average and other core cities at **2.7% of the population**



PLACEMENTS

2019 key placement groups for children and young people with Education, Health and Care Plans:

739 in **mainstream schools**

1,279 in **special schools**

269 in **Integrated Resource Units**

581 in **FE / other post 16 settings**

We accommodate fewer SEN children in mainstream schooling than nationally, however we are comparable to other cities.

EDUCATION PROVIDERS IN SHEFFIELD



Nurseries **190**

Mainstream (maintained / academy) **primary schools** **133**

Mainstream (maintained / academy) **secondary schools** **27**

Mainstream (independent) schools **9**

Special schools (maintained / academy) **10**

Independent (and non-maintained) special schools **3**

Integrated Resource Units (11 primary, 8 secondary) **19**

Colleges **2**



EXCLUSIONS

In 2018-19 there were

2,837

fixed term exclusions

for children with Special Educational Needs

In 2018-19 there were

59

permanent exclusions

0.05% of these were young people with an Education, Health and Care Plan - this is below the national average (**0.16%**)



APPEALS AND MEDIATIONS

In 2019 there were

127

appeals lodged to the Special Educational Needs and Disabilities Tribunal

In 2018 there were **76 mediations**, 22 of which then went on to tribunal

THE VOICE OF INCLUSION IN SHEFFIELD:

We have listened to our key stakeholders:

- **Children & Young People**
- **Parents, Carers and families**
- **Front line professionals**
- **Leaders across the city**

They have told us, both now and in the past, what we need to do differently. We have learnt from work done since the introduction of the SEND reforms, the outcome of the local area SEND inspection and the 2018/19 'State of Sheffield' questionnaire, conducted by the Sheffield Parent Carer Forum.

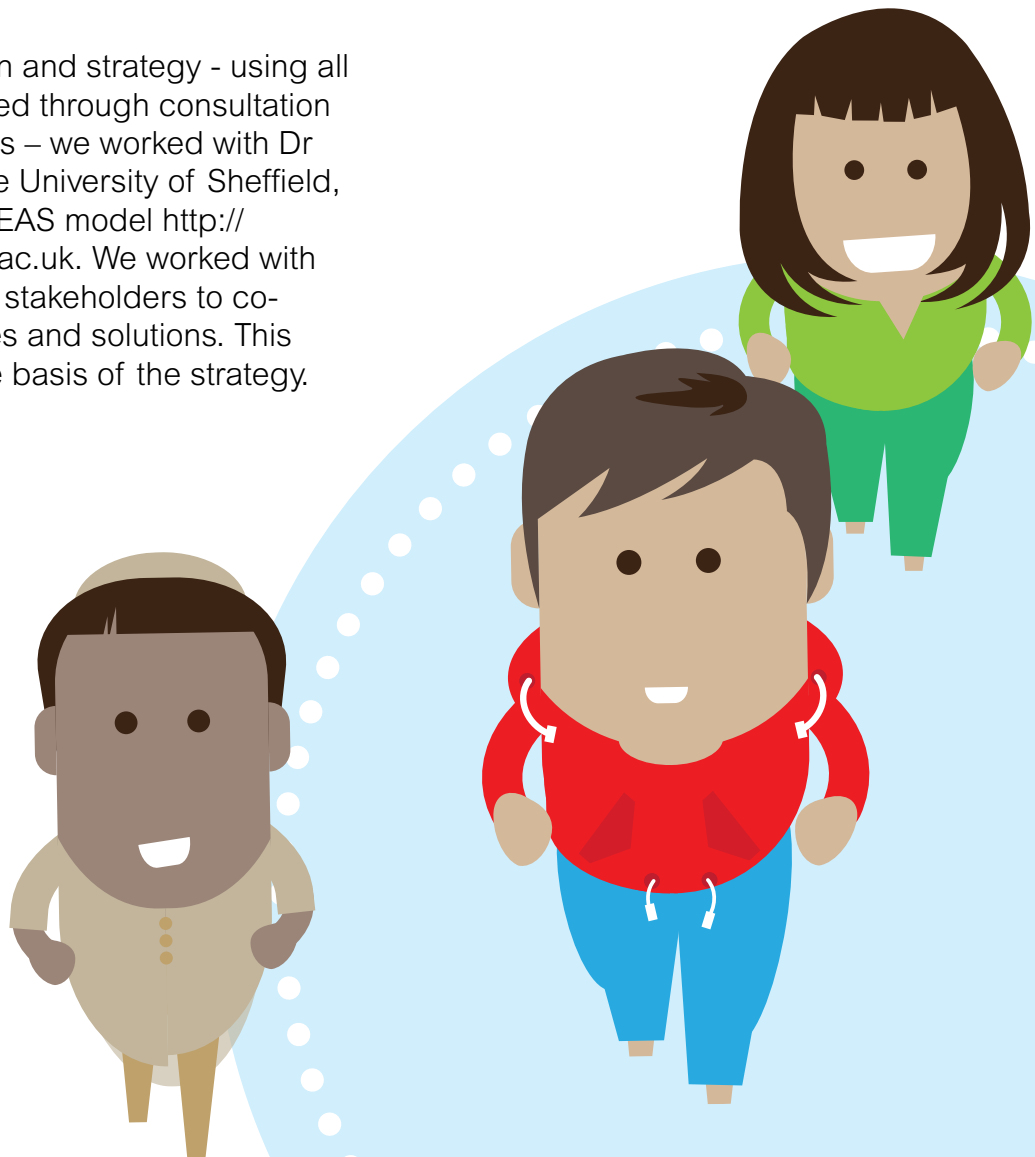
We have asked our stakeholders what our priorities should be and how we should be changing and improving inclusion across the city.

To develop our vision and strategy - using all the information gained through consultation and previous surveys - we worked with Dr Kamal Birdi from The University of Sheffield, using the CLEAR IDEAS model <http://clearideas.sheffield.ac.uk>. We worked with over sixty of our key stakeholders to co-produce our priorities and solutions. This work has formed the basis of the strategy.

A priority for our strategy is to listen to, and act on, the voice of children and young people.

We ran a number of group discussions with young people as part of developing our strategy, but we know we need to do more in future as young people must be at the centre of our strategy.

As part of the development of the strategy we recognise that there are still some groups that are underrepresented and we will continue to work with them to make sure that we hear their voice.



OUR STRATEGIC PRIORITIES 2020-2025

Our vision:

Sheffield will be an inclusive city where we work together to ensure that all children and young people get the right support at the right time so that they can live a happy and fulfilled life.

Our five commitments:

To achieve this vision we are making five commitments:

1. Effective early identification of needs with appropriate assessments across Education, Health and Care (Assessment).
2. A wide range of Education, Health and Care services and opportunities that meet the needs of our young people (Provision).
3. Smooth transition across Education, Health and Care at every stage of a young person's life, and particularly to adult life (Transition).
4. Excellent communication and engagement between young people, families, Education, Health and Care services including schools (Communication).
5. Skilled leader and staff capabilities to deliver the services across Education, Health and Care (Workforce).



Our values:

The values we will work on throughout this strategy to achieve this are:

- **Co-production** – Children, young people, families and services working together
- **Person centred** – Putting the child and their family at the centre of what we do so that there is 'No decision about us, without us'
- **Consistency** – making sure support is the same across the city
- **Transparency and accountability** – leaders taking responsibility for making things better
- **Trust** – between families and services

What success will look like

We will know inclusion is improving in Sheffield if we see:

- More satisfaction from young people and their families in the support and services available to them
- Shorter waiting times for access to specialist support and provision, including health services
- Increased inclusion and attendance at school for those with SEND and other needs; reduced exclusions, absence from school and fewer young people inappropriately removed from school roll
- Better educational attainment and progress
- More young people moving into work and other meaningful activity in adult life
- All children and young people are safe, settled and ready to learn.

COMMITMENT 1: EFFECTIVE EARLY IDENTIFICATION OF NEEDS WITH APPROPRIATE ASSESSMENTS ACROSS EDUCATION, HEALTH AND CARE (ASSESSMENT)

Our challenge:

- We need to identify children and young people's needs earlier so that we can produce a high quality plan, provide support as soon as possible and reduce exclusion and lost access to learning and education.
- We need to assess children and young people based on their overall individual needs rather than their medical diagnosis
- We need to improve our assessment processes so that we are clear about who should do what and when.

What it looks like now:

Families, Services and schools tell us:

- We focus more on a diagnosis than on an individual's specific needs.
- They do not always know how to access assessment and support.
- Processes can be hard to understand and are not clear and consistent.
- There is too much focus on standard offers rather than services that are tailored to needs.
- It takes too long to get a diagnosis and families have to wait too long to get support whether they have a diagnosis or not.
- They want services to work together and want to have better services in local areas.

What we have done so far:

- We have developed tools to support assessment processes. This includes tools for SEN Support linking the Family Common Assessment Framework (FCAF) and Education, Health and Care Needs Assessments.
- We have improved the number of Education Health and Care needs assessments completed in the statutory timescales.

Our priorities:

1. We will identify children and young people as early as possible so that they and their families get the right support at the right time.
2. We will assess children and young people based on their individual needs and we will work with families to understand what works and what needs to change.
3. We will have clear assessment and review processes that describe who does what and when on an ongoing basis.
4. We will work together with other services to identify and assess need.
5. All our plans will be high quality and have a focus on long term aspirations and outcomes.

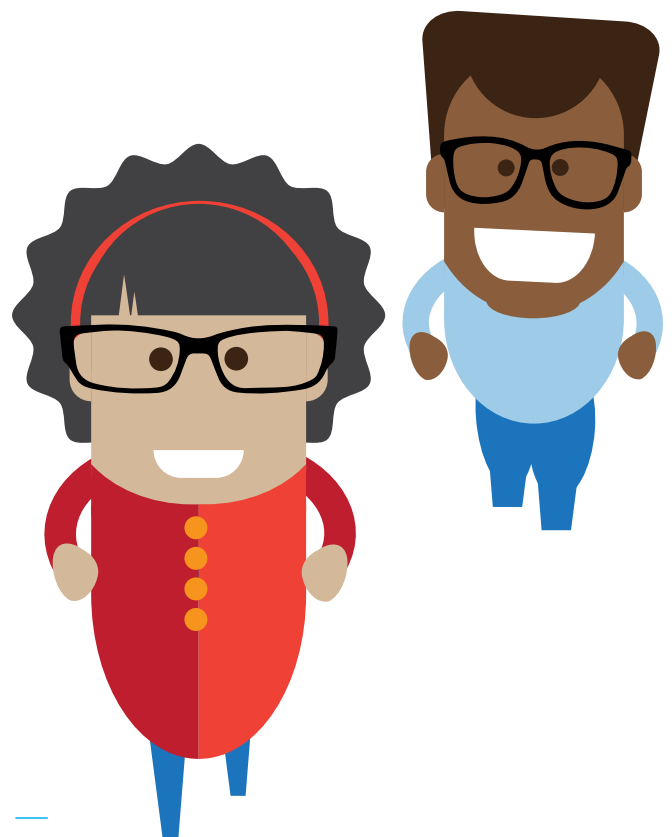
What we will change:

Priority One - We will identify children and young people as early as possible so that they get the right support at the right time.

- We will create clear referral routes for assessment and support that are not dependent on diagnosis.
- We will use data to prioritise how we use the resources we have available to get the right skills, knowledge and funding in place to identify and assess needs in a timely way.
- We will provide advice and support to families who are waiting for their needs to be met and be transparent about how long they may have to wait
- We will work with schools and nurseries to make sure they have the knowledge and skills to identify needs early.
- Services across education, health and care will work together with families and listen to their concerns to support the early identification of needs.
- We will make sure that maternity services, health visitors and early years education providers work together to ensure needs are identified and support is put in place as early as possible.

Priority Two - We will assess children and young people based on their individual needs and we will work with families to understand what works and what needs to change.

- The family and people who work with the family will be at the centre of identifying and assessing needs from the start.
- We will ask and listen to the child and family's views about what is working and what needs to change in order to build better relationships between services and families.
- We will develop evidence-based tools and easy-to-read resources to support assessments so that all children and young people can take part, including those that communicate non-verbally.
- When assessing need we will be flexible in how we do this to best suit the child or young person, for example adapting the environment where assessments take place.



Priority Three - We will have clear assessment and review processes that describe who does what and when on an ongoing basis.

- We will create clear documents, pictures and diagrams that show assessment and review processes, including a directory of who does what and when.
- We will make it clearer and easier for children and young people's needs to be reviewed using the 'graduated approach'. This is a cycle of assess, plan, do, review.
- We will review and publish decision making processes, including resource allocation panels, to make sure they are clear and accountable.
- We will create a quality framework to ensure all assessments, plans and reviews are of high quality including MyPlans and EHC Plans.
- We will make sure that young people's needs are regularly reviewed and support and services will be flexible to adapt to changing needs.
- Where a request is made for an EHC needs assessment for a child who is in care, is a care leaver or who has previously been in care and are now adopted, in kinship care or on a Special Guardianship order, we will ensure this is done.

Priority Four - Services will work together to identify and assess need.

- We will set up joint teams/hubs of services around the city.
- We will work with schools to improve SEND knowledge and access to assessment and clinical support.
- We will make sure that schools are ACE (Adverse Childhood Experience) aware.
- We will make sure that access to support is based on identified needs rather than being reliant on a diagnosis.
- We will make sure that reviews take place and advice is given by staff with the right skills.

Priority Five - All our plans will be high quality and have a focus on long term aspirations and outcomes.

- We will make sure that assessments are 'person-centred' (meaning they place the child at the centre of planning) to create plans that are led by the views and aspirations of the child/young person and their family.
- We will make sure that all plan writers are trained in how to identify aspirations and outcomes and include them in plans.

The impact this will have:

- Children and young people will have timely assessments of their strengths and difficulties which are used to create a plan so that they receive the right ongoing support and services.
- Children and young people and their families will feel that they have been listened to.
- Schools and services will understand and implement assessment and review processes working with families.
- Services will work well together to assess children and young people, focusing on their needs over their diagnosis.

COMMITMENT 2: A WIDE RANGE OF EDUCATION, HEALTH AND CARE SERVICES THAT MEET THE NEEDS OF OUR YOUNG PEOPLE (PROVISION)

Our challenge:

- We need to work together to commission more flexible services based on the needs of children and young people.
- We need to make sure we have sufficient services available to meet the needs of all children and young people. This includes universal (services open to all), targeted (services for those with some additional needs) and specialist services (services for those with the most complex needs).
- We need to make sure our systems and processes are easy to understand and use.
- We need to make sure that mainstream settings are inclusive and are able to focus on early intervention, particularly before a child is of school age.

What it looks like now:

- Children, young people and families are not always involved in developing services.
- Our systems and processes are difficult to use and understand.
- We have growing numbers of children and young people that need services and not enough funding.
- We do not have enough specialist education places; all our special schools are full.
- Mainstream schools do not have the right expertise and enough resource to support all children and young people.
- Our services are very busy and are not able to support all the children and young people who need them.
- Our advisory services, such as health services and educational advice givers, are not joined up and are not able to support all those who need them.

- Children and young people are expected to fit into a service offer rather than the service offering support to meet the need.

What we have done so far:

- Two new special schools have been commissioned and are due to open in 2021 and 2022 to increase capacity and ease the flow into special schools.
- We have increased funding to mainstream schools from April 2020 but there is still not enough.
- We are increasing the number of integrated resource places (specialist placement in a mainstream school) throughout the city.
- We are working with schools to help them have more inclusive practice.
- We are promoting better use of the Sheffield Support Grid, locally developed guidance for schools and services, to provide consistent guidance on how needs should be met. This includes a parent guide.
- We are improving health services with more of a focus on SEND when we commission and review services
- We are increasing local social care offer by reviewing our short breaks provision and provision for young adults.
- We have introduced Healthy Minds (a programme to support the emotional health and wellbeing of children and young people in schools) to two thirds of schools in Sheffield and plan to extend this further.

Our priorities:

1. We will make provision and support easy to find and access.
2. We will give the right support to children and young people at all levels of need.
3. We will provide support as early as possible.
4. We will analyse data to predict future need so that we can create sufficient high quality local provision.
5. We will work together with services and schools to improve inclusion.

What we will change:

Priority One - We will make provision and support easy to find and access

- We will create funding models for education support that are clear and easy to understand.
- We will commission advice, guidance and advocacy services for children, young people and families.
- A key worker will be allocated to help support families who need it.
- We will reduce waiting times so that they are in line with national and local targets as a minimum.
- We will have a clear referral process and sufficient provision for short breaks and respite care.

Priority Two - We will give the right support and provision to children and young people at all levels of need.

- We will make sure there are sufficient high quality specialist school, integrated resource and alternative provision places.
- We will commission sufficient advice services to identify and support the needs of children and young people in the city across all types of needs
- We will work with schools to develop models of funding that allows them to put identified support in place at both SEN support and EHC plan level
- We will review existing provision and analyse data to predict future demand. Where needed we will increase provision that works well.
- We will improve support to access education so that all children and young people can have a full time education placement that is right for them.
- We will work to reduce the number of fixed term and permanent exclusions of learners with SEND.
- We will develop a flexible approach to providing support in our localities and education provision so that needs can be met quickly when they arise for example flexible approaches to timetabling, placements, curriculum and qualifications
- We will provide more health services in schools so children and young people can get access to the support they need more quickly and don't have to miss school to attend appointments. This includes mental health and emotional wellbeing support.
- We will identify gaps in areas of need and upskill our workforce so that they have the expertise to identify and meet the needs of children in the city
- We will make sure that young people's needs are regularly reviewed and make it easier to change their support and services if their needs have changed.

Priority Three - We will provide support as early as possible.

- We will focus on early intervention starting with Early Years teams and early intervention services.
- We will seek to invest in providing support as early as possible including increasing funding in mainstream schools.
- We will support parents through small group workshops that are universally accessible and not just at the point of crisis
- We will provide evidence based support for parents in their role, particularly around transition times.

Priority Four - We will analyse data to predict future need so that we can create sufficient high quality local need.

- We will work together with children, young people and families to plan our local offer of provision to identify and address gaps at all ages.
- We will revise our post-16 offer with a focus on access to work, life skills and community participation.
- We will review our short break and respite provision to ensure it meets need.
- We will review our health services starting with Speech and Language, Occupational Therapy and Physiotherapy and Mental Health to ensure they meet need.
- We will analyse data to predict future need.

Priority Five - We will work together with services and schools to improve inclusion.

- We will develop a city wide approach to inclusion in schools so that all children are made to feel welcome.
- We will develop a quality framework to ensure that services are of high quality and meet young people's needs.
- We will monitor and quality assure the impact of services Where we identify issues with the quality or sufficiency of services, we will take action to make sure that children and young people's needs are being met.
- We will help schools to make the physical learning environment as inclusive as possible.
- We will share and learn from good practice both within Sheffield and further afield.

The impact this will have:

- Families will be able to access the advice, provision and support that they need.
- Children and young people will have the right support at the right time.
- Children and young people will be supported earlier and services will be more joined up.
- Children and young people will have access to local provision that meets their needs.
- Children and young people will be in more inclusive schools, making them happier and more able to learn.

COMMITMENT 3: SMOOTH TRANSITION ACROSS EDUCATION, HEALTH AND CARE AT EVERY STAGE OF A YOUNG PERSON'S LIFE, AND PARTICULARLY TO ADULT LIFE (TRANSITION)

Our challenge:

- We need to make sure that it is easy for children and young people to move through different educational stages and into adult life.
- We need to make sure that transition services and processes across education, health and care are joined up.
- There are gaps in provision for young people aged 16-25 across education, health and care.
- We need to develop a wide range of high quality opportunities for young people moving into adult life. These include education, work, being a part of their community, independent living and the ability to manage their own health needs.

What it looks like now:

- The move through education stages and into adult life is one of the greatest areas of concern for families, schools and services.
- Our services do not work well together and there is no city wide transition policy with joined up systems and processes.
- We have not always communicated well with families about what is happening.
- Transition reviews are not joined up, are not working well and do not focus enough on what the next stage of adult life will be like.

What we have done so far:

- We have begun to develop transition pathways for age 2 (pre-school), age 9 (Year 4) and age 14 (Year 9).
- We are working with young people and their families to improve EHCP (Education and Health Care Plan) annual reviews and the pathways for moving to adult life.
- We are working with young people and their families to look at post-16 provision with a focus on their outcomes.
- We have improved transition routes between children's and adults' health services and are working on producing clearer pathways for social care services.

Our priorities:

1. We will have clear pathways for children and young people as they move through education stages and into adult life, ensuring that services and processes across education, health and care are joined up.
2. We will make sure that all young people have their own plan that clearly supports them in moving into adult life that covers all parts of their life. This includes considering work and other meaningful activity, independence, being a part of their community and managing their health.
3. We will make sure that we have sufficient provision and support across education, health and care for young people aged 16-25.
4. We will make sure that we have enough opportunities for young people as they move out of full time education and into work or other meaningful activities.
5. We will make sure that young people and their families are able to access the right help and support in planning and preparing for adult life.

What we will change:

Priority One - We will have clear pathways for children and young people as they move through education stages and into adult life, ensuring that services and processes across education, health and care are joined up.

- We will develop our pathways of support and intervention for young people from age 2 (into school), age 9 (primary to secondary) and age 14 (into post-16 education and into adult life). This will include the sharing of information and planning of support into and between those stages.
- We will create clear documents on these transition pathways which will show what support is available at each stage.
- We will develop a clear governance structure around transition including a strategic multi-agency transition group to draw together all partners and a strategic lead.
- We will have clear roles and responsibilities around transitions, including who should be involved in transition reviews and how.
- We will support parents to support their child at key transition stages. We will work with young people and their families to make sure that they are at the centre of the process.

Priority Two - We will make sure that all young people have their own plan that clearly supports them in moving into adult life that covers all parts of their life. This includes considering work and other meaningful activity, independence, being a part of their community and managing their health.

- We will have a joint review process for all young people with additional needs from age 14 onwards with a focus on what adult life will look like and what support they will need.
- We will make sure that early intervention and social care teams work with education and health services to begin transition planning early that includes a pathway plan that considers work, housing, training, health and financial support such as benefits.
- We will work with schools to develop impartial independent advice and guidance for young people that supports a clear path to work, whether this be paid work, voluntary work or other meaningful activities.
- We will explore how we can use technology in young people's reviews to make them more effective and ensure they result in change.



Priority Three - We will make sure that we have sufficient provision and support across education, health and care for young people aged 16-25.

- We will create a 5 year plan to ensure we have enough provision for young people including education and training, health, care, community provision, and housing.
- We will work with schools and colleges to review the curriculum and qualifications offered for those with complex needs, to ensure that it is fit for purpose in preparing young people for adult life.
- We will use available data and information from listening to young people and their families to inform commissioning so that we have the right provision in place that meets the needs of young people in line with their interests and skills.
- We will explore how we can use technology to support a clear strategic plan for working together, for example considering shared data systems
- We will join up the current health transition work under the children's and adults health providers to improve the journey between children's and adult health services.
- We will develop a 5 day offer of opportunities for young people who require it when they are accessing a study programme.

Priority Four - We will make sure that we have enough opportunities for young people as they move out of full time education and into work or other meaningful activities.

- We will work with employers to develop employment opportunities for young people with SEND including supported internships, work experience, volunteering and job coaching.
- We will ensure that there are sufficient commissioned and community activities for those young people who are unable to work that are varied and meaningful.
- We will build on this strategy to develop an all aged disability approach across the city.

Priority Five - We will make sure that young people and their families are able to access the right help and support in planning and preparing for adult life.

- We will review and redesign our available services that support young people to plan and move into adult life.
- We will explore how we can provide a key worker for young people who need it to help them in planning for adult life.

The impact this will have:

- Young people will have a smooth transition between different educational stages and services.
- Young people and families' experience of transition will be good.
- All young people with SEND will have a clear plan to move into adult life that covers all parts of their life.
- We will have sufficient provision for young people to move successfully into adult life
- Services will have the skills and tools to support young people through identifying their strengths and needs and plan for adult life.
- Young people will have a good outcome at the end of the transition process.

COMMITMENT 4: EXCELLENT COMMUNICATION AND ENGAGEMENT BETWEEN YOUNG PEOPLE, FAMILIES, EDUCATION, HEALTH AND CARE SERVICES INCLUDING SCHOOLS (COMMUNICATION)

Our challenge:

- We need to build mutual trust and relationships between children, young people, families, schools and services across the city that is based on openness and honesty.
- We need to make sure our services are based on the needs of the children, young people and families we support.
- We need to clearly and proactively communicate, with families and services about who should do what, when and how.
- We need to make it easy for children, young people and families to find up to date information.
- We need to improve communication between the team of professionals supporting a child and family.

What it looks like now:

- Families tell us that our communication systems do not work. They find it difficult to understand what should happen and hard to get answers.
- They have told us that they do not know where to go to for help when there are gaps in support.
- Our systems are not easy to use and there is not enough transparency.
- Our communication is not consistent and there is poor 'customer care' when families are going through difficult processes.
- We have some good practice of communication but it is in pockets across the city, is dependent on individuals, and is not consistent.

What we have done so far:

- We have produced new guidance and videos to explain how things work.
- We are consulting with children, young people and families on what we should improve.

Our priorities:

1. We will make sure that the voice of the young person and their family will be at the centre of all our services.
2. Services and schools will work together to ensure good communication with children, young people and families that is focused on the individual child.
3. We will make sure that assessment and support processes are clear and easily available to all.
4. We will have a clear and consistent way of working with families from day one. Families will know what is happening and what will happen next.
5. Our services and schools will be open, honest and realistic with families about what support is available.

What we will change:

Priority One - We will make sure that the voice of the young person and their family will be at the centre of all our services.

- We will recognise, listen and respond to the family as an equal partner who are the experts of what daily life is like for their child.
- We will develop a citywide 'tell us once' approach so that young people do not have to repeat their story. Appropriate information will be shared.
- We will develop an engagement approach with under-represented communities to ensure that their voice is heard. This will include Roma, BAME, and those families with their own learning needs or speak English as an additional language.
- A range of tools and techniques will be used to allow non-verbal children to express themselves. This will mean that we can get their views and find out what is important to them.
- We will make sure that young people and their families who are unable to share their views have support from an advocate.

Priority Two - Services and schools will work together to ensure good communication with children, young people and families that is focused on the individual child.

- We will develop a 'customer approach' in services and schools that prioritises good communication and ensures that agreed actions are completed. We will have clearly publicised service standards and measure our performance against these.
- We will ensure that our IT systems talk to one another to share appropriate information. This will include looking into the development of a central data system across services.
- From birth or the first identification of need, services across Education, Health and Care will work together to ensure that families know how they will be supported.
- Services will put in place systems to ensure that the communication they have with schools is also provided to families and vice versa, including if a service is coming to see the child, assessments being shared and the outcomes of their work.
- We will request, publish and act on feedback from service users.



Priority Three - We will make sure that assessment and support processes are clear and easily available to all.

- We will make sure that young people and their families receive support as they wait for an assessment (and possible diagnosis) and after they have received it.
- We will re-design our local offer website to make it easy to use so that everyone can find the information they need including what different education providers offer.
- We will outline clear detailed assessment and support processes in different formats for all to use. This will include posters, animations and diagrams that make it easier to understand information.
- We will put in place a marketing strategy to ensure that information about SEND and inclusion is widely available. We will look at putting information in public places such as doctor's surgeries. We will look at how we use social media to get information to families.
- We will make sure we work closely with local charities, voluntary sector organisations and SENDIASS (Special Educational Needs and Disabilities Information Advice and Support Service) so that the right advice is available and is the same from all.

Priority Four - We will have a clear and consistent way of working with families from day one. Families will know what is happening and what will happen next.

- We will use individual agreed methods of communication with children, young people and their families. Services and schools will agree this with them when they are first involved.
- We will make sure we contact families so they do not have to chase for information. Our processes will not depend on parents having to seek out or fight to get what their children need.

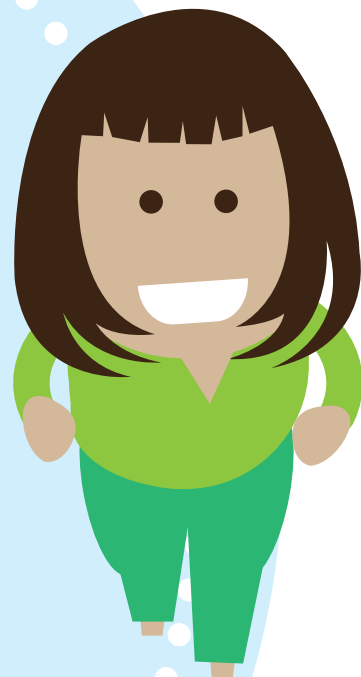


Priority Five - Our services and schools will be open and honest about what support is available.

- We will develop standards and best practice guidance on how, when and what to communicate with families. This will include written and verbal communication from teachers, SENCOs and services such as returning telephone calls. We will be clear about any access criteria.

The impact this will have:

- The child and young person's voice will be central to the way all our services work.
- Services and schools will work well together and families will know what is happening and when.
- Children, young people and families will understand the support available to them and this will be communicated to them rather than them having to search for it themselves.
- Families, schools and services will have better relationships.
- Professionals will have the tools available to them to communicate well with families.
- It will be easier for families to get the information and help they need.



COMMITMENT 5: SKILLED LEADER AND STAFF CAPABILITIES TO DELIVER THE SERVICES ACROSS EDUCATION, HEALTH AND CARE (WORKFORCE)

Our challenge:

- We need to have a workforce that works well together with shared values and trust.
- We need to ensure that leaders have the skills to make the right decisions to support children, young people and families. They need to have clear roles and responsibilities. We need to have decision making processes that are clear and accountable.
- Our workforce needs to be supported with training so that they have the right skills and knowledge.
- We need to have systems that are easy to use for our staff.

What it looks like now:

- We have a committed, hardworking but often overstretched workforce who we want to support to do their job as well as possible.
- Our families tell us that some staff go the extra mile to help but that not all staff have the skills they need.
- We have a range of expertise across the city but it is not consistently available to all.
- We recognise that our SENCOs often have limited capacity to co-ordinate support for young people
- We have had issues recruiting and retaining staff which has changed how well services run.
- Our leaders tell us that systems and processes do not join up and the pressures on individual services are preventing change.

- We have some good joint working but it is not consistent across Sheffield. We know that cases involving many teams can be a difficult experience for families.

What we have done so far:

- We have developed training on processes that is being rolled out to schools and services across the city.
- The Accountable Care Partnership (a group of health and social care organisations that work together to deliver care for people living in Sheffield) has developed a workforce strategy.
- We have created school-sector leadership across SEND. This has helped education providers' work together more but we need to join with health and care services.
- We have held events including the 2018 SEND Leaders conference to promote inclusion.

Our priorities:

1. We need to know how many people need our services and understand where we have gaps in staffing and skills.
2. We need to make sure our workforce has the skills they need to understand and support inclusion.
3. We need to develop shared values, language and knowledge so that we can work together well.
4. We need to make sure that support is joined up.
5. We need to ensure we value and support our staff so that we can recruit and retain the right people.

What we will change:

Priority One - We need to know how many people need our services and understand where we have gaps in staffing and skills.

- We will make sure we use data and feedback from families to tell us how many people need our services and what our services need to provide.
- We will use feedback from families to help us identify skills gaps. We will develop and train staff to make sure that our services are able to support the people who need them.
- As we look at the individual capacity of services we will consider the impact of communicating well with families and others.



Priority Two - We need to make sure our workforce has the skills they need to understand and support inclusion.

- We will develop standards for staff across services and we will use these to check how well our workforce is performing. We will invite, publish and act on feedback from service users.
- We will create a programme of training for all schools, services, young people and families in the city that covers inclusion and SEND. We will include parents in training where possible, both as providers and as recipients of training.
- We will make sure that there is a citywide offer of training for our SENCOs, so that they have the skills and expertise to co-ordinate support within their school
- We will train our assessors and plan writers so that they have the skills to create high quality, accurate and specific plans.
- We will explore how to develop a 'charter mark' for inclusion so that we can evidence that leaders are developing good inclusive practice.
- We will share learning from mistakes and complaints with the workforce to support improvement.
- We will raise awareness with universal health services (eg GP, dentist) about how best to support young people with SEND during routine appointments.

Priority Three - We need to develop shared values, language and knowledge so that we can work together well.

- We will develop a resource bank so understanding and experience can be shared across the city.
- We will develop a skill sharing approach so different staff can come together to share skills and knowledge.
- We will undertake peer reviews and service evaluations so that we can keep improving our services.
- We will develop a set of shared values and common language so that everyone can work together well, improving communication between services.
- We will use the city's Inclusion Improvement Board to lead the whole programme in making changes across services and schools.
- We will develop clear roles and responsibilities for leaders and will make decision making processes clear and accountable.
- If provision in a plan is not put in place leaders will be accountable to make sure this is addressed.

Priority Four - We need to make sure that support is joined up.

- We will provide families with trained key workers where needed so that our most vulnerable and complex children, young people and families are well supported.
- We will explore how we can join together education, health and care services as local teams in different areas of the city.

Priority Five - We need to ensure we value and support our staff so that we can recruit and retain the right people.

- We will develop a citywide understanding of recruitment and retention issues so that we can create a plan to minimise the loss of expertise and changes in staff.
- We will make jobs in inclusion attractive to people so that we can recruit and retain high quality staff including investing in training to support professional development.
- We will work to empower staff to be creative, pro-active and make decisions.

The impact this will have:

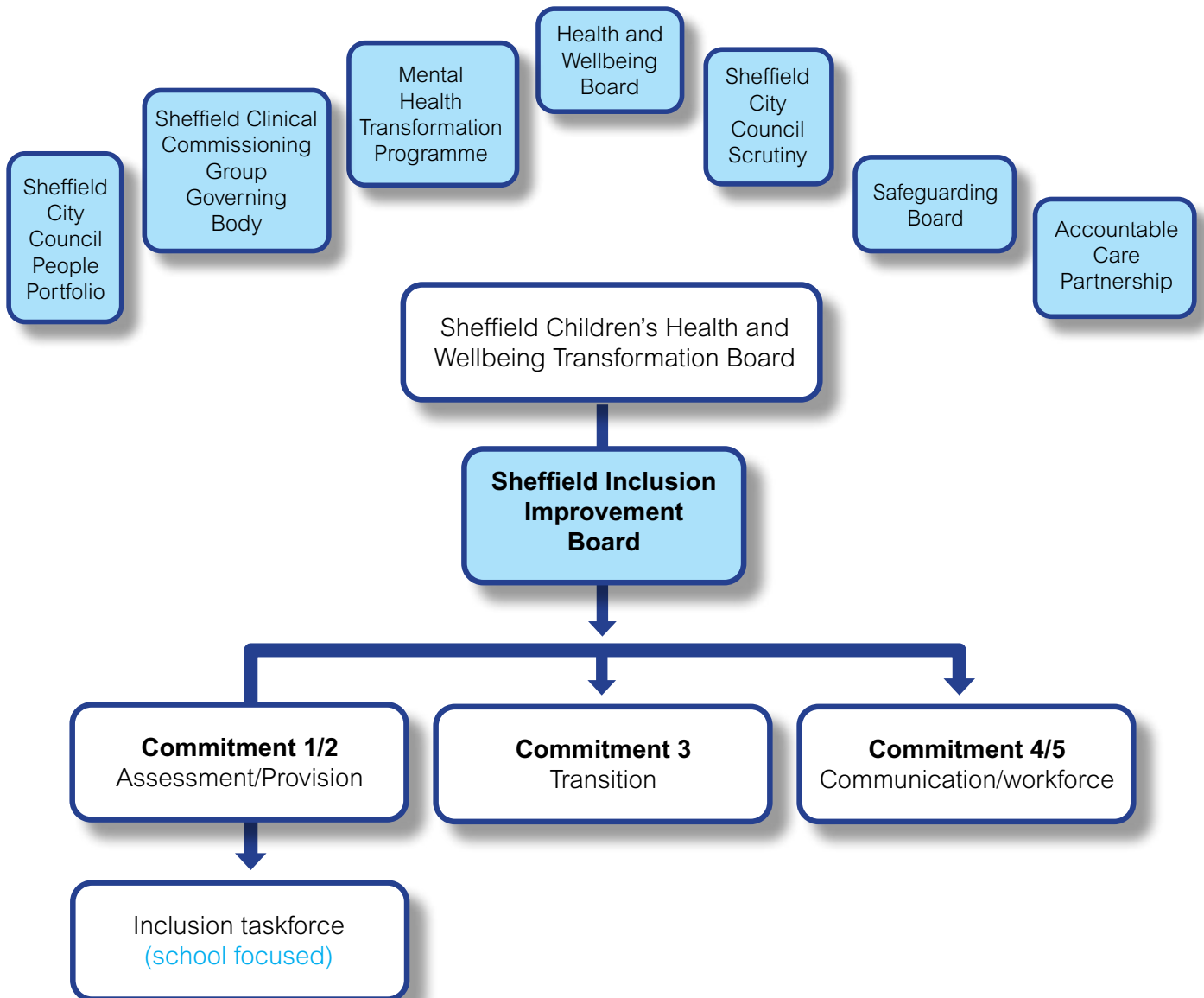
- Services will have the right skilled staff to support the people that need them.
- Staff will be skilled and well trained, make better decisions and give better support.
- Leaders will have clear roles and responsibilities and will be accountable.
- Services will work well together and with families with shared values, language and knowledge.
- Services will be able to recruit and retain high quality staff and morale will be high.

GOVERNANCE

In order to fully implement the strategy we will have in place robust oversight and governance that includes representatives from across the Education, Health and Care sectors and involves children, young people and families. There is a lot of work to do and so careful monitoring and review

is essential. This will be done through the Sheffield Inclusion Improvement Board which reports to the Sheffield Children’s Health and Wellbeing Transformation Board.

Below is the model of how governance of the strategy will work:



Each sub-group will drive forward the work of the commitments and will include representatives from across Education, Health and Care as well as parents and representatives for young people.

The strategy will also link to other strategies that are in development or will be developed over time such as the Education Strategy, Mental Health Strategy and Skills strategy.

We recognise that whilst this is an Inclusion Strategy, it does not cover some much broader issues that impact on inclusion in the city such as specific safeguarding concerns and risks of exploitation as this would be covered by safeguarding policies.

Making the strategy a reality

In order to deliver the strategy, we will need to put in place a robust action plan which details how we will make the changes needed.

Following the local area SEND inspection in November 2018, Sheffield City Council and Sheffield CCG were required to develop a written statement of action, setting out how significant weaknesses would be addressed.

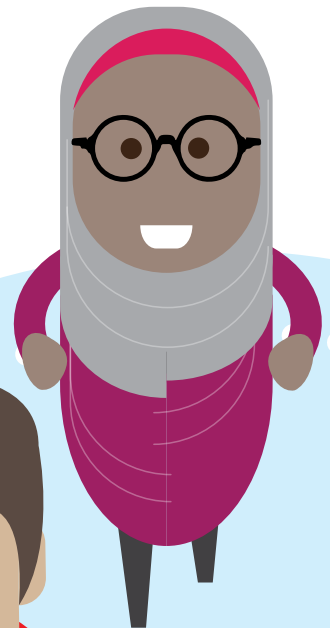
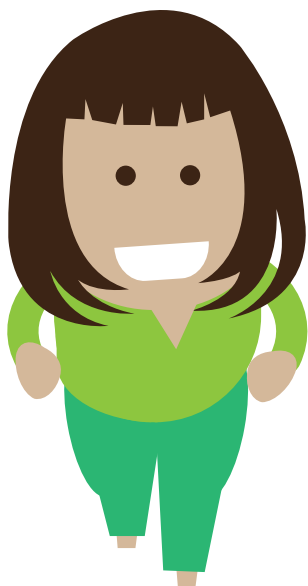
The written statement of action can be found at:

<https://www.sheffield.gov.uk/home/schools-childcare/send-inspection>

The written statement of action will be used as the starting point for our action plan. The action plan will cover all areas of the strategy and will be co-produced. Our action plan will include:

- Resource implications, including funding
- Clear timescales for delivery
- SMART (specific, measurable, achievable, realistic, time-bound) outcomes

The action plan will be regularly reviewed and updated with the first version being produced for April 2020 and will be published accordingly. It will form the basis of reports to the Inclusion improvement board each month.



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