



**Local Area Special Educational Needs and Disabilities
(SEND) Self-Evaluation, June 2024 (DRAFT)**

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Part A: Local Area SEND Self-Evaluation

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1. Introduction and context

1a. The development of our self-evaluation

This self-evaluation has been informed by views and opinions from across the SEND Partnership on the Isle of Wight, including the children, young people, parents and carers that we serve. The methods we have used in 2024 include:

Listening to children and young people for example via:

- The team of “Young Inspectors”, comprised of children and young people with SEND.
- The NHS Youth Forum and the young person representative on the Island’s SEND Partnership Board
- The Isle of Wight Youth Council
- Bespoke meetings with young people
- Conversations in schools to inform the Island’s new Education Strategy to 2030.
- A workshop to inform the Island new Children and Young People’s Plan
- Surveys such as the Island’s BeeWell Survey

Listening to parents and carers for example via:

- The Island’s official Parent Carer Forum, Parent Voice, including via their participation in the SEND Partnership Board
- Other Island groups representing families of children and young people with SEND
- Parent and carer participation in the Council’s Policy and Scrutiny Committee for Children’s Services, Education and Skills (informal)

Listening to voluntary sector organisations for example via:

- Their participation in formal arrangements such as the SEND Partnership Board and the Health and Wellbeing Board.
- Bilateral meetings with statutory partners

Listening to practitioners for example via:

- Participation of colleagues from across the SEND system in meetings already mentioned above
- Participation of early years providers, schools and the college in regular meetings such as headteacher meetings and SENCO forums.
- Bilateral meetings with early years providers, schools and the college

The analysis of data and school Ofsted reports to identify areas of improvement and to direct our work.

1b. Our vision and aspirations:

For children and young people with SEND and their families

The Island's vision is that:

“Every child and young person with SEND is supported to engage in learning and has an educational experience that inspires them, enables them to nurture their talents, and provides a solid foundation for a happy and fulfilling life”

We will deliver this by:

- Being very ambitious for the children and young people that we serve, including encouraging children and young people to be ambitious for themselves;
- Listening to children, young people and families and including their insights into the work that we do;
- Ensuring the needs of children and young people are properly understood;
- Helping children and young people to be as healthy as they can be, both physically and mentally, and to feel safe;
- Maximising the independence of children and young people from as early an age as possible;
- Supporting the adults who love and care for children and young people with SEND.

1c. Our aspirations for the services that support children and young people with SEND and their families
































To deliver our vision, children and young people's needs must be identified at the earliest point, support implemented quickly and parents and carers kept well informed about the support available to them. The aspirations of children and young people can be raised through an increased focus on life outcomes, including employment and greater independence.

Our principles of work include:

- **An improved and personalised local offer.** SEND provision on the Island needs to reflect the needs of our community so that children's education, health and care needs can be met locally through high quality services that are focussed on achieving the best possible outcomes for children and young people with SEND, promoting their independence and supporting them to live their lives with confidence and resilience.
- **An Island community that is genuinely welcoming and inclusive for all children and young people.** The community needs to be supported to meet the needs of all Island children and young people by embracing diversity and inclusion, so that all children and young people with SEND have the same opportunity as their peers to play, learn and grow-up all together in their local community.
- **Co-production.** Children and young people and their parents or carers must be fully involved in decisions about their support and what they want to achieve. They must also be listened to and engaged in the design and delivery of strategies, services and support. Children and young people have a right to say what they think, have their opinions taken into account and be involved in decisions and planning around their own lives. In the vast majority of cases parents and carers know their children better than anyone, and it is essential that their views and knowledge are incorporated in decisions being made about their child. Parents and carers must also be kept well informed about the services that are available to their families.
- **Quality.** Provision is high quality and delivered by well trained and supported professionals who work effectively together and use evidence to inform their work, promote resilience and achieve positive outcomes for children and young people with SEND; services that cannot demonstrate this positive impact will need to be re-provided or re-commissioned.
- **Integration.** The whole system, with statutory education, social care and health services at the core, works together and with families to understand and respond to children and young people's needs in a coherent way, with each partner contributing to robust assessments, plans and funding arrangements, and monitoring the impact of their services and support. There is a focus on working better together for children and young people with SEND who may also be vulnerable in other ways, including those who are looked after, missing education, excluded from school, or at risk of exploitation and criminal behaviour.

1d. Strategic approach to SEND Partnership working on the Isle of Wight

The Isle of Wight as a place to live and grow up:

<p>A school and early years population of 18,181</p> 	<p>Children in Early Years is 1646</p> 	<p>8,538 children of primary school age</p> 	<p>6308 children of secondary school age</p> 	<p>1290 children attend an all-through school</p> 	<p>307 children attend a special school</p> 
<p>10,807 children of Post 16 age</p> 	<p>47 Schools (37 Primary, 6 Secondary, 1 All-Through, 2 Special Schools & 1 PRU)</p> 	<p>Early Years, 78 Provider (35 PVI, 13 school based, 30 <u>children</u> minders)</p> 	<p>77% (-12%) of schools Are 'Good' or better as judged by OFSTED, with no inadequate schools</p> 	<p>Attendance rate is 93.5% (-0.9%) primary, 89.6% secondary (-1.2%)</p> 	<p>1671 education, health and care Plan (0-25), with 2896 at SEN Support level school aged (5-16)</p> 
<p>Index of Multiple Deprivation 3/44 ranked 10% most deprived</p> 	<p>Good Level of Development is 69.8% (+2.6%)</p> 	<p>Phonics is 74.8% (-4.1%)</p> 	<p>Combined at Key Stage 2 is 53% (-7%)</p> 	<p>Average Progress 8 score is -0.24 (+0.21)</p> 	<p>Rate of children subject to a Child Protection Plan per 10,000 children: 91.4 (+48.2)</p> 
<p>19,652 residents living in 20% most deprived areas</p>  <p>4,832 residents living in 20% least deprived areas</p> 	<p>Basics 4+ is 57.9% (-7.5%) and Basics 5+ is 36.4% (-9.1%)</p> 	<p>Early Years Wraparound 18% offering complete offer, 82% offering a partial offer</p> 	<p>School Transport, £4.3 million, with 1614 children eligible for transport</p> 	<p>Admissions preferred offer rate of 99.5% (+0.9%) primary, 93.9% (-1.7%) secondary</p> 	<p>Rate of Children in Need per 10,000 children: 576.9 (+243.13)</p> 
<p>Capital development £4.3 million programme</p> 	<p>School place planning 2,343 unfilled places, 12.6% (+1.0%) of total places</p> 	<p>PEX rate of 0.00 primary (-0.02), 0.09 secondary (-0.07)</p> 	<p>Suspensions rate of 0.45 primary (-0.12), 5.11(-1.3) secondary</p> 	<p>EHE rate (by population): 3.1% (+2.0%)</p> 	<p>Rate of Children Looked After per 10,000 children: 122.0 (+51.0)</p> 

The Isle of Wight's SEND Partnership

There are significant changes taking place within the Island's SEND system during 2024. These include a significant restructuring of NHS services on the Island overseen by the Integrated Care Board, and the establishment of a new children's services directorate within the Isle of Wight Council following the cessation of the previous partnership arrangements with Hampshire County Council. There will also be a realignment of the number of primary school places on the Island to reflect a very significant decrease in the number of children being born on the Island over the past decade, with schools being proposed for closure due to be named in September 2024 with a view to close in July 2025. It has been important to deliver stability and improvement in SEND provision during this time. This has been achieved with the following arrangements:

- The SEND Partnership Board, co-chaired by the Council's Director of Children's Services and the Integrated Care Board's Deputy Director of Children's Care meets every two months and is responsible for successful coordination and delivery of SEND transformation on the Island. The board brings together leaders from across the system including parent carer representatives, the voluntary sector, Council, Integrated Care System, schools and other educational settings. Children and young people with special educational needs and disabilities are represented on the board by a young person from NHS Youth Voice.
- SEND Partnership arrangements are overseen by the Island's Health and Care Partnership, co-chaired by the Chief Executive of the Isle of Wight Council and the Clinical Director of the Integrated Care Board. SEND Transformation is considered at this partnership every 6 months.

The Safety Valve Board is chaired by the Council's Service Director for Education, Inclusion and Access, and is responsible for delivering the transformation relating specifically to the terms of the Island's Safety Valve Agreement with the Department for Education. This work is broken down into seven workstreams:

1. Create greater clarity of '**Ordinarily Available Provision**' (**OAP**) through further dissemination of recently produced Special Educational Needs (SEN) support guidance and offering **training to headteachers and Special Educational Needs Co-ordinators (SENCOs)** about what constitutes OAP
2. Improve the quality of **annual reviews** of Education Health and Care Plans (EHCPs) through training, greater Local Authority (LA) engagement and improved processing to ensure timescales are met, so that children and young people meet the outcomes in their EHCPs, which should lead to a step-down in provision over time;
3. Ensure more robust oversight of decision making during the assessment and co-production of EHCPs, so that **children are placed in most suitable provision** that can meet their needs;
4. Increase **maintained/academy specialist placements** available on the Isle of Wight to minimise the need for more expensive placements;

5. Create an early intervention '**Primary Behaviour Service**' to replace the primary provision at the Pupil Referral Unit (PRU) on the island, to reduce the number of permanent exclusions and meet needs earlier;
6. Improve the **Post-16** offer on the island, encouraging take up of supported internships and supported apprenticeships, improving preparation for adulthood outcomes, and reducing demand on High Needs funds;
7. Review the **governance of the High Needs** Performance and Oversight Board with the intention to include a reference group which will include stakeholders, partners, and children and young people, to help inform planning in the local area.

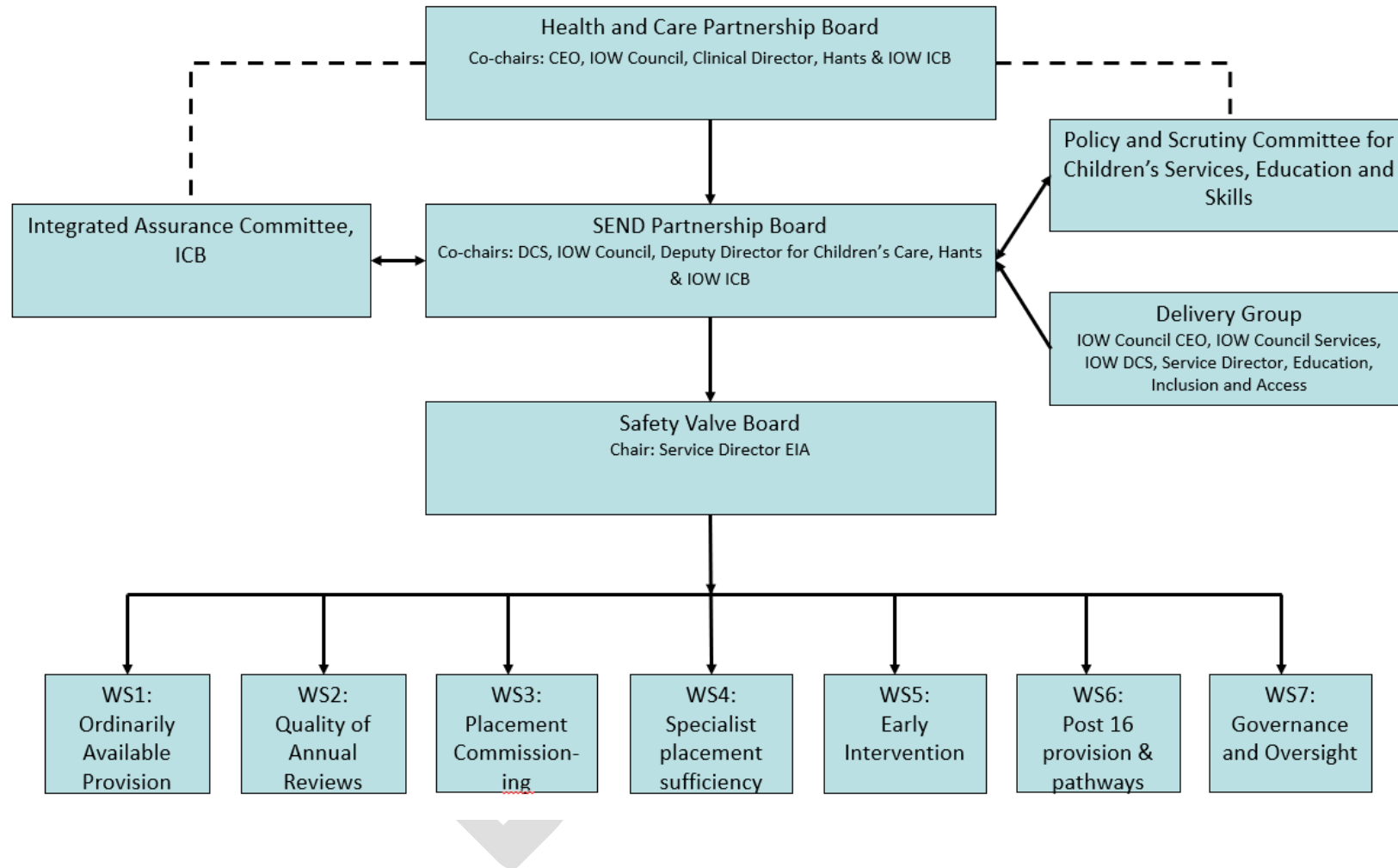
Individual partner organisations remain accountable for their duties under the SEND Code of Practice and the delivery of the plan through their own governance arrangements, particularly where these require policy changes or development. For the Council this is the Cabinet with scrutiny provided by the Council's Policy and Scrutiny Committee for Children's Services, Education and Skills, and for the ICB this is the Integrated Assurance Committee.

All partners are committed to fulfilling their statutory responsibilities, and to doing so within the shared challenging financial situation.

The increase in the number of children and young people with SEND is in the context of a decrease in the size of the total school population. This is because the birth rate on the Island has fallen significantly on the Island over the past five years (by more than 25%). This means that although the number of children requiring additional support for their needs to be met is increasing, the total amount of money coming into the school system is reducing because school funding is calculated on a per child basis. This means that with less children attending schools there is less money being received into the Schools Block of the Island's Dedicated Schools Grant.



Governance of SEND Transformation

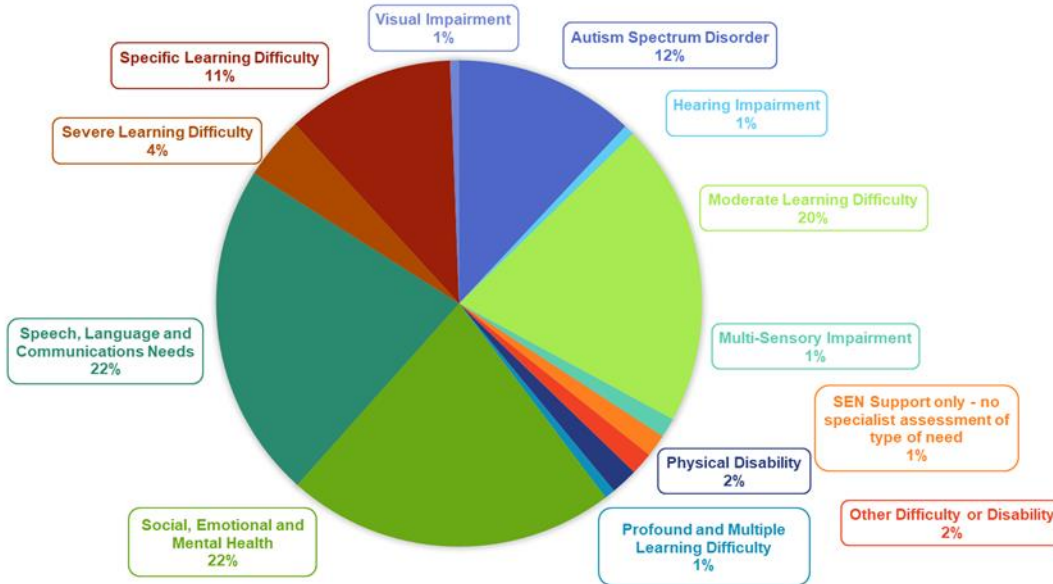




2. Understanding special educational needs and disabilities on the Isle of Wight

2a. The Isle of Wight's SEND population

% OF PRIMARY NEEDS IN IOW SCHOOLS (COMBINED SEN SUPPORT AND EHCPs)



Age group Percentage of EHCPs

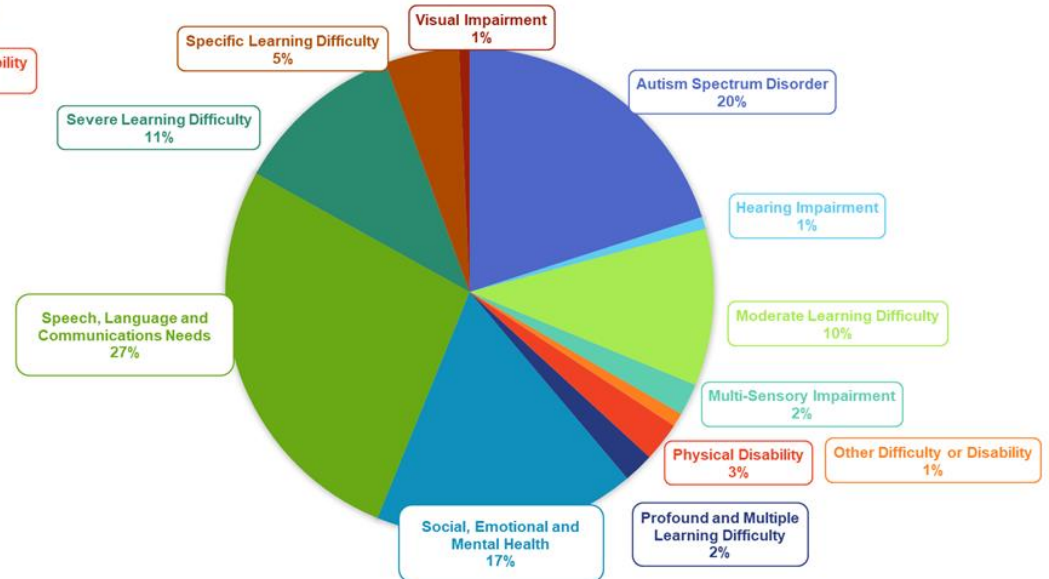
Age group	Percentage of EHCPs
Under 5	5%
Age 5-11	29.3%
Age 11-15	36%
Age 16-19	22.2%
Age 20-25	7.4%

Speech, Language and Communication Needs, Social Emotional and Mental Health, Moderate Learning Difficulty and Autistic Spectrum Disorder are the four most prevalent identified SEND in Isle of Wight Schools, accounting for almost 80% of the total.

Amongst Education, Health and Care Plans (EHCPs) maintained by the Isle of Wight, 27% of children and young people have Speech, Language and Communication as a primary need, followed by Autism Spectrum Condition at 20%.

The largest number of EHCPs are for children aged 11 to 15 years old

PRIMARY NEEDS OF IOW EHCPs



2b. Increasing needs amongst children, young people and their families

The number of children and young people living with SEND on the Isle of Wight continues to increase. Services have had to adapt to support the increase in children and families requiring support.

Education, Health and Care plans maintained by Isle of Wight at annual January census:

Year	2019	2020	2021	2022	2023	2024
Total EHC plans	1056	1217	1216	1332	1493	1662
% yoy increase	12%	15%	0%	10%	12%	11%

Children attending Isle of Wight schools receiving SEN Support without an EHC plan:

Year	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Number of children with SEN Support	2249	2330	2427	2669	2931	2896
% of total school population	13%	13%	14%	15%	17%	17%

The increase in the number of children and young people with SEND on the Island means that the number of children requiring support from services such as speech and language therapy, occupational therapy and physiotherapy is correspondingly higher too. They may also need access to diagnosis services such as for ADHD and autism. The number of families requiring support is higher too. Families accessing short breaks provision delivered either by the local authority or commissioned by the local authority is higher than it has ever been.

2c. Increasing specialist education provision on the Island

The Island has an ambitious and detailed plan to expand the number of specialist places available on the Island over the next 18 months. The scale and nature of this expansion reflects what we know about the needs of the Island’s children and young people, and the reasons why some children are currently attending specialist provision on the mainland, are educated otherwise than at school (EOTAS), or home educated.

	Proposed Project	Apr-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Phase 1	St Georges Satellite (15 of 20)					15												
	Greenmount RP (6) + 6 = 12					6												
	Medina Primary Satellite (34)					34												
Phase 2	ILC Medical Satellite (20)									20								
	St Georges Satellite (5) + 13 (no									5								
	Secondary RP (15) + 5 = 20									5								
	Secondary RP (15) + 5 = 20									5								
	Secondary RP (12) + 8 = 20									8								
	Primary RP (9) + 3 = 12									3								
	Primary RP (10) + 2 = 12									2								
	Primary RP (8) + 4 = 12									4								
Phase 3	NEW RP (West Wight) 12																	12
	NEW RP Sensory 12																	12
	St Georges Satellite (20) + 10 = 30												10					
	ILC Medical Satellite (20) + 20 = 40												20					
	St Georges Satellite (30) + 10 = 40																	10
	ILC Medical Satellite (40) + 20 = 60																	20
St Georges Satellite (40) + 10 = 50																	10	
Additional Places						55	0	0	0	52	0	0	30	0	0	0	0	64
Accumulative Places						55				107			137					201

2d. Academic outcomes for children on the Isle of Wight

Early Years

Outcomes for children in early years is a relative strength on the Isle of Wight. In 2023, 69.8% of Early Years children on the Isle of Wight achieved a 'Good Level of Development' (GLD), compared to 67.2% in England.

Primary School

There are examples of primary schools delivering strong outcomes for children with SEND. For example, one 2024 inspection report stated, "disadvantaged pupils, including those with special educational needs and/or disabilities (SEND), achieve well over time". However, looking at the Isle of Wight (IOW) primary school system as a whole, children with SEND generally achieve lower than their peers nationally.

SEN Support: In 2023, when comparing primary school children on SEN Support on the IOW with primary school children on SEN Support across England:

- 20% reached or exceeded the expected standard in reading compared to 32% in England (IOW 12% lower)
- 12% reached or exceeded the expected standard in writing compared to 22% in England (IOW 10% lower)
- 23% reached or exceeded the expected standard in maths compared to 37% in England (IOW 14% lower)

Education, health and care plans (EHC plans): In 2023, when comparing primary school children with an EHC plan on the IOW with primary school children with an EHC plan across England:

- 15% reached or exceed the expected standard in reading compared to 12% in England (IOW 3% higher)
- 7% reached or exceeded the expected standard in writing compared to 8% in England (IOW 1% lower)
- 13% reached or exceeded the expected standard in maths compared to 15% in England (IOW 2% lower)

This should be considered in the context of primary school children on the IOW with no SEND also performing less strongly than their peers in England:

- 71% reached or exceed the expected standard in reading compared to 77% in England (IOW 6% lower)
- 61% reached or exceeded the expected standard in writing compared to 69% in England (IOW 8% lower)
- 74% reached or exceeded the expected standard in maths compared to 79% in England (IOW 5% lower)

Primary school outcomes in reading, writing and maths:

% pupils meeting expected standard or above		No SEND				SEN Support				EHCP			
		2018	2019	2022	2023	2018	2019	2022	2023	2018	2019	2022	2023
Pupils IOW		1,107	1,160	1,126	972	192	167	183	189	38	30	51	55
Reading	IOW	79.9%	79.3%	69.5%	71.1%	24.5%	28.1%	18.6%	20.1%	15.8%	3.3%	21.6%	14.5%
	England	83.6%	83.3%	75.2%	76.9%	33.5%	33.3%	29.6%	32.0%	12.6%	12.7%	12.0%	12.4%
	Difference	-3.7%	-4.0%	-5.7%	-5.8%	-9.0%	-5.1%	-11.0%	-11.9%	3.2%	-9.4%	9.6%	2.1%
Writing	IOW	70.4%	72.1%	58.0%	61.1%	16.1%	18.6%	13.1%	11.6%	7.9%	3.3%	13.7%	7.3%
	England	78.5%	78.0%	65.8%	68.9%	24.6%	24.5%	19.7%	21.7%	9.0%	8.6%	7.3%	7.6%
	Difference	-8.2%	-5.9%	-7.8%	-7.8%	-8.5%	-5.9%	-6.6%	-10.1%	-1.1%	-5.2%	6.4%	-0.3%
Maths	IOW	77.3%	77.5%	68.5%	73.9%	29.2%	29.3%	15.3%	23.3%	7.9%	6.7%	23.5%	12.7%
	England	83.9%	83.6%	75.5%	78.7%	36.3%	36.5%	33.2%	36.7%	13.3%	14.0%	13.7%	14.5%
	Difference	-6.6%	-6.1%	-7.0%	-4.8%	-7.1%	-7.1%	-17.9%	-13.4%	-5.4%	-7.3%	9.8%	-1.8%

Secondary School

There are examples of secondary schools delivering strong support for children and young people with SEND. For example, one 2023 inspection report stated *“The needs of all pupils with special educational needs and/or disabilities (SEND) are carefully identified and well known by staff. As a result, adaptations to learning for pupils with SEND are effective. Useful support is also in place for pupils who are not yet confident, regular readers”*. However, looking at the Isle of Wight (IOW) secondary school system as a whole, children with SEND generally achieve lower than their peers nationally.

SEN Support: In 2023, when comparing secondary school children on SEN Support on the IOW with secondary school children on SEN Support across England:

- The Island’s Attainment 8 score for children on SEN Support was 31 compared to 33 in England (IOW 2 less)
- The Island’s Progress 8 score for children on SEN Support was -0.7 compared to -0.5 in England (IOW 0.2 less)
- 24% of Island children on SEN Support achieved grades 9 to 4 in English and maths compared to 37% in England (IOW 14% less)

Education, health and care plans (EHC plans): In 2023, when comparing secondary school children with an EHC plan on the IOW with secondary school children with an EHC plan across England:

- The Island’s Attainment 8 score for children with an EHC plan was 14 compared to 14 in England (IOW the same as England)

- The Island’s Progress 8 score for children with an EHC plan -0.9 compared to -1.1 in England (IOW 0.2 better)
- 7% of Island children with an EHC plan achieved grades 9 to 4 in English and maths compared to 13% in England (IOW 6% less)

This should be considered in the context of secondary school children on the IOW with no SEND also performing less strongly than their peers in England:

- The Island’s Attainment 8 score for children with no SEND was 45 compared to 50 in England (IOW 5 less)
- The Island’s Progress 8 score for children with no SEND was -0.2 compared to 0.1 in England (IOW 0.3 less)
- 67% of Island children with no SEND achieved grades 9 to 4 in English and maths compared to 72% in England (IOW 5% less)

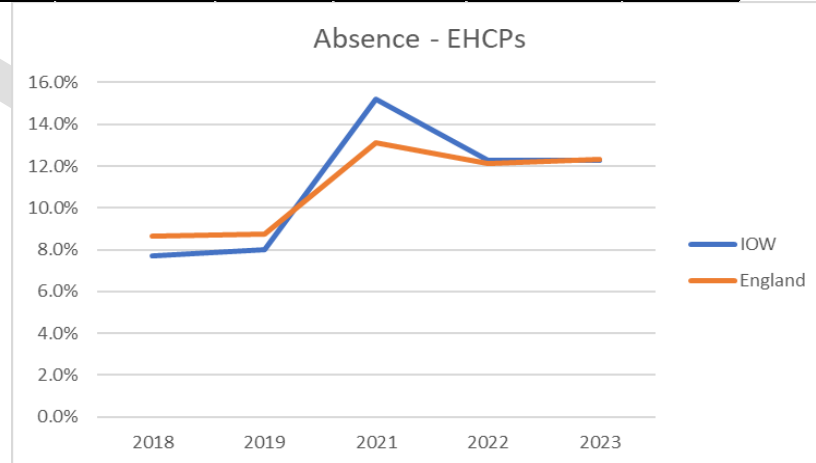
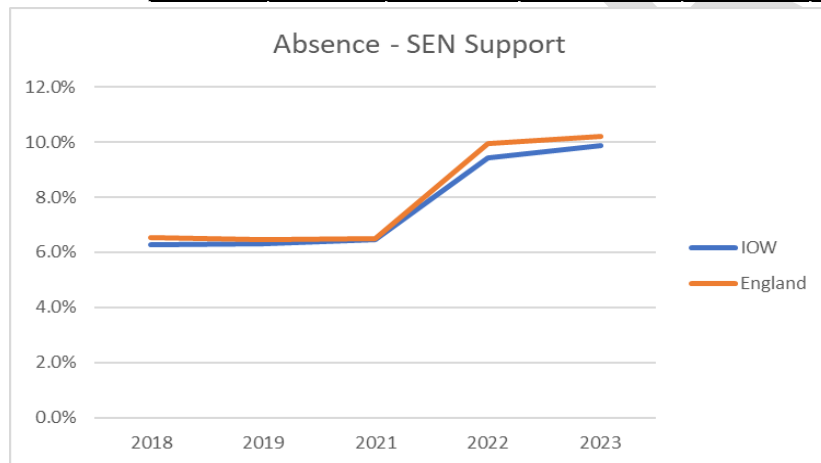
Key Stage 4:

% pupils meeting expected standard or above		No SEND				SEN Support				EHCP			
		2018	2019	2022	2023	2018	2019	2022	2023	2018	2019	2022	2023
Pupils		828	911	982	926	168	150	183	207	43	63	76	61
Attainment 8	IOW	45.1	45.8	48.3	45.2	27.9	29.8	30	31.1	11.7	11.9	15.5	13.8
	England	49.9	49.9	52.5	50	32.2	32.6	34.8	33.3	13.5	13.7	14.3	14
	Difference	-4.8	-4.1	-4.2	-4.8	-4.3	-2.8	-4.8	-2.2	-1.8	-1.8	1.2	-0.2
Progress 8	IOW	-0.3	-0.2	-0.3	-0.2	-0.7	-0.5	-0.7	-0.3	-1.4	-1.3	-1.5	-0.9
	England	0.1	0.1	0.1	0.1	-0.4	-0.4	-0.5	-0.5	-1.1	-1.2	-1.3	-1.1
	Difference	-0.4	-0.3	-0.4	-0.3	-0.2	-0.1	-0.2	0.2	-0.3	-0.1	-0.2	0.2
English & Maths 9-4 (9-4)	IOW	64.0%	67.0%	70.9%	67.0%	20.6%	29.4%	23.0%	24.1%	8.5%	6.3%	19.7%	7.1%
	England	70.9%	71.0%	75.9%	72.1%	31.4%	32.3%	38.9%	36.9%	10.5%	11.1%	13.4%	13.0%
	Difference	-6.9%	-4.0%	-5.0%	-5.1%	-10.8%	-2.9%	-15.9%	-12.8%	-2.0%	-4.8%	6.3%	-5.9%
English & Maths 9-5 (9-5)	IOW	39.6%	40.0%	47.5%	43.5%	9.1%	11.0%	9.8%	15.6%	8.5%	1.6%	3.9%	2.9%
	England	48.5%	48.1%	55.8%	51.0%	16.5%	16.8%	22.4%	20.7%	5.3%	5.5%	6.9%	6.9%
	Difference	-8.9%	-8.1%	-8.3%	-7.5%	-7.4%	-5.8%	-12.6%	-5.1%	3.2%	-3.9%	-3.0%	-4.0%

2e. Attendance rates

For children on SEN Support and with an EHC plan, in 2023 the Island had lower rates of overall absence, persistent absentees and severe absentees than England. For children with no SEND the Island had higher rates than England in all of these three categories.

		% Overall absence			% Overall persistent absentees (proportion from overall absence)			% Overall severe absentees (proportion from overall absence)		
		No SEND	SEN Support	EHCP	No SEND	SEN Support	EHCP	No SEND	SEN Support	EHCP
IOW	2018	4.6%	6.3%	7.7%	16.8%	19.2%	23.2%	0.4%	1.3%	2.5%
	2019	4.6%	6.3%	8.0%	17.4%	19.6%	21.9%	0.4%	1.2%	2.3%
	2021	3.8%	6.5%	15.2%	20.2%	24.8%	27.0%	0.6%	2.5%	5.4%
	2022	7.1%	9.4%	12.3%	18.7%	21.7%	26.5%	1.2%	3.0%	5.1%
	2023	7.3%	9.9%	12.3%	19.7%	22.1%	27.6%	1.5%	3.5%	5.7%
England	2018	4.4%	6.5%	8.7%	9.4%	18.3%	25.1%	0.4%	1.4%	3.0%
	2019	4.3%	6.5%	8.7%	9.0%	17.9%	24.6%	0.5%	1.6%	3.3%
	2021	3.9%	6.5%	13.1%	9.3%	18.9%	42.3%	0.6%	1.7%	4.5%
	2022	6.9%	10.0%	12.1%	20.0%	32.0%	36.9%	1.0%	3.0%	5.2%
	2023	6.6%	10.2%	12.3%	18.4%	31.1%	36.0%	1.2%	3.8%	5.9%



2f. Strengths on the Isle of Wight

“Leaders make sure that all pupils access a broad range of subjects. This includes those pupils who attend an alternative provision.” – Secondary School, Ofsted 2023

- **Leadership and governance.** The local area has clear leadership and governance arrangements with ownership at both executive and operational levels across the system. A clear multi-agency plan to improve SEND provision across all of education, health and care is in the process of being developed.
- **The voluntary sector.** A dynamic and broad group of organisations provides not just high-quality support for families, but also a route, in addition to the Parent Carer Forum, for the partnership to reach and engage with as wide a range of the SEND community as possible.
- **Family Hubs.** The Family Hubs provide maternity support, health visiting services, advice on getting into work, speech and language support, antenatal and parenting programmes, breastfeeding support, baby stay and plays and support groups all under one roof. There is also support for children and young people with special educational needs or disabilities (SEND) up to age 25.
- **Relationships between partners across the SEND system.** The large majority of organisations supporting children and young people with SEND and their families are proactive and engaged with the SEND improvement journey. Improvements are jointly owned, with an example being the expansion of specialist places on the Island across mainstream and special schools.
- **Short breaks provision.** The number of providers and range of activities continues to grow and children and young people and families tell us that visits are a highlight of growing up on the Island. The Council has supported the expansion of provision for example through the seed funding of voluntary sector organisations.
- **The skill and commitment of many individual practitioners.** There are many examples of children and young people, and their parents and carers, being hugely appreciative of the efforts of individual colleagues across a range of organisations.
- **Young people’s awareness and understanding of difference and disability,** and the inclusive child and young person community this creates.

2g. Key priorities for improvement

Early identification and intervention of additional needs in schools.

Much of this relates to the quality of support available within mainstream schools. If needs are identified early and support quickly put in place, escalation of need will be minimised and the difference in progress between children with SEND and those without will be minimised. Without this, needs will escalate more than they would otherwise do. We want to work with schools to support them and their staff to be confident and competent in identifying and supporting needs. Whilst there are many examples of excellent mainstream practice, this is not as widespread or universal as it could be. Improvements in mainstream provision will reduce the need for the education, health and care (EHC) statutory process and specialist places. Families tell us that we need more staff training in mainstream schools on things like reasonable adjustments and improving the culture of understanding and supporting SEND children and that we need support to be provided more consistently across all members of staff than is currently the case. One parent told us that *“preventing an escalation of need is much better than trying to address the need when it has grown”*. We need to deliver better ordinarily available provision across all our schools, and one parent / carer group told us that at the moment there is a *“lack of clarity about what is and what should be available”*.

Increase in the availability of local specialist placements.

Even with improved practice in mainstream schools, we know that some children will continue to need a specialist placement, and that we do not have enough of these on the Island. We know that there are some children who have to attend a specialist school on the mainland because there is nothing available on the Island that meets their needs. They have told us that if there were suitable provision on the Island they would prefer to go to school within their own community and closer to where they live. This is why we have ambitious plans to quickly expand local specialist provision on the Island as described in 2c above

Access to Health services for both diagnosis and support including support whilst waiting.

We know that for some Health services waits are longer than we would like. Families tell us that waiting times for autism and ADHD assessment are too long. The ICB has recently appointed a dedicated children’s Health Commissioner specially for the Island. Work is in progress to identify priority areas and any gaps that exist between the needs of children and young people and current provision. This includes consideration of the expansion of specialist education provision on the Island to ensure that these are accompanied by sufficient accompanying support for Health needs.

Pathways into adult services including vocational pathways.

We know that there is work to do to support children and young people in their preparation for adulthood by planning for transition to adult life from Year 9, and making sure that local provision is sufficient to meet their needs. This includes planning for their health, where they will live, their relationships,

control of their finances, and how they will participate in the community and achieve greater independence. This is structured around the four pillars of Preparing for Adulthood:

- further and higher education and/or employment – including exploring different employment options. Employment options need to be genuinely inclusive to allow them to be long term sustainable positions.
- independent living – providing choice and control over their accommodation and living arrangements, including supported living
- participating in society – including having friends and supportive relationships, and participating in, and contributing to, the local community
- being as healthy as possible in adult life

This joint work including Adult Social Care, Housing and Health Services will deliver improvements to the local offer for those aged 16 to 25 years.

Co-production of services with, and provision of information to, children, young people, parents and carers.

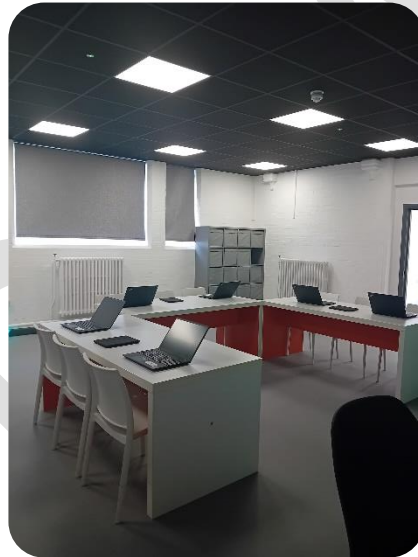
We know that including the views of families in our improvement journey will result in better quality services that are more aligned to their needs. We also know that families would benefit from improvements to the information they receive. For example this could include specific information for those who are new to the SEND system; more immediate post diagnosis information and advice; the roles of different organisations across the system as specified in the SEND Code of Practice; the importance of mainstream school ordinarily available provision; and that relating to the statutory education, health and care plan process including why an EHC plan may be needed or may not be appropriate. Improvements to our Local Offer website have already begun, and we will also work with partners including the voluntary sector and SEND Information and Advice Support Service (SENDIASS) to make these changes. All information needs to be provided in an accessible way.

Statutory processes relating to education, health and care plans.

Families tell us that they do not always agree with the decision making around the statutory education, health and care plan process, and that too often they feel it necessary to use the tribunal process to secure what they consider to be appropriate provision for their child such as a special school place rather than a mainstream place. Families tell us that tribunals create hostility and are a difficult experience with many families not equipped or prepared to go through that process. This also creates a lack of fairness in the system and absorbs more of the finite resources available than it needs to, causes additional cost and increases stress for the child and family. The rate of issuance of EHC plans within the 20 week timeline has decreased significantly since the middle of 2023. This is a function of the significant increase in the number of children within this process, and the decrease in the timeliness of the provision of multi-agency advice as part of that. We also know that some families say they feel the quality of the content of their child's EHC plan could be improved, for example with regard to the specificity of outcomes. This is why we are commissioning an audit of a sample of EHC plans to inform our workforce development plan to improve the quality of our EHC plans. We will also consider opportunities to appoint a Dedicated Social Care Officer for SEND to support the delivery of SEND statutory duties relating to social care.

2h. Examples of recent actions to improve the experiences and outcomes for children and young people with SEND

- An elected Member has been appointed as a SEND Champion to work with the Lead Member for Children’s Services on the design and implementation of SEND improvements.
- Following ongoing delays with the identification of a sponsor to open and deliver a new special free schools for the Island (with a specialism in social emotional and mental health needs), the council has consulted on and agreed to the opening of a new satellite provision of an existing special school to partially meet this need. This has involved the repurposing of an existing council owned building which will accept its first students in September 2024.
- The Island Learning Centre, a secondary phase education provision at which 100% of the students have SEND, has received significant council investment to create new vocational pathway facilities spanning health and beauty, design and technology, and music. The new facilities were officially opened in June 2024.





3. Impact of the local area's partnership arrangements on experiences and outcomes

3a. Identification and assessment of children and young people's needs

What and how we know about the impact of our arrangements for children and young people with SEND

"Pupils with special educational needs and/or disabilities are quickly identified and appropriately supported with their learning. As a result, they access the full curriculum and achieve well" – Primary School, Ofsted 2024

Healthy Child Programme

The Isle of Wight Public Health Nursing service consistently performs above the Southeast and England averages for the delivery of the mandated contacts within the Healthy Child Programme. For example, over 90% children receiving the 2 – 2 ½ year contact by 30 months of age (Q2 2023/2024 IOW 90.8% compared to SE 80.7% and England 78.3%).

The service ensures that 100% of these completed contacts use the evidence-based ASQ-3 tool to assess and identify needs enabling additional support and onward referral as appropriate. Public Health is currently reviewing children's outcomes at this 2 – 2 ½ year contact and in particular the proportion of children achieving the expected level of development in personal and social skills.

Early Help

"Family plans ensure that timely progress is made for children. If concerns escalate, referrals are made promptly to statutory services" – IOW Ofsted Inspection of Local Authority Children's Services, 2023

Concerns about how well a child or young person is progressing may be raised by a professional, parent/carer or the child/young person themselves to the Children's Reception Team (CRT). For children identified as not requiring social care interventions CRT / the multi-agency safeguarding hub (MASH) will decide on whether additional support is still required.

For these families with multiple and complex needs requiring interventions, an Early Help Assessment is undertaken and led by a Key Worker known as the Lead Professional who will co-ordinate regular Team Around the Family meetings and develop a multi-agency family plan. Lead professionals are drawn from a large cohort of staff trained across partner agencies (pre-schools, schools, family centres, health professionals, voluntary sector). They are supported

by the Local Authority Early Help Team. This well-developed approach includes workforce development, Early Help Lead Professionals Briefings, Early Help audits for quality assurance, peer supervision, surgeries, telephone consultation line, joint visiting, and training opportunities to share good practice. It has successfully built significant capacity and confidence across multi-agency practitioners regarding Early Help planning and support.

In 2023, 192 children and young people received support through an Early Help assessment who presented with an identified Special Educational Need or Disability (SEND).

Children with Disabilities Team

Children referred to the children with disabilities team are assessed in a timely way. This ensures needs are identified quickly and support given as soon as possible. 100% of assessments are completed to timescales.

Reassessments in the children with disabilities team are started and completed in a timely way. This ensures there is always a relevant assessment that identifies a child's need at that time. 100% of reassessments are completed to timescales.

Health assessments and treatment times

Service	Time to assessment	Time to treatment
Child and Adolescent Mental Health Service	5 weeks (KP1target 4) (Community/Psychology/family therapy)	Community wait list- average 7 weeks max 31 weeks. Psychology average 16 weeks max 35 weeks. Family therapy average 12 weeks max 39
	Eating disorder CAMHS, all CYP are offered assessment and treatment within 1 week if urgent and 4 weeks if routine. There is no waiting list for treatment.	No waiting list
Mental Health Support Teams in Schools	3 weeks (KPI target 4 weeks)	7 weeks

Speech and Language Therapy	13 weeks	Treatment starts from assessment
Occupational Therapy	27 weeks	Treatment starts from assessment
Physiotherapy	2 weeks	Treatment starts from assessment
Autism	Range between 12-36months	N/A
ADHD	Range between 12-36months	N/A

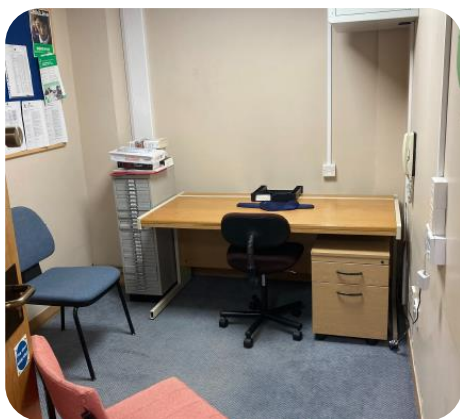
Autism: Autism referral to assessment dates are currently approximately 16 months for Isle of Wight children and young people. The ICB invested some non-recurrent funding in 23/24 to target young people waiting for an Autism assessment and due to turn 18 or recently turned 18 in order to prevent these patients being transferred to the adult list and waiting even longer.

ADHD: The ADHD assessment service was closed to new referrals between April 22-March 2023. Following investment of additional funding the service was reopened from 1st April 24. The majority of funding is used for medication management which limits the number of assessments to be delivered. The ICB is looking to invest into additional assessments as well as work with primary care to support an increase in take up of shared care. The ICB ensure that right to choose guidance is made clear to patients, families and GP referrers.

3b. Participation of children and young people and their families in decision making about their plans and support

Youth Court project

During the Covid-19 pandemic, the Youth Court closed and young people were being seen at the Magistrate Court. The majority of these young people have SEND. It was felt that the current Youth Court space did not promote a sense of comfort or safety and towards the end of 2023 we decided to give the Youth Court a makeover. Our young people were involved throughout the process, including helping to decorate.



Children with Disabilities Team

Where appropriate, children are regularly invited to their child in need meetings in the children with disabilities team:

SB and JB are 11 and 8 year old children, both with a diagnosis of autism. SB and JB were invited and supported to attend their child in need meeting dated 01/05/24. The review was held at the children's school, so that they could be supported by school staff. Both children attended the meeting and participated. SB preferred method of communicating was using Makaton hand gestures, she said that she was unhappy at break time at school. The school who was present listened to her and agreed to make adjustments to support her. JB was able to verbally describe pressures at home and additional respite was explored for the children and family. AL and SL voice was heard, and the actions were reflected in the updated plan.

Early Help

The Early Help training package for Lead Professionals ensures that children and young people's voices are at the heart of the assessment and planning for all Early Help assessments and the team quality assure these plans to ensure that this is in place.

Where children and young people are not present at their meetings and reviews, they are offered an opportunity to share their views and inform the plan, which is captured.

For children living with SEND, adapted and varied tools have been developed to allow all children and young people to share their views about their plans.

Feedback from a child attending a special school, who is receiving support through an Early Help assessment:

Ben, you told us that "things are so much better" for you now. You are now doing activities outside of school including boxing, after school club and the gym. These will all be beneficial to your emotional and physical wellbeing, Ben. You told us that you speak to the school's mental health team and have art therapy which is "really good".

You also told us that you speak to people at Paragon and Tidal and this has helped you to "feel better".

The Parent Carer Panels focus on SEND provision and services for families, through the Family Hub offer. The findings from the panel is fed through the Start for Life and Family Hub programme governance and informs programme development.

3c. Children and young people receiving the right help at the right time

What and how we know about the impact of our arrangements for children and young people with SEND

Schools

Whilst we know that work remains to be done to improve support in some education settings, recent Ofsted inspections of schools on the Isle of Wight, found evidence of strong practice relating to children and young people with SEND receiving the right help at the right time:

“Pupils with special educational needs and/or disabilities (SEND) are catered for extremely well. Their needs are identified, understood and met by the leaders and adults who work sensitively with them. In particular, pupils in the specialist resource base make excellent progress, integrating well into the main part of the secondary phase of the school” – Secondary School, Ofsted 2023

Early Help

In the 2023 ILACS inspection, Ofsted recognised the effective and efficient way in which families are identified and then supported through Early Help. A strong learning and development offer, combined with the Early Help helpline, enables partner agencies to access specialise advice and support, when they identify a need for Early Help support.

“Children and families have good access to a wide variety of early help services that deliver the right support to families at an early stage. Skilled lead practitioners work effectively with families and other key professionals to support and enable families to make positive changes”, Ofsted Isle of Wight Inspection 2023

Feedback from a parent whose child was being regularly excluded from school on Early Help support:

Mum said she had been *“impressed with the steps put into place to support her child and can see it working as her child is getting less R3’s and she is no longer receiving calls from school”*. Mum said *“the support is amazing, things have massively improved, my child is no longer being excluded”*.

Children with Disabilities Team

The children with disabilities team assesses all children in a timely way. Where a need is identified, a monthly panel will agree care packages including overnight short breaks, direct and personal budget payments.

First and subsequent assessment timeliness of the children with disabilities team is regularly 100%. Where appropriate applications are submitted to the children with disabilities resource panel to agree packages of care. These decisions are made in a timely way, are needs led and ensure the children receive the right support based on an up-to-date social work assessment.

NW is a child of 7 years old with ASD and learning needs. A social worker completed an assessment completed in January 2024. NW presented to the Children with disabilities team resource panel in February 2024. Panel were able to agree a personal budget of 3 hours each week for school holidays. This was to assist with routine when school closed and to support the need for NW having access to activities outside of the family home with a carer.

Emotional wellbeing and mental health

Mental Health Support Teams in Schools (MHST)

Assessment is on average within 3 weeks (KPI target 4 weeks) and young people are accessing treatment within 7 weeks (KPI 18 weeks). In terms of outcome measures the average Outcome Rating Scale (ORS) shows 79% improvement and 83% improvement for Revised Children's Anxiety and Depression Scale (RCADS) scores which demonstrates the positive impact MHST intervention is having on children and young people on the Isle of Wight. 3267 children and young people to have access to the service. Initial school feedback from schools has been positive. There is evidence that mental health is being more openly talked about within schools.

A single vision has been drawn up ensuring the IOW NHS Trust, Barnardo's and Youth Trust work collaboratively to meet the needs of CYP on IOW who need mild to moderate mental health support. The vision is to work with schools to develop a whole school approach to mental health, enabling the young people and families we work with to be heard and reach their goals. We aim to increase their confidence which will empower them to thrive.

A specialist practitioner in Autism and Neurodiversity has begun working within the MHST. This will enhance the team's knowledge and understanding and support CYP with additional needs as required. New innovations have been put into motion including peer mentoring, mind and mood groups to help transitions to year 7. All young people who are transitioning from Primary to Secondary school will get the opportunity to engage in transition workshops to

support them during this often-challenging time. Close working with partners in local authority services is taking place to enable a joined-up approach to support students with emotionally based non-attendance. MHSTs don't have any waiting lists.

Child and Adolescent Mental Health Services (CAMHS)

In April 2024 children were assessed at CAMHS within 5 weeks (KP1 target 4) and received a second contact within 9 weeks. In terms of waiting for treatment, the community service had a wait list of 40 children waiting on average 7 weeks with a maximum of 31 weeks. The psychology waiting list had 14 children on it with average wait of 16 weeks and maximum 35 weeks. Family therapy wait list had 4 children with an average wait of 12 weeks and maximum 39. The KPI is 18 weeks. Whilst the average wait is below 18 weeks, some children do wait longer due to demand on service and current capacity. Whilst waiting they have access to regular check ins and services such as Kooth.

Referrals that cannot be clearly identified are discussed at the weekly Referrals Meeting with various disciplines and external services such as Youth Trust and Mental Health School Team (MHST) for a collaborative approach. Following the Initial Assessment, the clinician has approximately 15 working days to finalise the outcome, which is communicated to the family, GP, and referrer via an outcome letter. If therapeutic intervention from CAMHS is recommended, the child is placed on a Waiting List, with a clear explanation of their Mental Health needs, recommended Care pathway, and risk rating (Red, Amber, or Green).

Whilst waiting, children receive regular check-in calls based on their risk rating to offer advice/guidance and review risk. (Red: Fortnightly check-in calls; Amber: Monthly check-in calls; Green: Bi-monthly check-in calls). Risk ratings can change following these check-in calls. Children and young people are currently waiting an average of 20 weeks from being added to the Community Waiting List to being allocated a Clinician. The service will support children post diagnosis if moderate to severe mental health condition present. CAMHS offers one to one, group and parent group intervention and consultation, liaison and partnership working with other agencies and professionals.

For eating disorders, all children are offered assessment and treatment within 1 week if urgent and 4 weeks if routine. There is no waiting list for treatment. There are currently no CYP in tier 4 beds on the mainland.

Speech and Language Therapy (SaLT):

"They work successfully with external professionals who provide highly effective occupational and speech and language therapies for students who require it."

Description of leaders and managers at Isle of Wight College, Ofsted 2023.

The Average wait time for initial assessment in April 2024 was 13 weeks and the longest wait was 25 weeks. KPI is 12 weeks assessment and treatment. If children are waiting for an assessment, they are able access universal services such as those run through Barnardo's and/or contact the SaLT team for advice and guidance. All referrals are triaged. Eating and drinking referrals which are urgent are seen within 2 weeks. Everyone waiting will get an advice sheet for their specific needs. The expectation is that within 4- 5 months the service will see children within the 12-week target, once 4 members of staff have returned from maternity leave in June / July. All children are currently offered an assessment within 18 weeks, but they may not attend these appointments. Speech and language assistants can support the qualified therapist and have recently advertised a SaLT apprenticeship role so they can 'grow their own'.

The team also run a variety of different intervention groups as well as one to one work. Examples are Sparkles, Little Talkers' group and Language Builders, which children and parents can access. Sparkles is run jointly with Barnardo's. Since COVID, there has been an increased demand for the service. The number of open cases peaked in April 2023 with 902 children being open to the service. There is currently 732 (April 2024) open. This is likely due to the early intervention programme put in place by Barnardo's which has reduced the referral rate. There has also been an increase in referrals for complex children, especially those who are from abroad and/or have neurodiversity needs, meaning that interventions need to be longer to meet their complex needs. Many children have complex speech issues due to COVID and not accessing enough opportunities to develop core listening skills. The team has also increased support for professionals to be able to implement advice and guidance- due to COVID some children do not have the building blocks to be able to engage at school and therefore need increased intervention. The NHS team works very closely with the school's speech and language team (working within the council) and early years team and will provide training to professionals e.g. paediatricians when required. In respect of children under children services they also work closely with social workers and early help lead professionals. The team is actively involved with all children at Medina House School and some children from St Georges.

Occupational Therapy (OT):

The average wait for assessment and treatment is 27 weeks and the maximum wait 59 weeks (this was one family who we were having difficulties contacting). KPI is for assessment and treatment within 18 weeks. A waiting list recovery plan was put in place to meet the high demand on the service and has reduced waiting time from 54 (Jan 2024) to 27 (May 2024) weeks. Whilst waiting for assessment and treatment, children can access support through universal services and contact the service if advice/guidance is required. Everyone that is waiting will get an advice sheet. All referrals received are triaged. Critical referrals are allocated straight away with urgent and 0-5-year-olds being seen within 6-10 weeks. These children are prioritised due to their clinical need and routine young people are booked in during the waiting list recovery weeks to ensure they do not have to wait a substantial period for assessments and intervention. These occur every third week of the month. From September there will be bookable clinics which families can book into for routine assessments.

The service currently has 284 children open and this has decreased from 564 when it peaked in April 2023. The team is working hard to reduce their caseload so that there is good throughput within the service. The team has had several vacancies and maternity team over the last 12 months, however these have been recruited to which will further have a positive impact on performance. The team lead meets regularly with SEN senior caseworker in respect of children who have EHCPs. The service also had several vacancies which have been difficult to recruit to. The team has also worked with AIM and are working toward gaining the Autism Inclusion award. The team does not accept referrals for sensory integration due to it not NICE compliant and the team does not have the speciality.

Physiotherapy:

For April the average wait for assessment was 2 weeks and longest wait was 15 due to non-attendance. The Physio team are fully resourced, so this enables them to see children in a very timely manner. The KPI for assessment and treatment is 6 weeks. All referrals coming into physio are triaged. Critical are booked within a week, urgent within 2 and routine within 6, but these young people are likely to be seen sooner. The team are currently taking part in a national trail- SPELL and ROBUST to support children with cerebral palsy.

The team is made up of physios, physio assistants and an apprentice. They work with a number of conditions including neurological, rheumatological, neuromuscular and orthoptic. They support children with co-ordination difficulties, developmental dealt, acute injuries and congenital syndromes and metabolic diseases. Physio work very closely with Childrens OT and SLT to ensure a multi-disciplinary team (MDT) approach is taken if required. They also work closely with GPs. Health visitors, school nurses and paediatrics team. They work in clinics, patient's homes, schools, nurseries, community centres and hydrotherapy pools.

Autism and Attention Deficit Hyperactivity Disorder (ADHD):

Current assessment waiting times range between 12-36months depending on age range and service area. ADHD – Circa 800 (full caseload). Autism Circa 1000 (Waiting list)

GPs have access to a dedicated helpline, supplied by the ADHD service, where they can obtain advice and guidance related to medication management for their patients. The approach underpins a strategic improvement review of the neurodiversity referral and assessment pathways. While waiting times are unlikely to significantly reduce in the short term, as workstreams develop, patients should benefit from incremental improvement, cumulating in a fully redesigned service from March 2026.

Feedback from 'Parent Factor' Course – Parent of an 11 year old boy accessing the pathway for ADHD:

We actually went out for the first time in over a year on Mother's Day and it was the best day we had in so long! I think that's because I/we have a better understanding now, so this group has been amazing!! I have completed many courses last couple of years, and this is the best so far. The course is full of practical information and strategies. The facilitators are fantastic and very friendly.

Feedback from 'Parent Factor' Course – Parent of an 11 year old boy who has Autism and ADHD:

It has taught me a different approach to N's behaviour, and I'm more understanding how his brain and thought process works. Even though this course might have now changed N's behaviour, it has changed mine. I really liked the workshops. To be able to talk to other parents with similar problems. I really liked hearing other parents point of views, experiences, hints and tips.

In terms of “waiting well” there are several services that offer support for young people, parents/carers, and families on the Isle of Wight with needs relating to ADHD or Autistic Spectrum Condition. Examples follow.

Wellbeing Support Service

The Wellbeing Support Service (supporting 4 to 12 year olds) is commissioned by the NHS to provide much needed early intervention and support for parents of children with Social, Emotional, and distressed behavioural needs related to Autism, Attention Deficit Disorder, Attachment Disorder, anxiety and poor emotional wellbeing. The service aims to:

- Support parent(s) to enable children to self-manage and maintain good emotional wellbeing.
- Support parent(s) to enable children to get the most from their education.
- Promote a healthy home environment and improve family dynamics.
- Promote inclusion in schools.

The ICB plans to commission a pilot to enhance the well-being service with a multi-disciplinary Team Neurodivergent service from September 2024.

Barnardo’s Family Support

Barnardo’s Family Support provides evidenced based parenting support for parents, carers and families who have children aged 3-18 who have a diagnosis of Autism; are experiencing mild to moderate conduct disorder; have behaviour that can make it challenging to keep a child safe from harm; are teenagers displaying anti-social behaviours including child to parent violence.

Parents and carers can self-enrol on to a family support programme or can be referred by a health, education, or early help professional. Hampshire and IOW Support for Neurodiverse Families (barnardos.org.uk) had **396 referrals for Isle of Wight families** last year, and promotion is taking place on the island to increase awareness and referrals for Island families and schools. Of the referrals received, self-referrals are the largest followed by primary schools – there is targeting of primary schools on the Island to enhance these referrals.

The team provided 120 programmes last year, (8-10 weeks long depending on the programme) which was 10 over the commissioned activity, to support this increase in demand. On the Isle of Wight 33 programmes were delivered - 2 over the commissioned amount. Programmes are delivered termly, parents are emailed out a list of choice of dates and times of the programmes which they can choose to book on. Padlet (digital noticeboard) is available with information to support the parents whilst waiting and webinars are being created to provide information and advice.

Feedback from 'Family Links' Course – Parent of a 4-year-old boy who struggles to regulate his emotions and behaviours:

Having this nurturing knowledge through the programmes and course practitioners that can advise on situations, providing examples in context, along with other course participants experiences has been invaluable. There were lots of examples and tools to help our family to progress through life ahead.

Of the families that attended a course last term, 82.4% of Isle of Wight families reported an improvement in outcomes. A follow up session is offered 6 months after their programme is complete to further support and embed learning. The attendance is not high for this, so this is being currently promoted throughout the programmes. Currently there is strengthening of the 3–5-year-old offer and training for the team in an evidenced based programme called 'parenting puzzle' which will be made available shortly.

Autism Inclusion Matters (AIM)

Autism Inclusion Matters provides family support groups for children, young people, and their families. Workshops are designed for different age groups between 4 and 17 years and can be accessed by contacting support@aimisleofwight.co.uk The sessions are run by Autistic adults and aim to help support families and connect parents.

AIM supports the delivery of the project Autism in schools (named RAISE). This initiative was set up by the ICB to support schools on the Isle of Wight to reduce inappropriate educational exclusions and hospital admissions for children and young people with learning disabilities, Autism Spectrum Condition (ASC) and/or challenging behaviour. Its aim is to raise awareness of the needs of young people with autism, to listen to the voice of young people and their families, and to model and implement practical ways schools could improve the experience for young autistic people. This involves bringing together health and education expertise to take steps to support children and young people who are finding school a challenge due to their needs. A team works with schools to improve the experience of neurodivergent children, delivering training to school staff, facilitating learning walks completing pre and post audits on environment and materials.

Isle of Wight Youth Trust

The IoW Youth Trust are an independent organisation who provide a range of support to children, young people, and families experiencing difficulties with their mental health. <https://www.iowyouthtrust.co.uk> The ICB has commissioned a tier 2 emotional and mental health counselling service, a dedicated neurodivergent practitioner delivering workshops to the parents, carers, children and young people. The Youth Trust are also commissioned to deliver the MHST service (They are one of three providers across the MHST service).

Case study: Autism in schools project Isle of Wight

What is your role in relation to the Autism in Schools project: A parent

When did you first become involved in the Autism in Schools project: June 2023

Please describe any key changes you have noticed or become aware of as a result of the Autism in Schools project. What did you learn from this experience? What have been the outcomes, for you and for others? Do you think this will change things for children, young people, families and/or schools in future - if so, how? Have there been any unexpected outcomes, or unintended consequences?

Within school they are using zones of regulation differently and they are using a colour code for every pupil to have to display how they're feeling. I have learnt a lot about sensory, triggers, about how schools should be supporting but many aren't. I have learnt to understand my son more. Outcomes: a better understanding. Sharing ideas. I think things will change in the future if individual schools want it too.

Do you have any future plans related to your involvement in the Autism in Schools project? If yes, what are they? Do you plan to share learning from the project? Do you plan to continue or embed project activities? Is there anything you plan to do differently in future?

I am going to attend a behaviour course at AIM. I will share learning with other parents at our school community and been invited to inset day to talk to the teachers. I am going to volunteer within our school and use the skills I've learnt.

Why did you first become involved in the Autism in Schools project? What were things like before the project? Was there a need you were hoping to address or an aim you were hoping to achieve?

My son has ASD and has been struggling with transitions each day and meltdowns outside of school. Things have been very difficult for my child, who experiences high flight or fight responses. He lays in the road, removes seatbelt, he is violent to others and himself. He self-harms. Headbutts. It is also difficult for my other children as it's very unpredictable and frightening for them. My main hope was to improve my own understanding to be able to help my family and to make positive changes within school and home.

What Autism in Schools project activities have you been involved in? When and where have you been part of project activities? What was your role, and who else was involved/attended?

I have attended a Parent Hub with Parents Voice and Autism Outreach. This was held in our school hall. This was an open discussion where parent/carers felt they could share their current experiences. I have attended all the training sessions but have 2 more to attend.

If you have any further comments about the Autism in Schools project in your area, please share them here. For example, what you like about the project, anything you think could be improved.

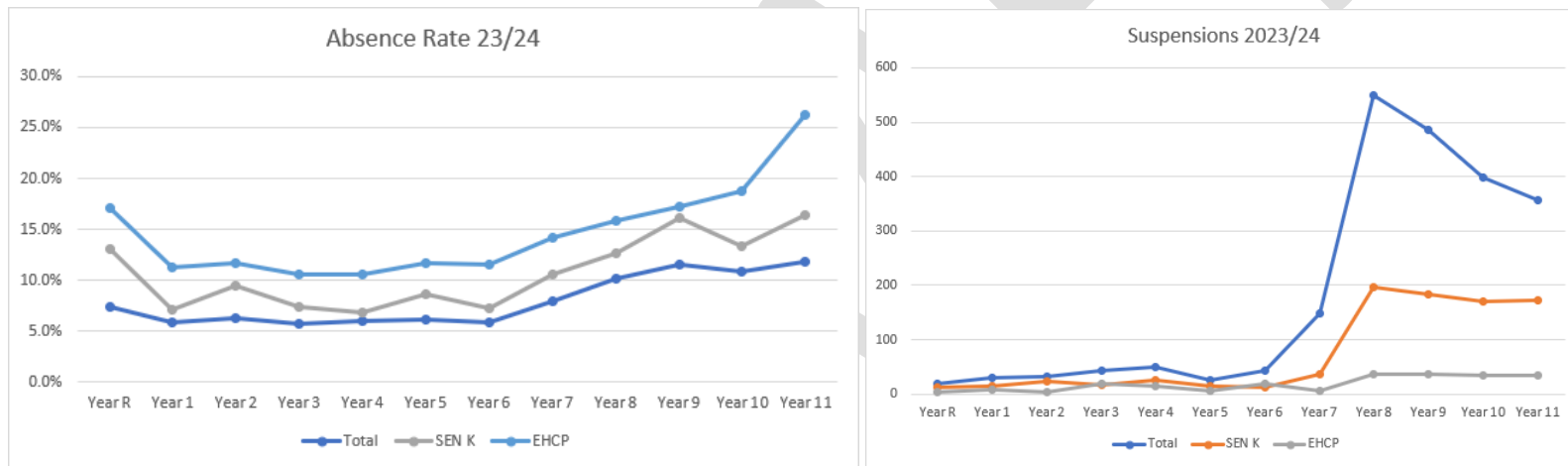
I like that we are spreading awareness and acceptance and equality this will make a change for children with Autism going to school. I would have like more involvement and discussions.

3d. Preparing children and young people for their next steps, and securing strong outcomes

What and how we know about the impact of our arrangements for children and young people with SEND

“Pupils with SEND access the full curriculum, achieving relevant qualifications that prepare them for suitable post-16 education, employment and training” – Secondary School, Ofsted 2023

Proactive transition planning takes place between early years settings and primary schools, and between primary schools and secondary schools, for children with SEND. For example, every summer term separate transition events are organised for SEN Support children and EHCP children where primary and secondary colleagues come together to share information and discuss children moving between schools. Considerable detailed data driven work has taken place to look at the impact of this work measured by absence and suspension rates in over time.



With suspension the data is more significant and particularly when you look at children with SEN; the significant change comes when children transfer between Yr7 and Yr8 not between primary and secondary. Transition to secondary is led by a senior leader in one of the secondary schools and they are currently working with the Education, Inclusion and Access team to replicate some of the processes used for transition between phases into transition between year group, and to consider how to embed throughout the whole school what is taking place in Yr7.

The children with disabilities team and partner agencies meet each month with adult services. This preparing for adulthood meeting ensures that children transitioning to adulthood are assessed in a timely way for a seamless transition. This is a multi-agency meeting with Children and Adult Services, SEN Partners, Beaulieu House respite representation and others that are identified where necessary.

Cared for children all have My Life My future care plans/assessments. At the age of 16, My Life My Future Plans are focused on a young person's transition to adulthood, this ensures their pathway to education, employment or training is supported and continues to meet their learning needs as well as independent skills they require to make the transition.

On the Island there is a SEND employment forum which is focused on increasing the number of young people with SEND accessing pathways that lead to employment e.g. supported internships and supported apprenticeships. The forum is chaired by the council's Service Manager for Education and Post 16 and includes representation from the IOW College and local apprentice providers such as HTP. There is also a new Solent Careers Hub being set up by Portsmouth, Southampton and the IOW councils, (launch 9/2024) with a major focus on supporting young people with additional needs into employment. The Careers Hubs brings together schools, colleges, employers, and apprenticeship providers with the goal of making it easier for schools and colleges to improve how they prepare young people for their next steps. The Careers Hub will drive progress against the Gatsby Benchmarks by enabling schools and colleges and their Careers Leaders to access training and support, and to collaborate in bringing together best practice and local labour market insight.

The Isle of Wight College was inspected by Ofsted in September 2023, and received a judgement of outstanding in provision for learners with high needs. Inspectors found that leaders and managers have developed a rich and purposeful curriculum for students with high needs and that they work extremely well in partnership with school leaders and the local authority to aid students' successful transition to college.

"Leaders and staff have rightly focused on preparing students for adulthood and tailor learning skilfully to meet individual education health care plans."

Ofsted inspection of Isle of Wight College, September 2023.

Inspectors found the curriculum provides students with valuable qualifications, such as the Duke of Edinburgh's Award and English and mathematics at an appropriate level, and that teachers plan and sequence the curriculum very well for students with high needs and use individual targets skilfully to monitor and record their development. In work skills lessons, teachers encourage students to think about what they would like to do when they leave college and research areas of interest such as information technology, transport, music, food and fashion. They support students to overcome difficulties by adapting learning skilfully. For example, students who are nil by mouth enjoy the sensory experience of cooking and smelling food.

3e. Valuing and including children and young people with SEND within their communities

What and how we know about the impact of our arrangements for children and young people with SEND

The Isle of Wight has a wealth of opportunities for children and young people with SEND to access within the community. Children and young people have told us that understanding of difference and disability, including hidden disability, is particularly strong amongst their peers.

Examples of organisations with a strong inclusive offer, and one that is highly rated by parents and carers of children and young people with SEND is [The Wave Project](#), whose motto is “Changing young lives through surf therapy”. [Sight for Wight](#) is an independent charity that is dedicated to providing information and support to visually impaired Islanders, including through the use of a tandem bike. Beach-friendly wheelchairs are available at several beaches around the Island to make access to beaches and the sea more viable for many. Some of these are provided by a charity called [Isle Access](#).



Children’s Services run an allotment project in Ventnor for children with additional needs. The project is run by the children with disabilities team and the leaving care team. Children and families use the area for activities for children in running and cultivating an allotment. Many of these activities are AQA accredited. It also serves as an environment that children can work alongside professionals and their wider community. The allotment is provided free of charge due to the partnership working we have with Ventnor Town Council.

One of our Short Breaks activity providers, Vectis Radio, holds successful Saturday sessions for young people with disabilities. The 4P’s programme teaches young people with communication difficulties how to Present, Produce, Promote and Podcast in a fun environment at a live radio station. The programme has helped many young people to gain confidence and improve their communication skills.



Isle of Wight Children’s Services continue to support the Young Inspectors programme, which enables children living with SEND to access and evaluate community spaces and activities. Their views are captured and wherever possible, the changes are implemented and fed back to the inspectors and their families.



4. Partnership and leadership arrangements to plan, evaluate and develop the SEND system

4a. Leaders are ambitious for children and young people with SEND

What and how we know about the impact of our arrangements for children and young people with SEND

The SEND Partnership Board is responsible for leading arrangements to plan, evaluate and develop the local SEND system. The Board is co-chaired by the Council's Director of Children's Services (DCS) and the Integrated Care Board's Deputy Director of Children's Care, and has active representation from strategic leaders and decision-makers across the education, health and social care sectors, as well as other key stakeholders, including young people, parents and carers. It is responsible for overseeing the collation of an accurate self-assessment of SEND arrangements and improvements. The SEND transformation programme sets out the high ambitions we have for children and young people with SEND and the actions that will be taken to improve our local offer and the quality of our services. Scrutiny of the work of the SEND Partnership Board is overseen by the Council's Health and Care Partnership, which is chaired by the Chief Executive of the IOW Council and the Integrated Care Board's Clinical Lead.

The Island's elected members have a strong interest in SEND and treat it as a key issue. The council currently has five priority corporate objectives, with the creation of a new Island Education Strategy in which SEND features highly, being one of them (the others being housing, environment, economy and community safety). The SEND Partnership Board includes the Lead Members for Children's Services, the Lead Member for Adult Services, and the Disability Champion Councillor. The Health and Care Partnership also includes elected members including the Leader of the Council.

The extent of local ambition for children and young people with SEND is evidenced by the priority that SEND has across all local strategic partnerships. Leaders use their positions on boards and strategic partnerships to champion children and young people with SEND and advocate for their needs and aspirations. The DCS is also a member of the Health and Wellbeing Board, which champions the reduction in health inequalities and improving health outcomes for children and young people with SEND. High ambitions for children and young people with SEND and the provision of inclusive services are similarly reflected in the priorities of the Community Safety Partnership and Youth Justice Board, also chaired by the Director of Children's Services. School leaders are similarly ambitious for children and young people with SEND.

4b. Leaders actively engage and work with children, young people and families

What and how we know about the impact of our arrangements for children and young people with SEND

Come Dine with Us

Come Dine With Us is a programme designed to boost independent living skills used in conjunction with AQA qualifications. Targeted at budgeting and food preparation, Come Dine With Us is situated within a local community hub's training kitchen. This location is designed to give access to other resources such as a food pantry and drop in café also offered by the hub. Come Dine with Us offers care experienced young people, many of who have SEND, a monthly opportunity to join us in a relaxed environment where we strive to have fun whilst preparing a whole range of meals together, from classic dishes to experimenting with new flavours and different styles of cooking. We have a consistent approach and no matter the young person's circumstances outside of the kitchen, we all roll up our sleeves, put on an apron and cook together. By engaging with our young people in this less formal way we are not only helping to promote a healthy diet and lifestyle, but we are creating an atmosphere designed to give young people the confidence to freely express their views without fear of judgement. Senior leaders regularly join these sessions.



Young Inspectors

Isle of Wight Children's Services continue to support the Young Inspectors programme "Become a Short Breaks Young Inspector" (iow.gov.uk), which enables children living with SEND to access and evaluate community spaces and activities. Their views are captured, shared with senior leaders, and wherever possible, the changes are implemented and fed back to the inspectors and their families.

Senior leaders across all of education, health and care engage with children and young people in a range of other ways too for example at corporate parenting events and visits to specific provisions. An example of this is that the Leader of the council and chief executive of the council both visited Beaulieu House (residential home and overnight short breaks facility for children and young people

with SEND) in spring 2024.

4c. Leaders have an accurate, shared understanding of the needs of children and young people

What and how we know about the impact of our arrangements for children and young people with SEND

The partnership on the Island has a wide range of processes to ensure leaders have an up to date and accurate understanding of the needs of children and young people, and their families, and to ensure that this knowledge is shared effectively.

- The Island's Joint Strategic Needs Assessment (JSNA) contains considerable information about the needs of the populations including SEND. The JSNA supports the Island's Health and Wellbeing Strategy which is based on the needs of residents. It informs, for example via the Health and Wellbeing Board, the planning of services and activities required to address the needs. The strategy has three priorities, two of which (health inequalities and mental health and emotional wellbeing) have a significant relevance for SEND. The Healthy People chapter includes children with SEND. The Health and Wellbeing Board includes the Island's Director of Children's Services (DCS), Director of Adult Services and Housing, and Director of Public Health. An example of the work of the Health and Wellbeing Board with regard to SEND was that in April 2024, the DCS shared information with the board relating to health inequalities amongst Island children with SEND.
- Public Health and Children's Services have worked in partnership to adapt the Health in Education Health and Wellbeing Surveys for children and young people in Year 5 and in post-16 settings. These surveys have been designed to be accessible to all enabling children with additional needs to participate whether they are in a special school or mainstream school. The Island also ran #BeeWell survey in secondary schools. The data from these helps provide an understanding of children's voices and data can be interrogated to provide specific views such as from children who have additional help in school.
- The SEND Partnership Board agenda begins with an update about priorities of children and young people, followed by the same from the Parent Carer Forum. In the autumn, the board will oversee the development of a performance dashboard to inform on areas in need of improvement and on the impact of the work of the board.
- Data is used proactively to understand current and likely future needs, with examples contained within this report. New datasets are in the process of being developed, and this information will be reviewed to inform future decision making. For example, with regard to the EHC statutory process, future reports will show the main presenting needs of children for whom assessments are being sought, so that early intervention outreach for these needs can be developed or commissioned to meet future needs more quickly and without the need for an EHC plan.

- Leaders seek and provide regular feedback across various forums to ensure clear, responsive strategies are in place. Examples of this are regular headteacher meetings and SENCO networks. This allows solution focussed discussions to practically address identified pressures and challenges.
- Leaders within the School Improvement Team visit schools to understand levels of need, celebrate and share good practice and scrutinise practice. The work of the Council's commissioned school improvement service also contains a significant focus on assessing the quality of SEND provision.
- Quality assurance processes are in the process of being improved, with the Local Government Association and Southeast Sector Led Improvement Programme active on the Island with a peer review planned for October 2024, and audits of EHC plans and multi-agency decision making before the end of the year.
- There is learning through practice reviews and national panel reports. An example of this is the focus at the Council's children's services directorate's extended leadership team meeting into the National Panel's report into Electively Home Educated children, which on the Island includes significant numbers of children and young people with SEND.

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4d. Leaders commission and provide services to meet the needs and aspirations of children and young people, including alternative provision

What and how we know about the impact of our arrangements for children and young people with SEND

Public Health



The Public Health Strategy aligns with the vision and strategic direction set out through the corporate plan. The strategy aims to improve the physical and mental health of the population and to reduce unfair differences in health and wellbeing between different groups of people. This includes children and young people with SEND. Public Health commissioned services such as Public Health Nursing are routinely expected to collect and collate service user voice to inform service development. For example, client stories are incorporated into every Contract Quality Review Meeting (CQRM) and young people join Family Nurse Partnership Board meetings to share their experiences alongside their Family Nurse. These approaches keep children and families at the centre and inform continual improvement. Public Health has clear governance in place around the commissioning of services. Commissioners and providers work in partnership to ensure effective monitoring of service delivery, service quality and a focus on reducing inequalities and supporting the most vulnerable groups. This is achieved through robust contract management processes including Contract Quality Review Meetings (CQRM), and strong relationships with providers.

Healthy Child Programme

The 2 year check is where the SEND pathway sometimes starts if additional needs were not identified at birth. The Isle of Wight Public Health Nursing service consistently performs above the South East and England averages for the delivery of the mandated contacts within the Healthy Child Programme. For example, over 90% children receiving the 2 – 2 ½ year contact by 30 months of age (Q2 2023/2024 IOW 90.8% compared to SE 80.7% and England 78.3%). The service ensures that 100% of these completed contacts use the evidence-based ASQ-3 tool to assess and identify needs enabling additional support and onward referral as appropriate. Public Health is currently reviewing children's outcomes at this 2 – 2 ½ year contact and in particular the proportion of children achieving the expected level of development in personal and social skills.



As part of the Family Hub offer, services co-locate and deliver services for families living with SEND, which include specialist speech and language groups for parents, carers and children, and specialist neurodiverse assessments within the Hubs.

The Family Hub's key principles are underpinned by the concept of co-production and location of services, creating a 'one stop shop' for families. The island has an extensive Family Hub offer, recognised nationally for its work. The Local Authority fund a total of 9 Hubs and Centres, as well as a virtual offer of whole family support, for expectant parents until their young person turns 25 years of age.



Feedback from a parent of a child accessing multi agency support through the Family Hubs, due to mental health concerns and development delays;

"Just keep doing what you are doing, you are amazing".



A suite of commissioned evidenced based parenting programmes are delivered, both in person and virtually for neurodiverse families, through the Family Hubs. This includes families awaiting, or in receipt of a diagnosis.

As part of the Start for Life and Family Hub programme, we are undertaking a review of the buildings to ensure maximised accessibility. The Young Inspectors were supported to visit all the Family Hubs and complete evaluations of the facilities and feedback on their views. The evaluation has been shared with the programme team and a development plan to address the main findings has been compiled and the work has begun. Senior leaders across Children's Services attended the sessions to engage with the Young Inspectors and hear their views. The Young inspectors will be invited back once the work has been completed.

The IOW Council commissions forty-five different providers of **alternative provision**, fourteen via the council's dynamic purchasing system and thirty-one from a pool of approved providers. One hundred and nine children (6.5% of the Island's total education, health and care plans) access alternative provision as part of a tailored education package to support them to access an appropriate education offer. Of these one hundred and nine children and young people, sixty four are doing so as part of an educated other than at school (EOTAS) package.

Comprehensive descriptions of Health and Short breaks commissioning arrangements are described elsewhere in this document.

4e. Leaders evaluate services and make improvements

What and how we know about the impact of our arrangements for children and young people with SEND

The Isle of Wight has a range of processes to evaluate services and make improvements (and continues to develop these) and welcomes external scrutiny to support making the outcomes achieved by children and young people with SEND as good as they can be.

- Whole system scrutiny of SEND services takes place at Health and Care Partnership chaired by the Chief Executive of the IOW Council and the Integrated Care Board's Clinical Lead, and the Council's Policy and Scrutiny Committee for Children's Services and Education.
- Every SEND Partnership Board, chaired by the Director of Children's Services, and including the challenge of colleagues from the Department for Education and NHS England being active members of the board, is structured to:
 - hear firstly from the voices of children and young people and secondly from parents and carers about the key issues from their perspectives
 - include a deep dive item as a focus for improvement informed by priorities identified from the above. An example of this is that in June 2024 the deep dive is focusing on the waiting times for health assessments (such as ADHD and autism diagnoses) and interventions, and also on the support available to promote "waiting well".
 - an update on the impact of deep dives at previous meetings
- The local area was pleased that early in the financial year 2024/25 funding was approved by the ICB for the appointment of a new dedicated children's health commissioner for the Island. That permanent post has now been appointed and demonstrates the commitment of statutory partners to the commitment of resources to drive improvements in outcomes for children and young people with SEND.
- Alternative provision education placements will be quality assured through a programme being established by the council's Education, Inclusion and Access Team. Inspectors have been identified and training provided with a focus on ensuring the alternative provision is a suitable and safe placement that meet children's needs. Inspections and site visits will also gather supporting evidence in the areas of safeguarding, health and safety, attendance, environment / culture and progress about specified outcomes. Supporting documentation and proformas have been created to provide consistency during inspections.
- The council has commissioned the Local Government Association (LGA) to conduct a Peer Review of SEND provision on the Island in the autumn of 2024. This will challenge the Island's statutory partners to look again at the SEND strategy and will inform the SEND element of the Island's new Education Strategy 2030 which will be finalised early in 2025.
- The council is also working with the LGA and the Southeast Sector Lead Improvement Partnership (SESLIP) to look at specific elements of the current arrangements, for example including the multi-agency decision making process with regard to the EHC statutory process, and the quality of education, health and care plans.

4f. Leaders creating an environment in which effective practice and multi-agency working can flourish

What and how we know about the impact of our arrangements for children and young people with SEND

The Isle of Wight Council has a comprehensive workforce development offer available to multi agency professionals, often free at the point of access or at significantly subsidised prices. This includes the Council's impressive Learning and Development Resource Centre, which provides a wide range of resources to assist with the continuing professional development of teaching and support staff, governors, childminders and social workers. Included in the centre's offer are considerable resources relating to special needs, behaviour management, inclusion and child development. There is also a structured approach to building relationships between teams and organisations, such as via the SEND Partnership Board and the conference described below, so that information, knowledge and skills are shared across the system in the shared best interests of children and young people.



In November 2023, a conference was held to build the shared approach to improving SEND provision on the Isle of Wight. This conference was fully funded to all schools on the Island for headteachers. The conference provided school leaders with guidance and practical tools to implement change in their settings and promote a culture of inclusion. It was an opportunity for school leaders to find out more about resources available to schools:

- the SEN support line
- the SEN support toolkit
- training to support children with complex needs
- training on person-centred approaches.

Keynote presentations included those by the published authors of "Curious not Furious" and "Relationships - the key to understanding children's behaviours".

The regular programme of training and events includes for example an early years conference in June 2024 celebrating neurodiversity, with workshops covering neurodivergent play, early years inclusive practice and facilitation of communication in early years (delivered by the Island's speech and language team). An already comprehensive e-learning offer (for example including speech and language support) is currently being expanded to include modules on a neurodevelopmental approach to learning, inclusive teaching, inclusive curriculum, inclusive environment and inclusive behaviour. 715 multiagency practitioners have accessed SEND related courses arranged by the council's workforce since September 2022.





5. Sustaining our success and securing continuous improvement

5a. Our commitment to working together to improve outcomes for children and young people with SEND and their families.

The collaborative work to improve SEND services on the Island, led by the IOW Council and the Integrated Care Board but including partners and families, has evolved rapidly in 2024. Much has already changed, with significantly more planned for the rest of the year and into 2025 and beyond. Over recent years there has been a significant increase in the number of children and young people with special educational needs and disabilities needing our support, and in many cases the severity of need is higher too. This means that the type and amount of support required needs to change. The Island's SEND Partnership is strong and is highly ambitious about what our children and young people with SEND can achieve. We are fully committed to working with Island families to make the support they require as good as it can be, and their outcomes as outstanding as possible. We believe SEND provision is improving and will continue to do so with the clear governance and accountability framework now in place, for example through the SEND Partnership Board and the Health and Care Partnership. These arrangements offer a robust framework for challenge and decision making on SEND. We know that more remains to be done, and we have clear plans to make that happen.

With the creation of a new Children's Services Directorate within the IOW Council in February 2024, a considerable period of engagement with all stakeholders, and most importantly with our children and young people and their families, has taken place. Insights from that has informed this self-evaluation and will continue to inform our work as it progresses in the coming months and years.



On behalf of the SEND Partnership Board:

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Co-chair SEND Partnership Board

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