



Bath and North East Somerset (B&NES) Local Area Self Evaluation Framework for children and young people with Special Educational Needs & Disability (SEND) and Alternative Provision (AP) August 2025



Bath & North East Somerset Council

Improving People's Lives





Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

NHS







Contents

Introduction to Bath and North East Somerset (B&NES)

How well are we doing for children and young people with Special Educational Needs & Disability (SEND)?

What is our assessment against the eleven key areas?

What are our plans for the next 12 months?



Introduction to Bath and North East Somerset

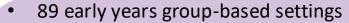
Unitary local authority 195,618 residents (2022) since 2012 we have had a 7% increase in children under 15

Ranked 238 out of the **317 Local Authorities** in England for overall deprivation

Attainment in those eligible for Free School Meals has seen an increase in B&NES in 23/24 (45%) compared to 22/23 (36%). However, this remains below the attainment in this cohort at national level (52%)







- 89 childminders
- 79 mainstream schools (65 Primary and 14 secondary)
- 3 special schools and 7 resource bases. From September 2025 increasing to 9
- Only 5 schools are maintained with the remaining 94% within 9 Multi-Academy Trusts or one of two stand-alone academies
- 1 FE college across 2 sites

Four **Children's Centres**

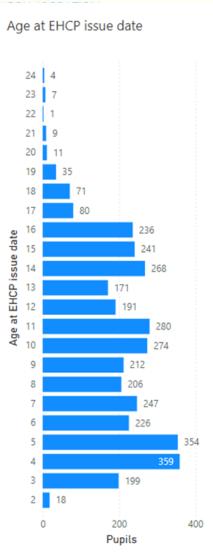
Three main Libraries
(Bath, Keynsham and
Midsomer Norton)
plus an additional
eleven community
libraries





Introduction to Bath and North East Somerset - SEND Information

SENE Age at EHCP is



Age of Pupils at date of issue of their Education, Health and Care Plan (EHCP) (20.08.25)

The data indicates that in B&NES, most EHCPs are issued at key transition stages in the Early Years (ages 4 and 5) and transitioning to Secondary education (ages 10 and 11)

Ethnicity of Pupils with Education, Health and Care (EHC) plans

The majority of pupils with EHCPs in B&NES are White British (86%), followed by Mixed Race (8%), Asian (2%), Black/African/Carribean/Black British (1%) & Not Stated/Other (3%)

The permanent exclusion rates for B&NES pupils on SEND support and those with EHCPs decreased in 2023/24, whilst nationally the rates continued to increase in these cohorts.

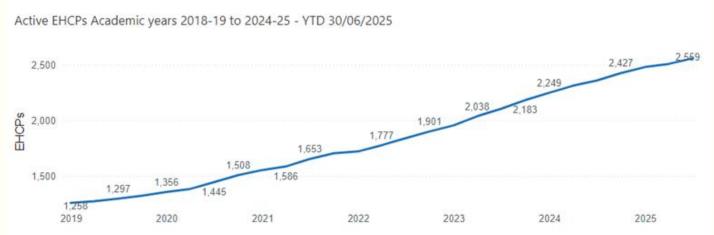
However, for pupils on SEN support, the **suspension** rate increased notably in 2023/24, 42.6% in B&NES compared to 29.4% in England. For pupils with an EHCP, the suspension rates were also higher, 36.5% in B&NES compared to 25.6% in England.

Increase in children with primary need of Social,
Emotional and Mental Health
(SEMH) Needs in their EHCP
570 children for 2024 compared to 223 in 2019 which is an increase of 156%





Introduction to Bath and North East Somerset Growing demand for EHCPs

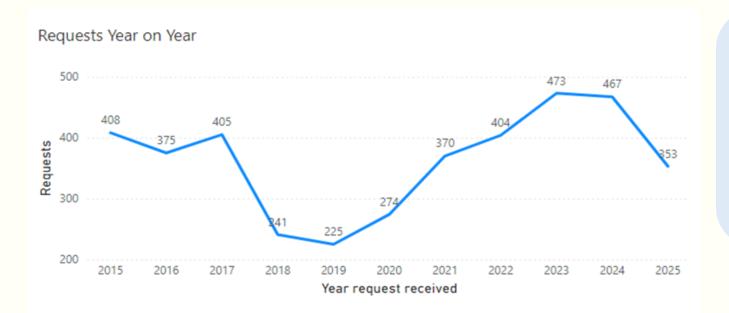


2559

(30 June 25)
Total number of
EHCPs in B&NES

Gender split of children/young people (CYP) with EHCPs

66% Male 34% Female



467

Needs Assessments requests received in 2024 with 356 so far a as of 27.08.2025 a slight decrease from the previous year Top 3 levels of need:

 Autism Spectrum Disorder
 Social, Emotional and Mental Health
 Speech, Language and Communication Needs

 $\dot{\mathbf{l}}$ nnovate $\dot{\mathbf{l}}$ nvest $\dot{\mathbf{l}}$ mprove outcomes



How well are we doing for children and young people with SEND?

Summary of Challenges

Our special schools are full. This lack of sufficiency of places has led to an increase in children and young people (CYP) with an Education, Health and Care Plan (EHCP) being educated under Section 19 while they wait for a specialist placement.

There is a lack of consistency across educational settings around the support offered to children with SEND and vulnerable learners.

The percentage of needs assessments completed within 20 weeks (30%). Although below the national average (46.4%). B&NES this year has invested in additional staffing to reduce caseloads and this will help ensure we are more timely in our assessments.

We are investigating the monitoring part of our SEND systems; we believe our timeliness may be underrepresented. The outcome will be known soon.

Our suspension rates have risen to 42.6%. This is in line with national trends but is most significant for pupils who are on SEN support, where we sit above the national average of 29.4% but close to the regional average.



How well are we doing for children and young people with SEND?

Summary of Challenges continued.....

Turn-over of new and experienced practitioners in the Early Years (EY) e.g. last year there were 25 new EY Special Educational Needs Coordinators (SENCOs) out of 86 Settings

Timely completion of Annual Review. Whilst this has improved, further progress is needed to ensure that changes in need are identified and planned for

More consistent transitions for children and young people from Children's Services to Adult Social Care. Transitions portal in place to identify children who will need support from our children's to adult services. We also have a Transformation workstream to improve processes.

A continued increase in mental health challenges experienced by children and young people, as evidenced by an increase in Emotionally Based School Avoidance (EBSA) and the proportion of children accessing Hospital Education Reintegration Service (HERS) with a primary mental health need

The annual BPCF report in 24-25 identified poor mental health and wellbeing as a theme reported by parents and carers of CYP with SEND in B&NES



How well are we doing for children and young people with SEND? Summary of Successes

An improved Statutory SEND telephone line has been established (open 8.30 - 5.00 Mon-Thurs and 8.30 - 4.30 Fri) to minimise different contact points and improve communication.

The Inclusion and SEND Advice service is and is now operational. The service offers first-line support and guidance to education professionals and settings to identify and meet the needs of children and young people with Special Educational Needs and Disabilities

We have recruited the new Designated Social Care Officer (DSCO) role, building connections between children's social care, our Designated Clinical Officers (DCOs) and the Special Educational Needs service

Investment into the Statutory SEND Team has led to 60% increase in SEND Practitioners. This increase in staff will, in turn, increase capacity to meet statutory deadlines and ensure Educational Health Care Plans (EHCPs) are of high-quality

Children's Therapies at the Royal United Hospital in Bath are now providing Physiotherapy and Occupational therapy input into the Neonatal Intensive Care Unit



How well are we doing for children and young people with SEND? Summary of Sucesses continued.....

HCRG Care Group are embedding the Neurodevelopmental Pathway and the Needs Led Approach (NLA) which was rolled out to all settings in January 2025. This aims to ensure that support is put in place to meet needs at the earliest opportunity, regardless of diagnosis.

A new multi-agency EHCP Quality Assurance Group has been established and is fully operational. It provides a structure to monitor the quality of assessment, planning and support, the compliance with statutory responsibilities

With the support of our B&NES Parent Care Forum (BPCF) we have developed our B&NES participation Promises, co-produced with children, young people and families and carers supported by Cabinet

We have launched our **Peer-to-Peer Support Pilot** delivered by our BPCF.

By 2026, the Mental Health Support Team programme will extend its services to an additional 20 schools, ensuring that 77% of educational settings in B&NES receive MHST support



How well are we doing for children and young people with SEND? Summary of Sucesses continued.....

The Education & Health Care EHC step by step needs assessment guide is now available on the Live Well **SEND local offer website** for families and carers.

The B&NES Supported Internship Programme has expanded to an additional offer in Somer Valley area, due to start during the 2025 to 2026 academic year

The 4 Tier 'B&NES Commitment to Promoting Inclusion' is being embedded and rolled out to settings and schools

We have established an improved **Quality Assurance Guidance for APs** (Alternative Provision)

We have been successful in a bid to the Mayoral Priority Skills Fund (MPSF) for two years of specialist careers, information, advice & guidance (CIAG) input to our commissioned AP services to support post 16 choices and destinations.



What is our assessment against the eleven key areas?



1. Children and young people's needs are identified accurately and assessed in a timely and effective way



- Where children's needs are identified in the Early Years and criteria is met, additional funding is made available to support inclusion within mainstream early years settings and transition to school. Children in receipt of this funding are monitored with approximately 80% making positive progress in their Early Years Foundation Stage (EYFS)
- Physiotherapists are now seeing all children with cerebral palsy for an annual 'Cerebral Palsy Integrated Pathway'
 (CPIP) assessment. This allows them to identify any changes that indicate an early referral for neuro/orthopaedic
 follow up is required
- Recruitment to the new Designated Social Care Officer (DSCO) role in December '24, has enabled closer
 partnership working across SEND and Social Care. Strengthening areas such as timelier contributions to EHC
 assessments, plans and reviews, transition planning and identifying social care needs earlier. Since implementing
 new processes, 75% of needs assessment contributions from Social Care are returned within 6 weeks, representing
 a significant improvement
- The continued rise in the number of Needs Assessment requests and Education Health and Care Plans (EHCP) has led to statutory milestones being delayed or missed. The impact on families and carers, contributes to an increase in complaints, tribunals and mediations



- The percentage of children who access our commissioned Primary and Secondary AP Services & HERS who go on to have an EHCP (36% and 19% respectively in 24-25) indicates that needs are not being identified early. The Inclusion and SEND Advice service has been established to support early identification of SEND and effective provision being put into place in settings
- Timely assessment in health services such as the Neurodevelopmental Pathway remains a challenge, with an increase of 117% between 2021 and 2023 for combined ASD and ADHD assessments
- In the last 4 months (May'25-Aug '25), 100% of needs assessment reports from Children's Therapies at the RUH (Occupational Therapy & Physiotherapy) have been completed within 6 weeks (where families have been able to attend appointments).
- Health advisors for SEND are making a valuable contribution by providing medical advice for children and young people (CYP) not previously known to service. 100% of reports are currently being returned within 6 weeks following Needs Assessment requests
- An additional 1.8 of Family Support Practitioner posts have been recruited to in Children's Social Care. This has improved the timeliness and consistency of social care returns for EHC NAs and reviews when not open to a social care team.



- Pupils attending our LA commissioned AP services have a detailed baseline assessment on entry. The assessment information is used
 to plan intervention whilst in AP and when planning reintegration into their next setting/school
- Mental Health Support Teams (MHSTs) deliver evidence-based low intensity interventions for mild-moderate mental health issues.
 They are currently operating in 41 schools and Bath College, reaching 46% of CYP. B&NES has funding for an additional MHST in 2026 reaching a further 20 schools. The more schools/colleges engage with their MHST to prioritise mental health provision, the more the setting and their young people will benefit
- This year, CAMHS set a target of 62% of referrals to be seen within 4 weeks of referral date (the national average). In the 15 months between April '24 and June '25, the percentage of initial referrals seen within 4 weeks varied between 30-60% but for three months in that period over 62% of referrals were assessed within 4 weeks
- Where there is a risk of referral to an in-patient unit, regular, multi-agency Dynamic Support Register meetings identify those CYP who would benefit from additional support. A referral to a key worker is made to reduce the risk of an in-patient referral and signpost to the most suitable support
- The Area SENCOs provide direct support for early years group-based settings to promote and support inclusive practice. Settings access the Area SENCos advice line to discuss how they can support the child's next steps in learning. Through a consultation EY settings can request direct Area SENCo involvement for an individual child with parental consent



What is our assessment against the 11 key areas?



2. Children, young people and their families participate in decision-making about their individual plans and support



- Participation and coproduction in B&NES continues to be inconsistent but we have made progress over the past year including:
 - 1. Young ambassadors & BPCF being involved in recruitment e.g. in the appointment of Director of Children's Services
 - 2. The Participation Strategy for parents/carers of children with SEND needs was ratified by the LAIP (Local Area Inclusion Partnership) and a Memorandum of Understanding (MoU) agreed
 - 3. Coproduction of Participation Promises with children, young people and parent carers
- Children's Centres work in close partnership with parents/carers in their 'Step into School' programme, to help support them to understand their child's additional needs so that they can best support their child and advocate for them
- Education, Health and Social Care actively capture the voices of Children and Young People (CYP). E.g. this is evidenced in the One Page Profiles, the SEND Advocacy Service, the 'Child/Young Person Voice' sections of reports and Children's Continuing Care recording of the CYP voice as part of transition to adult services
- CAMHS has an active participation group across BSW to capture the views of young people. The participation group has also been working with a CAMHS colleague at the Royal United Hospital to review the environment. They provide some training for staff on the ward about how they can communicate differently with Children and young people who are experiencing emotional distress.



- We continue to commission an advocacy service from Off the Record (OTR) which is made available for all Year 11 annual reviews for pupils with an Education and Health Care Plan (EHCP). The overall aim of the service is to empower young people to fully participate in their Year 11 review. In 2023-2024 190 young people were offered the service, 89 engaged, 60 students in Yr 11 and 29 from other years
- SENDIAS Bathnes provide advocacy support for CYP aged 0-25 with SEND and their families/carers. The service also
 facilitates, 'SEND Out', a participation group run by and for children and young people. This group convenes every term to
 reflect on both SENDIAS service developments and wider SEND issues, ensuring young voices shape the future of support
 and provision
- The Student and Family Support Service (SAFS) is commissioned to support and foster open dialogue between settings, students and their families, to better understand the wider issues affecting engagement and attendance and to ensure that all can contribute to decisions around next steps
- The Alternative Learning Team run parent participation groups for our elective home educated (EHE) community 3 times a
 year. These offer opportunities for parents and carers to raise any concerns, including how best to support SEND. For
 example, a recent focus provided clarification around how parents of children who are EHE could access the
 neurodevelopmental (ND) pathway



What is our assessment against the 11 key areas?



3. Children and young people receive the right help and support at the right time



- The Adverse Childhood Events (ACE) Team provides sector leading support to children vulnerable to exploitation, many of whom have SEND. The Designated Social Care officer (DSCO) provides opportunities for closer working between the ACE and SEND teams so that relevant information can be shared and interventions put in place
- Following a referral to Child & Adolescent Mental Heath Services (CAMHS), contact is made with the family. During this contact risks will be assessed, and advice given about how to contact the team if the situation changes whilst the young person is waiting, as well as signposting to relevant services/resources. There is a duty system in place to respond to urgent referrals, prioritised based on clinical need.
- The improved Statutory SEND telephone line has a practitioner allocated each day to allow a personal and timely response to callers. It is currently receiving 15 calls per day on average and analysis from the Annual BPCF survey indicates improved satisfaction with the SEND team's communication
- The Educational Psychology Service, Area Special Educational Needs Co-ordinators (SENCOs) and HCRG Speech and Language
 Therapy Service operate well-established advice lines to allow easy access to professional advice for all education staff, parents /
 carers and other professionals. The Inclusion and SEND Advice Service has a telephone line and online contact form for professionals
 to access advice.
- Children and young people supported by the Specialist Autism Support Service (SASS) receive high quality, intensive support with the key aim of supporting settings to meet need early and prevent breakdown of placements. For the year 2023-2024, 59% of pupils identified a risk of breakdown of placements had maintained their placement.

4ES



- Our 80 childminders are essential partners in providing early years education and support for SEND in B&NES. The Early Years
 Advisory Team provides support to these settings. During 24-25, 14 childminders received support which consisted of
 approximately 68 contacts. This year one of our childminders achieved the Dingley's Mark of Achievement which recognises
 dedication to transforming the lives of children with SEND through inclusive practice
- The Project for Inclusion of Neurodiversity in Schools (PINS) brings together health, education and parent carer expertise into mainstream primary school settings to strengthen inclusion. It empowers school staff to understand and embrace neurodiversity and to make reasonable adjustments to meet need
- Having been fully engaged in Year 1 of PINS, BPCF is supporting the roll out of Year 2. HCRG Care Group will be delivering the schools element, with a primary focus on whole school support
- Paediatric Occupational Therapy trialled a telephone advice line service in 24-25. Whilst there wasn't sufficient uptake to justify extending the 6-month trial, analysis of the calls indicated that developing a self-referral route would enable earlier referrals with better information about the child/ young person's difficulties. This is planned for delivery in 25-26.
- The Language for Life programme in early years settings is having significant success closing the persistent word gap which impacts on children's later outcomes
- The BSW Keyworker Service providers direct support to children & young people and their families/carers with a learning disability and or autism at risk of an admission to a Mental Health Unit.



- Our Community Health provider, HCRG Care Group, has launched the needs-led approach as part of the Neurodevelopmental Pathway (Autism and ADHD) in January '25. It aims to ensure children and young people receive support to meet their needs at the earliest opportunity regardless of diagnosis. This requires a shift in practice, and supporting settings to implement the needs-led approach is critical. Planned support includes offers of training to key stakeholders such as SENCOs and clarification around the contribution of Occupational Therapy colleagues
- Virtual School Advisors attend all personal educational plan (PEP) meetings and annual reviews for Children Looked After (CLA) to ensure there is a focus on educational outcomes for children with EHCPs. The Virtual School is developing new PEP formats for specialist schools to make them more strengths-based with a focus on transition and preparation for adulthood (PfA)
- The Virtual School (VS) has a service level agreement with the Statutory SEND Team so that the EHCPs of all children who are 'looked after' (CLA) are held by a dedicated SEND practitioner. They offer weekly solutions surgeries for VS colleagues to seek specialist advice. They will also attend Personal Education Plan (PEP) meetings when needed to ensure SEND needs are being met
- We have restructured the behaviour and attendance panels now be termed Inclusion Panels. Where attendance at and commitment to the panels is strong, they are most effective at improving outcomes for our most vulnerable pupils. This is further enhanced where panels pool funding to ensure there is early access to preventative measures



- We continue to promote and embed the B&NES SEND Commitment to tackle the inconsistency that exists around the support offered to children with SEND and vulnerable learners. A B&NES SEND Commitment Audit has been developed to enable settings to undertake a structured self-evaluation against the framework which outlines the provision expected across all B&NES settings
- In 2024-2025, 36% of pupils who accessed our commissioned AP went on to get an EHCP, highlighting a lack of early identification and support for SEN. Where schools identify pupils who are at risk of suspension or permanent exclusion and they suspect a possible underlying SEND, they can refer to the Education Inclusion Advisors and/or Education Inclusion Speech and Language Therapist
- Our Designated Clinical Officers in the B&NES, Swindon & Wiltshire Integrated Care Board (BSW ICB) regularly update guidance for education settings on how to support children and young people with medical conditions https://bsw.icb.nhs.uk/wp-content/uploads/sites/6/2024/12/BSW-ICB-Guidance-on-Supporting-CYP-with-Medical-Conditions-updated-December-2024.pdf
- Statutory school age pupils open to 'Education other than at School' (EOTAS) and Section 19 packages receive two visits per year plus an annual review to assess individual progress against outcomes
- Each school and EY setting has an identified link Educational Psychologist, Social Worker, SEND Practitioner and Public Health Nurse so they have single points of contact to seek support.



What is our assessment against the 11 key

areas?

4. Children and young people are well prepared for their next steps and achieve strong outcomes





- Commissioned services evidence how they support CYP to make effective transitions. For example, during 24-25, the Specialist Autism Support Service (SASS) has had a reduction in referrals for individual transition support following their introduction of a universal offer
- The Early Years SEND Inclusion Panel (SENDIP) allocates Transition Support Funding (TSF), providing support at a crucial time for children with complex and significant SEND needs moving from Early Years into Reception. The focus is on early intervention to reduce the likelihood of longer-term support being required. Data collected, and monitored since 2011, has shown that around 45% of TSF children did not require a statutory plan (EHCP)
- The BSW ICB manages the all-age continuing care team which ensures joined up working across agencies to plan for effective transition from children to adult continuing care services
- Our Early Years Service offers transition support across the universal, targeted and specialist levels <u>Transition Resources on The Hub</u> or example;
- 1. Universal level all settings can access training and resources from the Early Years (EY) Advisory Team
- 2. Targeted level funding is available for Ealy Years (EY) settings to make home visits to 2-year-olds in receipt of 2-year funding who are about to transition from home into an EY setting
- 3. Specialist level children in receipt of Inclusion Support Funding will have an enhanced transition offer before they move up to school.



- BSW ICB has moved away from CYP and adult Neurodiversity services to co-create a new, all-age pathway to negate transition risks. This will go live as part of the Integrated Community Based Care Contract (ICBC) and will be delivered in year one (25/26)
- The Alternative Learning Team continue to work closely with families and pupils to capture pupil voice and to identify the next education placement following permanent exclusion. There is a dedicated Officer who has sole responsibility to ensure this happens
- Following the success of the Specialist Career Advice Service for year 11 pupils in the Hospital Education Reintegration Service (HERS), in 25-26 we will be extending the offer to our Secondary Alternative Provision (AP) day 6 service in Rush Hill and increasing the hours to a full-time position to support both the services
- Families and carers tell us that it can be challenging to navigate and plan for the post-16 options available for their children. Our Local Offer provides information about offers for our CYP with SEND to prepare and facilitate post-16 transitions https://livewell.bathnes.gov.uk/preparing-adulthood-14-25/employment-education-and-training including our three Supported Internship Programmes. The newly established Local Offer sub-group will ensure that information is appropriate and up to date. We are also setting up email notifications via The Hub to all stakeholders, (e.g. BPCF, schools and colleges) to highlight up-coming events, resources and programmes



- There is a lack of smooth and consistent transitions for children and young people from Children's Services to Adult Social Care (ASC). CYP and families report a 'cliff edge' experience once a child reaches eighteen. There is a lack of a formalised process and CYP and families may be requested to provide the same information to different teams because of a lack of joined-up working. As part of the action plan for ASC following the CQC inspection in April '24, they have identified this as a priority area
- We now have a Transitions portal where we can identify children who will need support from our children's to adult services. We have a Transformation workstream aimed at improving our processes and establishing a virtual transition team.
- We are now in Phase 2 of the Effective Transitions Fund programme. Phase one finished in 23-24 with 83% of young people who accessed it sustaining their destination to education, employment or training
- Children's Therapies at the Royal United Hospital (RUH) have a newly introduced transitions checklist for children aged 14+ to make sure that therapists have initiated and continue to have conversations around transitions to adulthood and anticipated needs
- Within B&NES, the introduction of a Consultant Mental Health Practitioner (CMHP) as part of the Transformation Plan has gone some way to improve the experience of young people transitioning between Child & Adolescent Mental Health (CAMHS) & Adult Mental Health (AMHS) Services. The CMHP is now imbedded once weekly into AMHS services to utilise cross service improvement and discussions. Transition meetings have been increased to a regular fortnightly forum (increased from monthly) to support the ability to support young people more rapidly if needed.



- We continue to work on increasing the numbers of pupils re-integrating from HERS back into mainstream. There has been an increase from 18% of students reintegrating in 23-24 to 31% over the same period this year
- Schools have told us that they would welcome support around the transition from Primary to Secondary Schools. The
 Inclusion and SEND Team is carrying out a transitions pilot project with a small number of schools to develop an
 effective process to support children with SEND through enhanced transition packages. Additional Inclusion Panels
 were offered this year to support primary and secondary schools around transitions and information sharing for Year
 6 pupils known to the Primary Panels
- Where Children looked After (CLA) retain their EHCPs after their 18th birthday, the EHCPs are retained in B&NES to
 ensure that they go on to achieve desired outcomes. EHCPs can also be recalled to B&NES in instances where a young
 person under 18 is experiencing a period of instability, to ensure oversight of the provision and careful planning for
 next steps
- The annual Learning Disability Health Checks support planning for transition based on need from the age of 14. The
 uptake in B&NES is particularly positive, with the 75% target delivered last year and performance on a trajectory to be
 even higher this year



What is our assessment against the 11 key areas?



5. Children and young people with SEND are valued, visible and included in their communities



- The Youth Forum in Bath are invited to present at the SENCO Conference on an annual basis. For example, members of the Youth Forum gave a presentation to the October '24 SENCO conference on their campaign to improve the school experience for B&NES neurodivergent pupils https://www.offtherecord-banes.co.uk/blog/youth-forum-neurodiversity-campaign We also invite young people with experience to contribute to other conferences e.g. a young person shared their experience with attendees at the Trauma Informed Practice Conference in May '25
- Families and carers can apply for a free Rainbow Resource scheme card for their child, which acts as proof of their disability or additional need and allows them to access many concessions on offer at participating local attractions. There are currently a total of 2,200 Scheme members (August 2025) and approximately 40 participating venues. https://livewell.bathnes.gov.uk/special-educational-need-or-disability-send/rainbow-resource-scheme
- B&NES is part of the Comic Relief funded Early Years Inclusion Programme, giving settings in B&NES free access to Dingley's Promise training modules. This supports children with SEND to access mainstream EY settings alongside their peers. As of August '25, 170 Early Years practitioners have signed up to the training programme, 90 practitioners have completed at least one module and 268 modules have been completed, with an additional 74 in progress



- 92% of 291 children in receipt of Inclusion Support Funding (April- June 2025) are claiming 12 hours Early Years Entitlement (EYE) or
 more per week, 8% are claiming less than 12 hours EYE. Further work is underway to scrutinise this data as it may be that families in
 the 8% don't want more than 12 hours EYE. Further scrutiny is needed for the 92% to check if children are accessing these hours
 and Early Years Setting are not just 'claiming' the EYE
- Families tell us that they would like their children to be educated in their local community and in their local school where possible. Too many pupils attend education out of area due to a lack of sufficiency. In 25-26 we will have increased the number of places available in our resource bases/units by 34
- We continue to promote the 'Autistic & OK' programme to empower autistic young people to take control of their own mental
 wellbeing, understand themselves and feel OK https://www.ambitiousaboutautism.org.uk/what-we-do/services/i-am-an-autistic-young-person/wellbeing-toolkits/autistic-and-ok The Autistic and OK team will be publishing their impact report in September 2025
- The B&NES commissioned Travel Training Service for pupils with EHCPs in Yr 11 has been shown to greatly enhance the young person's confidence not only with travel to college, but also to travel more independently and use and develop transferable skills such as handling money, speaking to bus drivers, reading timetables, contingency planning e.g. feedback from a student this year 'M is nice and patient and I'm glad she taught me. I love travelling to college on my own'.



What is our assessment against the 11 key areas?

6. Leaders are ambitious for children and young people with SEND





- The Local Area Inclusion Partnership replaced the SEND Strategy Board in March 2023. It has developed clear governance structures, good engagement from sub-groups and advisory groups, and the chair alternates between the Director of Education and the Chief Nurse Officer from the ICB. It has a wide membership from key agencies and stakeholders and in 25-26 we aim to increase attendance from colleagues from ASC
- Whilst the joint chairs of the LAIP have remained consistent, 2024-2025 has seen significant changes in other senior leadership roles across B&NES Local Authority as well as changes within the ICB. It will be important to communicate the key priorities across the Local Area for SEND to our strategic leaders
- The LAIP recently agreed 6 key pledges to articulate our over-arching ambition and commitment to CYP with SEND and their families/Carers



- Ambitions for our CYP with SEND across B&NES are expressed across key strategies such as;
 - Joint Health & Wellbeing Strategy
 - B&NES, Swindon & Wiltshire's 'Children and Young People's Strategy Starting Well'
 - BSW ICB Mental Health Strategy
 - B&NES Corporate Strategy
 - Early Help & Intervention Strategy
 - Best Start in Life Strategy
 - The B&NES Participation Strategy
- Leaders in the Alternative Learning Team are working alongside our unregistered AP providers, including working with our local OFSTED inspector, to support providers to understand the registration process and inspection framework. A termly AP round table network meeting has been established by the LA to share best practice and developments relevant to the sector
- The ILAC Inspection in B&NES (June 2025) identified that Education leaders have robust systems in place to monitor the safety and wellbeing of children who are missing education or electively home educated. There has been effective work by the virtual school to reduce the number of exclusions and suspensions for vulnerable children in need.



What is our assessment against the 11 key

areas?

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





- The current iteration of the B&NES Parent Care Forum (BPCF) was established in 2021 and is a strong voice for parents and carers in B&NES, actively contributing to key forums and strategies. It has a membership of 1,300 parent carers (600 the previous year). The BPCF has established visits from key leaders across the Local Area to meet parents and carers at their regular meetings
- Adult Social Care have facilitated BPCF accessing a base at Charlton House which has provided a venue for administration of the Forum as well as a location to meet families
- The SENDIAS Bathnes advisory group includes members from across B&NES, with engagement from various contributors. This enables them to maintain working relationships with a range of services, supporting service design and delivery and assisting compliance with minimum standards
- When services are being recommissioned, children and young people (CYP) who are service users are consulted
 where possible about what they value from services and what might improve. For example, the current HERS
 contract places an increased emphasis on opportunities for face-to-face learning and group interaction following
 feedback from CYP



- Although the voice of CYP is gathered in the Local Authority through participation returns and via most commissioned contracts it is not as strong or consistent as it needs to be. One of the core outcomes common to all newly commissioned contracts is as follows, 'Children/young people who have had direct support from the service will report an increase in participation and/or wellbeing'
- Our B&NES SEND Commitment was created in partnership with young people alongside other stakeholders, e.g. they
 requested changes to some of the photos and made suggestions about reasonable adjustments related to sensory
 needs
- Representatives from the BPCF and SENDIAS Bathnes attend and actively contribute to a wide range of strategic and operational groups



areas?

8. Leaders have an accurate, shared understanding of the needs of children and young people in their local area.





- A process for Section 23 is in place between the Local Authority and Health to enhance early identification of need and ability to plan for the future. Health professionals and health bodies have a legal duty under Section 23 of the Children and Families Act 2014 to notify the Local Authority of any children under 5 who they consider has or is likely to have SEND. Further improvement is on-going to enhance this process
- CAMHS interrogates their data on a quarterly basis to identify gaps in their service. For example, they have identified
 that boys are poorly represented in their caseloads and are actively recruiting a youth worker to scope out the
 Mental Health needs of boys and to understand barriers accessing services
- The B&NES Strategic Evidence Base is publicly available. It is shared with key partners and regularly updated <u>Click</u>
 <u>here to see the B&NES Strategic Evidence Base</u>
- BSW has access to a population insights tool from the Integrated Care Records which provides a useful overview of higher-level data



- Business Intelligence Performance Dashboards are available and in development within the B&NES Local Authority.
 Our SEND Strategic Dashboard provides data to inform strategic planning e.g. they identify the primary need of pupils with EHCPs, the location of the education settings, the age ranges and year the plan commenced. Expanding the range of performance dashboards is ongoing to ensure we make best use of the data available
- The Coproduced Health Data Dashboard is reviewed and scrutinised at the LAIP, so everyone has a shared and agreed understanding of the health metrics Local and National updates are provided to strategic partners at various forums e.g. the Heads Briefings & SENCo conferences
- Leaders are actively involved in the 6 local Inclusion panels and medical panels, working closely with schools to develop support for our most vulnerable learners in the community
- The LAIP has standing agenda items to allow information sharing via the highlight reports from the sub-groups, updates from the advisory groups and performance reports from the ICB



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





- B&NES has a dedicated Education Commissioning Team to commission services to meet the needs of children and young people with special educational needs & disabilities (SEND), vulnerable learners and those who need/may need Alternative Provision (AP). This has allowed a coordinated updating of key outcome measures for all contracts as they are renewed. All new contracts have the same set of core outcomes which are aligned with the aims of the SEND Collaboration
- Pupils have access to commissioned services that support them in maintaining their educational placements. For instance, the Nurture Outreach Service (NOS) assists vulnerable children throughout their reception year
- We have examples of joint commissioning with Health partners. The ICB commissions Specialist Occupational Therapy as part of the Specialist Autism Support Service, with a particular focus on supporting settings to meet sensory needs. Education commissions Speech and Language Therapy from HCRG Care Group to provide input into Alternative Provisions (APs), for children who are electively home educated, for children with complex communication needs that attend early years settings and for those at risk of suspension/exclusion from their school setting who may have unmet communication needs. Education also commissions a Public Health Nurse to work alongside our Attendance and Welfare Support Service and our Hospital Education Reintegration Service.



- Our parent/carers have told us that caring for a child or young Person (CYP) with SEND can have an impact on their emotional
 wellbeing and that of the wider family. We have commissioned BPCF to deliver a pilot Peer-to-Peer Support Service for
 parents/carers. The BPCF can use their lived experience to provide peer support for families in navigating the complex world
 of SEND. The advocacy support will be at an earlier point in parent carer journeys and aims to reduce demand on other
 services by helping to avert preventable crises. This is in addition to the work of the SENDIAS which provides legally based
 advice or support
- Commissioned services provide training to up-skills those supporting our CYP with SEND e.g. between September '24 and May '25 the Specialist Autism Support Service delivered training to 1,134 professionals and parents/carers
- For our children who are looked after, pupil premium is used creatively to commission additional support from the Educational Psychology Service (EPS), Youth Connect South West, Black Families, attendance monitoring and SARI. These services support positive outcomes for children in care through bespoke support plans. Reporting about the impact of these services is reflected in reporting to Governors
- The Virtual School commissioned support from the EPS and SEND Service to enable timely and effective support where needed for children who are looked after (CLA). EPs also offer training and where schools have accessed this, they can access fortnightly drop in sessions

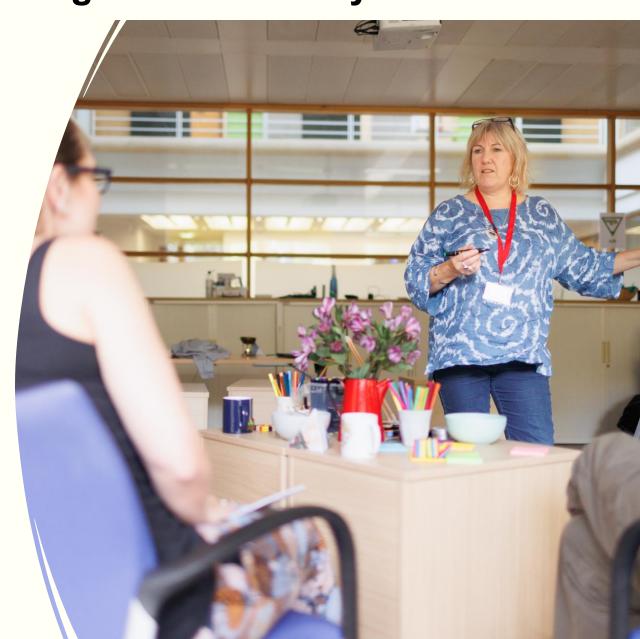


- BSW ICB, with B&NES LA as a co-commissioner, have developed the Integrated Community Based Care (ICBC) programme. This programme awarded a £1billion community contract over 7 years to HCRG in April 2025, which includes community provision for children and young people (CYP). The contract includes the co-development of Family Health Hubs and Integrated Neighbourhood teams for CYP with 30% coverage by the end of year one. Partners are working together to include the revised NHS guidance and expectations on Neighbourhood Health and the Local Authority revised requirements around Families First Partnership Programme (FFPP) to avoid duplication and maximise opportunities for seamless, joined up community support. The first pathways that will be transformed as part of the new ICBC contract are sleep and neuro disabilities
- Leaders also drive the capital and sufficiency programme, ensuring we have the right number of education places for CYP with SEND, in the right type of provision, delivering value for money and in the right location, now and in the future within B&NES. This will allow us to ensure our CYP with SEND in B&NES are able to access the most suitable provision in their local community
- The capital programme is currently focused on delivering additional special school provision and increasing available places in resource bases and specialist units in mainstream schools



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10. Leaders evaluate services and make improvements.





- The Local Area Inclusion Partnership (LAIP) utilises the Self-Evaluation Framework (SEF) and its associated 12-month improvement plan to establish a shared understanding of the needs of our children and young people (CYP), and to drive continuous service improvement
- At each quarterly meetings, leaders rigorously review progress against the improvement plan, applying RAG ratings to assess impact and identify areas requiring further attention. These progress updates inform revisions to the SEF, which is presented at the September LAIP meeting, where a refreshed improvement plan is agreed for the forthcoming year
- HCRG Care Group use data internally to drive decision making, ensure timely delivery of services and care and help identify patterns of need. In terms of SEND they use data to ensure that they meet their statutory requirements in relation to EHCNA



- Leaders use survey data, such as the re-launched EHCP survey and the BPCF Annual Survey to identify service improvement priorities. For example, the recent BPCF annual survey identified concern around the lack of consistency between schools around SEN Support. This is a key focus of the Inclusion & SEND Advice Service
- The data sets available to the Virtual School are small and so they are able to analyse outcome data from a qualitative perspective to identify trends and highlight areas for improvement. For example, where children looked after (CLA) students were not thriving in a particular placement their cases were transferred to the VSE. They also compare their performance against national data
- Following and evaluation of the sensory referral pathway, which included patient feedback, the Paediatric Occupational Therapy (OT) service has changed the delivery model, moving from initial webinar sessions to sharing information via Padlet with an online, drop-in follow up session. There is also a non-digital option



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11. Leaders create an environment in which effective practice and multi-agency working can flourish.





- Following the SEND & AP Review, 2023, we established a quarterly Local Area Inclusion Partnership (LAIP) with multi-agency membership across Education, Health, Social Care and other relevant stakeholders
- As a highly academised Local Authority (LA) (94% of our schools are in single or multi-academy trusts), the working relationship between the LA and the academy trusts is critical. Our 4 x year Schools Standards Board allows key information relevant to SEND to be shared with MAT leaders e.g. The Mental Health Support Teams attended the July '25 SSB to share information about the extended roll out
- The SENCO conferences 3 x year which are well attended. The conferences allow opportunities for key national and local messages around SEND and AP to be shared, provide continuing professional development on topics requested by SENCOs. Invitations to the conferences are also opened out to Health and Social Care colleagues to support valuable networking opportunities
- Following feedback from the SENCO conference, we re-established the Head Teachers' Briefings to allow key messages from Education, Health and Social Care to be shared with school leaders 3 x year
- The multi-agency quality assurance sub-group meet quarterly to improve the quality of advice offered from the different agencies. Additionally, the DSCO is working with social care and SEND to develop quality assurance processes to improve the way EHCPs reflect social care needs and provision



- Multi-agency workforce planning is organised to ensure a programme of continuing professional development (CPD) is in place around SEND across the local area
- The CAMHS service works alongside partner agencies to meet the mental health needs of children and young people (CYP) with Learning Disabilities and Autism (LDA). This includes running regular (LD) CAMHS clinics in special schools, attending the multiagency Dynamic Support Register meetings and a CAMHS secondment role to HCRG Care Group including contribution to triage decisions and multi-disciplinary (MDT) diagnostic meetings
- We have recognised that the percentage of our CYP with SEND who are open to social care is high. The DSCO and Virtual School Head now attend Safeguarding Hub team meetings to offer support around SEND, attendance, suspensions and exclusions
- The Educational Psychology Service chairs the multi-agency Emotionally Based School Avoidance (EBSA) Steering Group which has coproduced the EBSA Guidance for education settings. The guidance provides advice on early identification of EBSA and support for children, young people and their families to help manage and overcome EBSA
- We have established partner advisory groups which feed into the LAIP. These include BPCF, SENDIAS and the Post 16 Learning and Skills Partnership



What are our plans for the next 12 months?

- We will continue to embed the B&NES SEND Commitment. Settings participating in the SEND Commitment Audit Pilot will
 report on their progress at the October '25 Inclusion and SEND Conference. The SEND Commitment is being developed
 further to provide more detail around the expectations of what should be Ordinarily Available Provision with EY, School and
 post-16 sections
- Ensure, key documents related to Inclusion and SEND (including the B&NES SEND Commitment) will be available on a single website available to all settings, families and carers and children and young people
- We will support new practitioners entering the Early Years sector by offering a regular 'New to SEND' online forum as well as regular 'New to SENDCo role' network meetings for new SENDCo's
- The Inclusion & SEND Advice Service will offer schools 'suspension review' meetings to review suspensions data and to identify if any pupils may have an un-met SEND need. The Service plans to undertake a review of suspensions within reception classes with a focus on whether earlier support could have been instigated prior to the transition into school
- We will evaluate our 'BPCF Peer-to-Peer Support' pilot to evaluate the impact it has had on supporting the wellbeing of parent/carers and to decide on next steps.



Our plans for the next 12 months continued....

- The Educational Psychology Service has established an Early Intervention and Prevention Offer from September 2025 for all schools. Every school will be offered termly visits by their link educational psychologist
- We will work with our Designated Social Care officer (DSCO) and social care colleagues to develop the role, e.g. by
 expanding the training offer from the DSCO to social care colleagues, developing processes to increase the return rate of
 Needs Assessment requests within 6 weeks to as close to 100% as possible and to embed data recording that will generate
 insights to drive further improvements for children, young people and their families
- We will work with our Mental Health Support Team (MHST) colleagues and schools to increase engagement by promoting
 the service with stakeholders and actively contributing to the steering group as the more schools/colleges engage with their
 MHST to prioritise mental health provision, the more the setting and their young people will benefit
- We need to ensure that recent developments around participation and coproduction, e.g. the Participation Promises and Participation Strategy are having an impact that can be measured and reported back to the Local Area Inclusion Partnership (LAIP) group
- We want to expand the B&NES membership of the Children and Adolescent Mental Health Service (CAMHS) Participation Group



Our plans for the next 12 months continued....

- The Annual Survey for parents, carers and CYP with EHCPs has been reinstated with the returns due in September '25. We will analyse the data and add identified areas for development into the Improvement Plan
- CAMHS plan to move away from a signposting letter to personal phone calls to allow a deeper understanding of need and a more bespoke offer regarding signposting
- Planned support to embed the Needs Led Approach includes offers of training to key stakeholders such as SENCOs and clarification around the contribution of Occupational Therapy colleagues
- The Virtual School is developing new personal educational plans (PEP) formats for specialist schools to make then more strengths-based with a focus on transition and preparation for adulthood (PfA)
- We are also setting up a 'Post-14 Updates' page on The Hub which will better inform all stakeholders about up-coming events, resources and programmes relevant to the Post-14 cohort
- We will expand the range of performance dashboards so that we can make best use of the data available to us e.g. our Sufficiency Dashboard is in development



Our plans for the next 12 months continued....

- CAMHS intend to improve the experience of young people transitioning in the next 12 months by:
 - 1. Contacting Young People post 18 to gain better insight/understanding of their transition journey
 - 2. Improved Young People Preparation for Post 18
 - 3. Produce a moving on/offer/formulation pack
- There are plans in place by the ICB to refine the current Health Dashboard to allow a more succinct presentation of performance to relevant stakeholders
- We are looking at outcome measures e.g. measuring effective implementation of the Graduated Approach will lead to more pupils making progress at SEN support without the need for an EHCP. This is being developed as key performance indicator for commissioned services
- Refresh and implement a new pathway for people transitioning from children's services to adult services, part of improvement priority 3.2