

Working Together to Make Things Better in BCP

Bournemouth, Christchurch and Poole Local Area Written Statement of Action for Special Educational Needs and Disabilities



Agreed by the BCP SEND Improvement Board 2 December 2021

Progress update 28 February 2022

**Creating a Culture of Trust, Honesty, Transparency, Empathy, Communication,
Belonging and Respect**

Document information

This written statement of action (WSOA) has been produced by BCP Council and NHS Dorset Clinical Commissioning Group (CCG) and co-produced with partners, in response to BCP's Local Area SEND inspection undertaken by Ofsted and the Care Quality Commission (CQC) between 28 June and 2 July 2021. The [findings from the inspection](#) are set out in their letter dated 4 July 2021 and released for publication on 31 August 2021. Significant failings are listed here:

1. The deep cultural issues leading to weak partnership working between services across education, health and care and between these services and children and young people with SEND and their families
2. Weaknesses in leaders' evaluations of the effectiveness of the local area, including the lack of focus on the experiences of children and young people with SEND and their families
3. Poor co-production practice at a strategic and operational level
4. Weaknesses in the sustainability of services in the face of high turnover of staff and challenges with recruitment
5. The inconsistency in the implementation of the graduated response leading to slow identification and inequitable access and experience of the system across education, health and care
6. The wide variances in the quality of education, health and care plans caused by weaknesses in joint working, fair access, timeliness and quality assurance processes
7. Poor joint commissioning arrangements that limit leaders' ability to meet local area needs, improve outcomes and achieve cost efficiencies
8. The proportion of pupils not accessing education because of the disproportionate use of exclusion and poor inclusive practices across the area.

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Our shared commitment to radically improving SEND in BCP

BCP Council and NHS Dorset Clinical Commissioning Group (CCG) are committed to working in partnership with children, young people, parents, carers and the relevant agencies to radically improve support for children and young people with special educational needs and/or disabilities (SEND) in Bournemouth, Christchurch and Poole.

This document sets out the actions we will take to transform SEND services in the area. BCP Council and NHS Dorset Clinical Commissioning Group are responsible for implementing the plans set out. However, children, young people, parents and carers have been – and will continue to be – at the centre of the transformation programme, which will identify how we can best deliver the services of the future.

We are working with children, young people, parents, carers, schools, health providers, education providers and the voluntary sector through the SEND Improvement Board (SIB). The SIB was set up in August 2020 to oversee the development and implementation of our improvement plans. The SIB's agreed approach is that:

- We are committed to developing the written statement of action (WSoA) together
- The WSoA must be family and young person led
- Leaders and professionals will lead but not direct – the actions and outcomes that are needed will be co-created and co-produced with those who need them and use them.

Through partnerships, we have identified the key values that will underpin all our future work. These are trust, honesty, transparency, empathy, communication, belonging and respect. We are committed to creating and embedding a culture that embodies these values, and we will be held to account on this in the future. We apologise for not having done this well enough in the past.

We will make the changes set out in this plan as quickly as possible. In some cases, actions may take time to implement, as we need to put robust arrangements in place to ensure they deliver sustainable, permanent improvements and result in a change in culture, which is at the heart of all of improvements. However, we will communicate clearly and openly about timescales throughout the process with all of our key stakeholders.

Where we can, we have already started to make changes to bring about improvements. Working with partners through the SIB, we have committed additional resources to support immediate work, including funding for two project managers, a project lead for joint commissioning, a participation worker and a role to support the redevelopment of the SEND Local Offer online. We are currently working with families and colleagues to co-produce job descriptions for two of these new posts, to ensure they fulfil the criteria needed.

We would like to take this opportunity to say a huge thank you to all the parents, carers, young people and delivery colleagues who have worked alongside us to create this WSoA, and who are equally committed to delivering the improvements needed. In particular, we want to thank all the parents and carers who, either individually or through their groups, shared their lived experiences with us and helped to shape the WSoA.

As the lead statutory bodies, we take full accountability for delivering the WSoA, but we could not have done it without so many parents and carers giving up their time to work with us and share their experiences.

Thank you to everyone, including the following groups (listed alphabetically):

- Dorset Children's Foundation
- Dorset Doors Open
- Parent Carer Foundation
- Parent Carers Together
- SENturies
- Slades Farm Group
- SWAN UK (Syndromes Without A Name)

The work to improve SEND services has given us an opportunity to look at provision across the whole system, and to shape future services in the right way, based on the experiences of the people we are here to support. We will continue to work in partnership with families and services in the future to share ideas and look for opportunities to give children and young people in our community the very best start in life.



Cllr Nicola Greene

**Portfolio Holder for Council Priorities and
Delivery, BCP Council**



Elaine Redding

**Corporate Director for Children's
Services, BCP Council**



Sally Sandcraft

**Senior Responsible Officer for
SEND, NHS Dorset Clinical
Commissioning Group**

Working together as partners

The local area inspection rightly highlighted poor co-production practice at a strategic and operational level. In the spring of 2021, groups of young people worked together to describe how they wanted partners to work with them to make things better, and trust was an important factor they identified. Through consistent engagement since the inspection, parents and carers have also explained to us the importance of rebuilding their trust and the need to engage with a far wider range of families, better representing the range of special educational needs and disabilities across BCP, and the different challenges that families face.

This learning has shaped our approach and while the Council and CCG remain accountable for the WSoA, we are committed to working alongside partners to make the radical improvements needed. The development of the WSoA has been grounded in that principle.

The process of developing the WSoA was also designed to enable an in-depth exploration of the problems, with time to develop a collective understanding of the issues across all partners and a consensus on what actions are needed (see also diagram overleaf). The process was:

- Senior Council and CCG leads worked with representatives from four parent carer groups to plan key parts of the process for developing the WSoA. These representatives have been key participants in meetings with BCP's Department for Education (DfE) and NHS England advisors
- Over 80 parents, carers, education providers, health providers, Council and CCG colleagues worked together to completely co-produce the WSoA, through 32 workshops (see Appendix 1). We started with a 'blank sheet of paper' that was informed by the inspection and our collective experience – everyone had an equal voice in the workstream groups and collectively agreed what was put into the WSoA
- Parent carer groups have given a huge amount time, energy, and commitment to the work, with three parent carer reps actively involved in each workstream, and six parent carer groups hosting sessions with senior Council and CCG leads to share experiences and feed into the WSoA (see Appendix 1). Many individual parents and carers also shared their experiences, which have been valuable in developing the WSoA (see Appendix 1)
- Eight workstreams led by different partners:

| Workstream | Lead |
|-------------------------|---|
| 1. Culture | Anthony Douglass (DfE Advisor) |
| 2. Self-evaluation | Rina Mistry (Council) |
| 3. Co-production | Dan, Amanda, Peter (Parents and Carers) |
| 4. Sustainable Services | Sam Best (CCG) |
| 5. Graduated Response | Jo Bispham (Council) |

| | |
|-----------------------------|--|
| 6. EHCPs | Simon Mckenzie (Council) |
| 7. Joint Commissioning | Julia Cramp (joint role CCG and Council) |
| 8. Exclusions and Inclusion | Sarah Horn (School) |

By having parents and carers working alongside a range of delivery colleagues, with the time to properly discuss issues and ideas, this co-production approach has been hugely valuable in starting to create some of the change the WSoA seeks to achieve, and in creating a robust WSoA. We haven't always got it right and we still have a long way to go, but it has been an important first step:

- Parents and carers have brought the lived experiences of families to the heart of the development of the WSoA. They have also brought their own personal and professional skills and expertise
- The process has helped to develop a shared understanding between parent/carers and Council/CCG colleagues, and has established a good basis for working together
- By working together, we collectively reached a far better understanding of the issues, and came up with better ideas to tackle them

Some of the parents and carers involved shared their experiences of the work:

“Professionals have been listening, responding and trying to understand our lives. There are concerns amongst parents about how this gets enacted, we need to see”

“People were listening, voices were being heard and some of the topics were difficult, but it was good that professionals were understanding what we are going through”

“On the whole it was positive, to see the change, and have staff in the LA who are more willing to engage and listen, this has been the real change. The proof will be in how it is actioned, if it goes well more families will get involved”

“Overall positive as people have listened, we know that because of the questions they have asked back. We've seen the start of working with a wider number of families, it will get better. When we went from 3 to 1 councils a lot got lost, but this has brought people together quite well, I hope it will become something good”

"There's been a lot more openness and honesty among council staff than I've experienced in the past. But a lot of the actions are still quite aspirational, so we need to see whether the implementation delivers real improvements for children and their families."

Children and young people's voices have informed the WSoA through:

- a) the sharing in workstreams of the priorities and co-production charter that a group of young people created in spring 2021, and
- b) the results of the new annual survey. In the WSoA we have set out a number of actions we are taking to ensure co-production with children and young people is embedded in our culture. The creation of a participation worker role will be important in this. The post will be dedicated to supporting a wide range of children and young people to work with partners on improvements.

After the inspection in July, we held an initial workshop of parents, carers and delivery colleagues to reflect on learning from the inspection and to discuss initial ideas to address areas for improvement. The SEND Improvement Board then reviewed the inspection findings and confirmed its commitment to co-production.

Work started in earnest after the summer break so that parents, carers and schools could be actively involved.

Governance for development of the WSoA

**Cabinet
Scrutiny**

**Sponsors: Elaine Redding
(Council) and Sally
Sandcraft (CCG)**

CCG Governing Body

SEND Improvement Board

Partners set the direction and priorities, collectively agree and deliver the WSoA

8 workstreams for each of the areas of 8 areas of significant weakness, each holding 4 workshops

All partners co-producing the WSoA, recommending it to SIB. Informed by learning and ideas from wider engagement with families and delivery colleagues

w/c 27 Sept

Workshop 1:
Collectively understand
the issues, identify
'areas of focus' to
address improvement
needs

w/c 18 Oct

Workshop 2: Review
areas of focus; identify
actions inc.
recommendations for
immediate actions

w/c 1 Nov

Workshop 3: Review
actions, identify
resource needs and
how to measure impact

w/c 15 Nov

Workshop 4: Confirm
resource needs and
measures of impact

Immediate action

Where we can, we have already started to make improvements to the way we do things and have continued existing improvement work. Through the SEND Improvement Board, partners also collectively identified and agreed immediate new actions. Since the inspection, we have:

- Committed additional resources to support immediate work (with further business cases to follow):
 - Participation worker to work with children/young people and parents/carers
 - Dedicated post for development of the Local Offer
 - Communications officer (one day a week)
 - Project lead for developing joint commissioning arrangements (jointly funded by the Council and CCG)
 - Increase the statutory SEND team capacity
 - Two project managers to support implementation
- Secured councillors' commitment to the 45 recommendations set out in the Appreciative Inquiry
- Secured Claire Burgess, LGA Children's Improvement Advisor, to continue as the independent Chair of the SEND Improvement Board
- Supported the development of an alliance of parent carer groups, to ensure a far wider range of parents and carers are able to work alongside delivery colleagues to make the improvements needed, and to aid communication to families
- Increased capacity in the statutory SEND team
- Established a working group and commenced a review of the current banding system and descriptors
- Started co-producing with families and delivery colleagues three important new roles: 1) a children and young person participation worker, 2) a co-production lead and 3) officer to develop the SEND Local Offer
- Jointly appointed a project lead for developing joint commissioning arrangements. The immediate focus has been on supporting partners to co-produce joint commissioning action in the WSoA and act as a critical friend, providing external expertise and challenge, and assurance to the work. The project lead is facilitating the development of a joint commissioning strategy and framework, and outline options for developing sustainable joint commissioning arrangements in children and young people's services

- Appointed a permanent head of service for school places, funding and admissions who will lead on our SEND capital build projects
- Engaged with Somerset Council to learn from their experience of radical improvement, and secured an expert facilitator to act as a critical friend and support partners in writing the WSoA

Our focus on delivering radical improvement

BCP Council, Dorset CCG and all partners are committed to making improvements as quickly as we can. However, the WSoA is a long-term plan. Some actions will be completed in a few months, others will take over a year, and families may not experience a difference for some time in some of the areas.

To get it right, the WSoA sets out a carefully planned sequence of actions, across a large number of partners, and we have built in time so that we can co-produce with families. As such, all actions are important because collectively, they will make the difference we need; however, it is critical that we have strong leadership, culture change and high aspirations to provide the foundations needed.

Strong leadership to transform SEND

Strong, consistent leadership is crucial for delivering the WSoA. BCP Council now has a director of education in place who is the Senior Responsible Officer for delivering the WSoA. The interim director of children's services (DCS) will hand over to a permanent DCS in early spring.

BCP Council and the CCG have committed to making the necessary improvements so that children and families with SEND receive the service they deserve. Beyond the significant financial investment, political leaders as well as senior officers in both organisations are determined to ensure that, through the actions identified in this written statement, thorough improvements are made. Both organisations will be held to account by leaders, as well as by our families, and through robust scrutiny.

We intend to ground our WSoA delivery within a broader SEND transformation programme. The SEND transformation programme will enable us to respond to the inspection findings and also meet our ambitions for children and young people with SEND within BCP.

Partners' ambitions, as set out in the SEND and Inclusion Strategy 2021-2024, is for all children and young people with SEND to have brighter futures, fulfilled lives and be connected to their local communities so that they:

- experience inclusion in every aspect of their lives
- achieve their full potential
- are partners, alongside their families, in developing provision and services.

The impact of the SEND transformation programme will be captured and evidenced through a variety of quantitative and qualitative measures as detailed in the 'Assessing and Reporting Progress and Impact' section of this document. However, the true impact of the transformation programme will be evidenced through:

- Holistic approach – linking the various projects that are under the SEND transformation programme umbrella and other programmes such as the education transformation programme
- Implementation of necessary and urgent system and process changes – future-proof approach
- Increased inclusion of our SEND children and young people in mainstream schools
- Increased positivity – child and families experience and workforce, all voices are heard
- Change in culture – open and inclusive at all levels
- Streamlined, timely and efficient delivery of service to our SEND families
- Proactive decision making

Creating a new culture

We know that to deliver our shared ambition we need to create a new culture across the local SEND system. In co-producing the WSoA, the culture workstream brought together parents, carers and senior system leaders from across the local area (see Appendix 1). Collectively, they set out the need for that culture to be based on Trust, Honesty, Transparency, Empathy, Communication, Belonging and Respect

No single action can change or create a culture; it will take time. The WSoA sets out our approach to culture change across the whole system. It is based on:

- Creating a shared set of value-led behaviours modelled by system leaders and embedded in day-to-day working and governance
- Working alongside families to create change, communicating regularly and building the lived experience of families in day-to-day working, both strategically and operationally
- Leaders having an accurate understanding of the impact of culture change work, and creating an effective means for partners to collectively hold each other to account
- Embedding this within a new systematic people plan – covering training, development, recruitment and retention
- Embedding this approach throughout the WSoA – every action has been checked to ensure it supports or enables the creation of this new culture, and will continue to do so into delivery

High aspirations for our children and young people with SEND

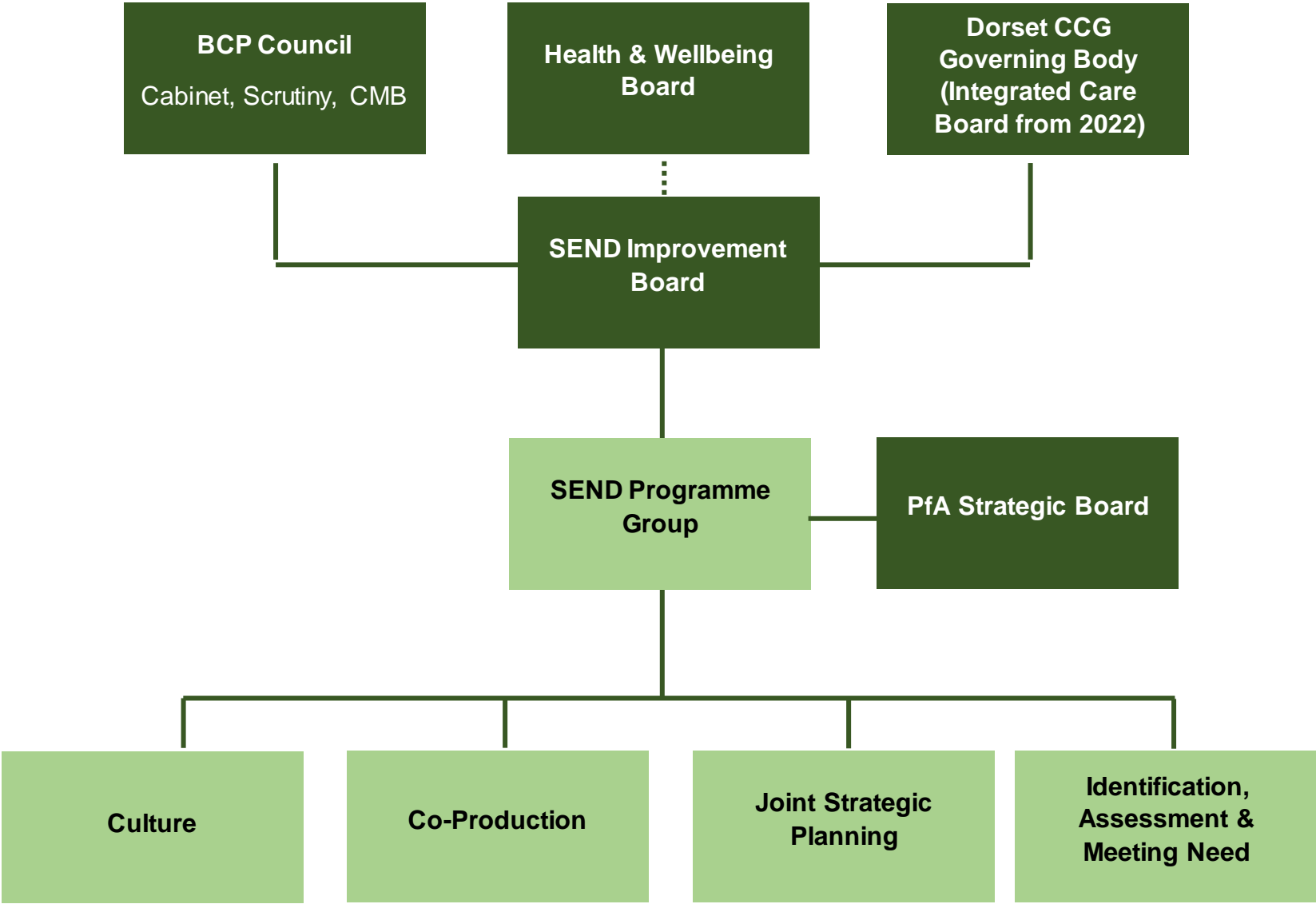
The local area inspection found some strengths as well as weaknesses about how we prepare and support young people with SEND for adulthood (PfA), but it did not look in depth and was not specifically covered in the eight key recommendations. However, we know from our self-assessment that there is much more to do, and it remains a priority for partners. Workstreams and the PfA Strategic Board were therefore asked to consider PfA in developing the WSoA and if it should be embedded within it or be a separate section in the plan. Partners have agreed that it should be embedded throughout our improvement work; therefore all actions will support PfA.

Working together to deliver the WSoA

The Council and Dorset CCG are the accountable statutory bodies for the written statement of action. With partners on the SEND Improvement Board, the Council and CCG are committed to continuing to work alongside a wider range of families across the local area to deliver the plan. Wherever there are actions in the WSoA for partners to work together, this means we are co-producing across all partners including children and young people, parents and carers, recognising the demographics of the local area, and frontline workers, managers and system leaders across education, health and care.

The diagram below summaries the governance arrangements that will oversee the delivery of the WSoA (see Appendix 1 for membership):

Governance for delivery of the WSoA



- BCP Council and Dorset CCG – accountable for the delivery of the WSoA
- SEND Improvement Board – partners (parents, carers and delivery colleagues) jointly responsible for operational delivery of the WSoA within the agreed strategic framework
- Programme Group – partners (parents, carers and delivery colleagues) jointly oversee alignment of delivery, collectively problem solve, and agree issues for escalation to SIB (SRO, programme manager, workstream leads, chair of PfA strategic board)
- PfA Strategic Board – specific focus on preparation for adulthood elements of the WSoA, partners jointly oversee alignment of delivery, collectively problem solve, and agree issues for escalation to the Programme Group
- Workstreams x 4 – responsible for delivery of respective actions in the WSoA, each with a workstream lead responsible for delivery of the workstream, and a parent carer as a vice lead, holding partners to account and bringing in the wider parent carer voice and leads for all actions.

| Workstream | Comprising the following WSoA areas | Lead |
|---|--|---|
| Culture | Culture | Anthony Douglas, DfE Advisor |
| Co-production | Co-production | Sarah Rempel, Director of Education |
| Joint strategic planning | Evaluation, Joint Commissioning | Sally Sandcraft, CCG SEND SRO Phil Hornsby Director of Commissioning |
| Identification, Assessment & Meeting Need | Sustainable Services, EHCPs, Graduated Response, Exclusion and Inclusion | Simon McKenzie, Head of SEND Geoff Cherrill, Chair of Schools Forum |

Programme arrangements include SRO, Programme Manager, Project Managers, risk log, issue log, highlight reports and Gantt chart.

Assessing and reporting progress and impact

Once the Secretary of State approves the written statement of action, we will publish it on our websites and make sure all stakeholders are updated on progress and understand how they can contribute to the improvement programme. An easy read version will be created, and we will work with parents and carers to find other ways to make it more accessible to a wider range of families.

We will launch our improvement programme with a series of engagement events starting in January 2022. These will be opportunities for families and senior system leaders to come together so that families can hear about how improvement plans are progressing, give their feedback, hold service leaders to account for delivery, and share their experiences and ideas to inform delivery.

Progress against delivery and, where applicable, impact will be recorded monthly, this will be reported:

| Frequency | Audience for reporting |
|-----------|---|
| 6 weekly | SEND Improvement Board through the above governance arrangements |
| Monthly | Reporting by workstreams to the Programme Group |
| Quarterly | Families via the SEND Local Offer and other electronic or paper communication channels |
| Quarterly | To Government |
| 6 monthly | To children and young people and parents and carers, at in-person groups wherever possible and with virtual options |

We will use a variety of measures to assess impact and progress including:

- **PI – Performance Indicators and/or data reported via scorecards.** This will include local and national measures, analytics from Local Offer web pages, targets if applicable and benchmarking where available.
- **Audit – Planned audits or formal evaluations.** Developed for the relevant area, which will include audit tools and written reports. These will be used where qualitative measures are not possible or alongside quantitative measures to provide evidence of quality alongside measurable performance. This may also include progress against actions identified from audit work.
- **Voice – Feedback from children, young people, parents, carers and delivery colleagues.** This will take a variety of forms, such as surveys, minutes from user groups, capturing of voice from client level work and analysis of compliments and complaints.
- **Review – Feedback from evaluations, documentation that evidences action, reviews of minutes or observations of meetings, which confirm actions.** This will take a number of forms from simple confirmations of actions taken to more in-depth reviews and evaluations.
- **Minutes** – a record of actions having been agreed at Boards or groups

The Written Statement of Action

All actions are based on assuring Trust, Honesty, Transparency, Empathy, Communication, Belonging and Respect
They have the child or young person at the centre.

1. AREA FOR IMPROVEMENT

The deep cultural issues leading to weak partnership working between services across education, health and care and between these services and children and young people with SEND and their families.

Progress (BRAG)

| | |
|--|-------------------------------------|
| | Complete |
| | On track running to plan |
| | Significant risk – plan is in place |
| | High risk – escalation required |
| | Not started |

1a. Area leaders in Bournemouth, Christchurch and Poole (BCP) are only just beginning to implement the disability and special educational needs reforms. **(P2 MF1)**

1b. Leaders have been distracted from this important work by the reorganisation of the council and high staff turnover **(P2 MF1)**

1c. The amount there is for leaders to do is significant. A lack of urgency remains among some services to work together to tackle the issues with the pace that is needed. progress has not been maintained. Consequently, there is little evidence that key elements of the reforms are becoming embedded. **(P2 MF1)**

1d. Deep cultural issues within the local area continue to hamper leaders' ability to make progress. Some staff and front-line practitioners struggle to identify with the reorganised council. **(P2 MF2)**

1e. A poor understanding of the reforms, a need to save money and an embedded blame culture among some services is preventing effective joint working. **(P2 MF2)**

1f. The implementation of the reforms across front line services is too variable. **(P3 MF6)**

1g. Too many of the recent plans to improve are not focused well enough on culture, strategy and securing urgency among front-line services to change. **(P4 MF11)**

1h. Inconsistency in services across BCP means there is a lack of equitable opportunities for children and young people with SEND. This means that many children and young people do not have their needs met well or their needs are misunderstood...sometimes seen as a nuisance or too complex for schools to support. As a result, their mental health is negatively affected. **(P10 AFI 3.8)**

1i. Many find it increasingly difficult to continue to engage with education. In turn, this directly impacts on the wellbeing of their wider family **(P9 AFI 3.8)**

Focus Area 1. Partners agree a set of values led behaviours which are the basis of creating one co-production culture across the local area SEND system.

| Ref | Milestone Actions | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|-----|--|---------------------|----------------------|--------------------|-----|---|--|
| 1 A | Task and finish group of all partners co-create a set of values led behaviours, to be embedded in day to day working, identifying priority services/interactions. | Anthony Douglas | Jan 22 | Mar 22 | | SIB agree the values and priorities (Minutes) | There is a set of agreed values led behaviours that are implemented across all partners and stakeholders |
| 1 B | Develop and agree an action plan to implement the values | Anthony Douglas | Mar 22 | Apr 22 | | SIB Agree the Action Plan (Minutes) | |
| 1 C | Design and prototype changes to interactions with families, which will implement the agreed values led behaviours, within a priority service. | Anthony Douglas | Apr 22 | Aug 22 | | Families and staff involved in the prototype report a significantly positive change in culture (survey and voice). | |
| 1 D | Review and assess the impact of the prototype, making recommendations to SIB about how the learning can be shared and roll out options for other services/interactions | Anthony Douglas | Sept 22 | Oct 22 | | Families and staff involved in the prototype define the positive changes in culture and values and recommendations to SIB clearly show how the impact can be extended (survey and voice). | |

Focus Area 2. Leaders have an accurate understanding of the impact of culture change work, and there are effective means for partners to collectively hold each other to account.

| Ref | Milestone Actions | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|-----|--|---------------------|----------------------|--------------------|-----|--|---|
| 2 A | Task and finish group (as in 1A) to develop recommendations for an accountability and quality assurance framework across partners to ensure the values led behaviours are implemented and embedded | Anthony Douglas | Jan 22 | Apr 22 | | There is a clear definition of how all partners will hold themselves and each other to account and presented to SIB for agreement (Minutes). | There is an understanding by all partners and stakeholders of the effect of all work undertaken to affect culture change and how all are held to account. |
| 2 B | Agreed by SIB, implemented by all partners and incorporated into the wider evaluation framework | Anthony Douglas | Apr 22 | Aug 22 | | Feedback from families and staff about significant positive change (survey and voice); evidence of partners holding each other to account (Audit). | |

Focus Area 3. Workforce development needs in the WSoA are addressed and the agreed values are embedded through partnership wide workforce development.

| Ref | Milestone Actions | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|-----|---|---------------------|----------------------|--------------------|-----|---|---|
| 3 A | Task and finish group (As in 1A) checks that agreed values are in place in the workforce development aspect of the new People Plan | Anthony Douglas | Aug 22 | Aug 22 | | Evidence of agreed cultural values in the workforce development (audit) | Evidence of agreed cultural values in the People Plan (audit) |

Focus Area 4. The lived experience of families is understood and informs all operational and strategic work across the SEND system.

| Ref | Milestone Actions | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|-----|--|---------------------|----------------------|--------------------|-----|---|---|
| 4 A | Task and finish group (As in 1A), led by families identifies, in a report, how the lived experience of families can be embedded in day to day working of both frontline and strategically, making recommendations to SIB | Anthony Douglas | Mar 22 | July 22 | | There is a clear definition of how lived experiences are embedded throughout all working practices. (Audit & Voice) | The lived experience of families is embedded in all operational and strategic work (audit) Parent and carers recognised that they experiences are understood and taken into consideration (survey) |
| 4 B | Report received and agreed by SIB and implemented | Anthony Douglas | July 22 | Dec 22 | | Families reporting a difference; staff and managers/leaders report a positive difference (Audit & Voice) | |

2. AREA FOR IMPROVEMENT

Weaknesses in leaders' evaluations of the effectiveness of the local area, including the lack of focus on the experiences of children and young people with SEND and their families

Progress (BRAG)

Complete

On track running to plan

Significant risk – plan is in place

High risk – escalation required

Not started

2a. Leaders' evaluations identify the challenges for the area in only broad terms. These evaluations do not allow leaders to have a full and accurate picture of the lived experience of children and young people with SEND and their families. (P5 AFI 1.3)

2b. Many children and young people with special educational needs and/or disabilities (SEND) and their families continue to have a poor experience and there is little sign of their outcomes improving. (P2 MF1)

2c. Leaders' evaluations of the effectiveness of the local area are too generous. (P2 M 3)

2d. Area leaders do not use feedback from children and young people with SEND and their families to inform their evaluations of their work well enough. (P2 MF3)

2e. leaders are too quick to flag effective projects or local initiatives as indicators of improvement. They fail to recognise their limited contribution to the lived experience of children and young people with SEND and their families. (P2 MF3)

2f. developments to improve leaders' ability to identify strengths and weaknesses in the area are implemented poorly. For example, the recently introduced process to check the quality of education, health and care plans (EHC plans) is weak. Leaders evaluate the plans overgenerously and are unaware their actions have had limited impact. (P2 MF3)

Focus Area 5. There is a clear accessible process for gathering information about parent, carers and young people's views as to the strengths and areas for development, and their lived experience within the local area to inform future provision.

| Ref | Milestone Actions | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|-----|--|--------------------------------|----------------------|--------------------|-----|---|---|
| 5 A | A task and finish group co-produces the processes needed to gather information about strengths and areas for development, to inform strategic commissioning and in year evaluation, for partners to act with urgency | Sam Best Simon McKenzie | Jan 22 | May 22 | | Any shortcomings in information gathering are identified, reported and addressed by those responsible. (Review and Audit) Partnership wide processes and systems are agreed by SIB and implemented (minutes) | Parent, carers and young people's working directly with the SIB tell us that they see families' views informing decision making and being acted upon (survey) Reporting back through "you said we did" on the SEND Local Offer |

Focus Area 6. Effective and regular 'two way' communication channels are in place, to communicate regularly in line with our values.

| Ref | Milestone Actions | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|-----|--|--------------------------|----------------------|---------------------------|-----|---|--|
| 6 A | Co-production task and finish group (As in 5A) create a partnership plan for communication to and with families, including a central point of contact, identifying any comms capacity required, | Karen Hollocks | Jan 22 | Apr 22 | | Draft partnership plan presented to SIB and agreed (minutes) | Partnership plan is in place and there is agreement by all parties that communication is more effective and rapid (Minutes) Evaluations provide leaders with a full and accurate picture of the lived experience of children and young people with SEND and their families. They use feedback to inform judgements of their work accurately and implement improvements with urgency (Minutes) |
| 6 B | Partnership Plan is implemented across all teams in a co-ordinated manner | Karen Hollocks | May 22 | Oct 22 | | Parents, carers and young people report that there is an improved communication system across all services (survey) | |
| 6 C | Within agreed Governance arrangements, every 3 months Senior Officers from across partners and parent carers and children and young people review the findings of the information gathering processes, including the feedback resulting from action 5 A, recommending how to act quickly on the findings and report them to the SEND Improvement Board | Sarah Rempel Sam Best | Feb 2022 | and onward every 3 months | | Reports are received by SIB and shortcomings addressed (Minutes) | |

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| 6 D | Actions agreed by the SIB are progressed and reported back to the SEND Improvement Board, and other governance arrangements are appropriate | Sarah Rempel Sam Best | Mar 22 | and then following board decisions | | The view that leaders have of their work is now detailed and improvements are implemented with urgency, reflected in the views of parents, carers and young people. (Forum & Voice) | |
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Focus Area 7. There is a central register for all service level issues raised across partners to aid a cohesive and transparent response

| Ref | Milestone Actions | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|-----|--|---------------------|----------------------|--------------------|-----|---|--|
| 7 A | Task and finish group (As in 5 A) design the content, accessibility and mechanisms for managing a central register of service level issues, recommending how this can inform strategic commissioning and service improvement planning. | Simon McKenzie | Feb 22 | Jun 22 | | Recommendations are agreed by SIB (Minutes) | The central register of issues is increasingly utilised by parents, carers and young people to ensure that their views and concerns are seen and acted on by relevant agencies and partners. (audit) |

Focus Area 8. The Local Offer has a 'You said – We did' section.

| Ref | Milestone Actions | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|-----|---|---------------------|----------------------|--------------------|-----|---|--|
| 8 A | As part of the development of the Local Offer an improved 'You Said – We Did' section is incorporated | Louise Chiles | May 22 | June 22 | | The 'You said – We did' section of the Local Offer is used by families and young people and a 'click link' measurement shows increased use over time. (Audit) | The Local Offer is used more widely and the 'You Said – We Did' is judged by parents, carers and young people to provide evidence of their needs being addressed. (PI, survey) |

3. AREA FOR IMPROVEMENT

Poor co-production practice at a strategic and operational level

Progress (BRAG)

Complete

On track running to plan

Significant risk – plan is in place

High risk – escalation required

Not started

3a. Parents describe themselves as the ‘gate keepers’ of the support provided for their children **(P2 MF2)**

3b. Co-production is poor and misunderstood. Parents are held at arm’s length, and they are not able to contribute meaningfully to leaders’ strategic thinking. **(P3 MF4)**

3c. Some area leaders do not understand what co-production is. **(P3 MF4)**

3d. Progress in building trusted relationships with and between parents and services is slow. As a result, the chance for area leaders to co-produce effectively with children and young people with SEND and their families is limited. **(P3 MF4)**

3e. The local offer website is not used well enough to signpost children and young people with SEND and their families to support and services..... improvements that have been made have not led to the resource being used more by children and young people with SEND and their families..... some links remain out of date **(P7 AFI 2.7)**

3f. A legacy of mistrust, poor co-production and inconsistent identification and meeting of need means that appeals to the SEND tribunal are rising. **(P10 AFI 3.5)**

3g. Access to and take up of personal budgets and direct payments is limited. Parents report that they are unaware of what a personal budget is. Others describe not wanting to pursue direct payments, because they must be assessed by a social worker to access them. **(P10 AFI 3.6)**

Focus Area 9. All stakeholders are committed to the principles of working together with equal voices, to shape a co-produced approach to meeting the needs of children young people and their families.

| Ref | Milestone Actions | Accountable Officer | Milestone start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|-----|--|---------------------------------|----------------------|--------------------|-----|---|---|
| 9A | The Council and CCG issue a public statement of commitment to working with a wide range of parent carer groups | Sarah Rempel Sally Sandcraft | Dec 21 | Jan 22 | | Statement issued and Parent Carer groups gather feedback about reach and evidence of the commitment (Voice) | Parents, carers and young people are fully involved in working together with all agencies who value |

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| | | | | | | | their equal voice as part of their working principles in order to meet the needs of young people. |
| 9 B | The Council and CCG agree respective senior officers, within SIB, with lead responsibility for co-production in their organisations, who receive regular reports on the outcomes of the quality assurance framework for co-production in relation to their organisations | Sarah Rempel Sally Sandcraft | Jan 22 | Feb 22 | | Regular representation and meetings and a point of reference when co-production is not occurring. With actions when issues are raised. (voice, minutes) | There are clear lines of accountability for effective co-production within BCP and CCG ensuring that it is embedded in all aspects of work with young people and particularly those with SEND (audit) |
| 9 C | Review the parent and carer co-production charter, and the children and young people co-production charter and recommend proposed revised charter/s to SIB for agreement by partners | Sarah Rempel and Sally Sandcraft | Jan 22 | May 22 | | Wide range of families report their involvement in the charters and agreement with any revisions. (Voice) | |
| 9 D | The charter/s are agreed by SEND Improvement Board | Sarah Rempel and Sally Sandcraft | June 22 | June 22 | | The charters, including the pledge are published widely across the Local Area (Audit) | |
| 9 E | BCP and Health Providers review governance arrangements to identify where and how to embed the principles of the co-production charter within governance | Sarah Rempel and Sally Sandcraft | April 22 | July 22 | | Local Area agencies have embedded the principles and are acting upon them (Audit) | |
| 9 F | Governance and implementation recommendations reported to SIB and the outcome published on the SEND Local Offer | Sarah Rempel and Sally Sandcraft | Sept 22 | Sept 22 | | There is a widespread understanding of the place of the charters and the pledge across the Local Area. (Voice, Audit, Forum) | |

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| 9 G | A co-production pledge, part of the charter, is available for all partners to publicly commit their support to the co-production charter; launched and promoted, and included on the SEND Local Offer | Co-Production Worker (when appointed) | Oct 22 | Oct 22 | | There is 100% commitment to the pledge within BCP Council and CCG with a high percentage from organisations and partners where it may not be mandatory (Audit) | |
| 9 H | Create a 6 monthly review framework for co-production (including regular reviews of sign up to the pledge) agreed by SIB and implemented as part of the wider evaluation | Co-Production Worker (when appointed) | Sept 22 | Jan 23 and on-going | | There are predominantly positive responses to review outcomes published on the Local Offer (Voice) | |

Focus Area 10. Transform capacity across partners to support co-production with children and young people

| Ref | Milestone Actions | Accountable Officer | Milestone start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|--|---------------------|----------------------|--------------------|-----|---|---|
| 10 A | Co-create a job description and role of a Children and young people SEND participation worker, recruited by the Council, with a draft workplan developed from the WSoA | Sarah Rempel | Dec 21 | May 22 | | Children and young people participation worker in post, working closely with all agencies and families, co-produced workplan in place; feedback from families and staff (Audit, PI) | Children and young people participation is embedded within the working practices of BCP and Health. |
| 10 B | Agreed programme of work and arrangements for co-production with children and young people is created | Sarah Rempel | April 22 | July 22 | | SIB agree the plan of work and arrangements (Minutes) | |

Focus Area 11. Transform capacity across partners to implement and embed co-production across partners

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|------|---|----------------|--------|--------|--|---|--|
| 11 A | Co-create a job description and role of a SEND Co-production Lead, recruited by the Council, with a draft workplan developed from the WSoA | Sarah Rempel | Dec 21 | Apr 22 | | SEND Co-production Lead is in post with a job description and workplan agreed through co-production (Audit) | Outcomes of the parents', carers and young people's views are embedded in a co-production culture and there is clear feedback of any being taken by agencies or if not, why. (Minutes & Reports) |
| 11 B | Partners support parent and carers to explore options for a wider range of parent carers to be involved in co-production and identify arrangements and resourcing needs | Sarah Rempel | Feb 22 | Jul 22 | | A wider reference group is established covering a wider demographic (Audit) | |
| 11 C | Co-produce with children and young people and parents and carers agreed co-production and participation arrangements to cover the whole range of SEND needs | Simon McKenzie | May 22 | Jul 22 | | There are agreed arrangements that feed through to all decision making (Voice, Minutes) | |

Focus Area 12. Co-production is embedded within the recruitment processes of partners

| Ref | Milestone Actions | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|--|---------------------------------|----------------------|--------------------|-----|---|---|
| 12 A | Establish children and young people, parents and carers as part of the recruitment process and identify what support and guidance arrangements are required to enable this for all involved. | Sarah Rempel Sally Sandcraft | Jan 22 | Apr 22 | | Process approved by the Council and CCG (Minutes) | Co-production involvement for all key posts |

Focus Area 13. The SEND Local Offer is fit for purpose, in line with the Code of Practice, and well regarded and utilised by parents, carers and young people, and practitioners

| Ref | Milestone Actions | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|--|---------------------|----------------------|--------------------|-----|---|---|
| 13 A | Migrate current SEND Local Offer into a new platform that provides scope for improvements to be made | Louise Chiles | Jan 22 | Sept 22 | | Migration has taken place allowing improvements to be made (Minutes) | There is an easy to navigate, up to date Local Offer website providing detailed information for families and providers that is well used and well regarded. |
| 13 B | Create a job description and role of a SEND Local Offer lead, recruited by the Council, with a draft workplan developed from the WSoA | Louise Chiles | Jan 22 | May 22 | | Co-created job description and workplan are in place (Minutes) | |
| 13 C | Develop and agree arrangements across partners for updating and maintaining the published SEND Local Offer, including accountabilities and timescales, and establishing an Editorial Board (remit of SEND Local Offer and SEND comms plan) | Louise Chiles | Apr 22 | Jul 22 | | Editorial Board is established and all partners are represented (Minutes) | |

4. AREA FOR IMPROVEMENT

Weaknesses in the sustainability of services in the face of high turnover of staff and challenges with recruitment

Progress (BRAG)

Complete

On track running to plan

Significant risk – plan is in place

High risk – escalation required

Not started

4a Leaders have been distracted from this important work (implementation of the Code) by the reorganisation of the council and high staff turnover. (P2 MF1 – In Area 1 also)

4b. Staff turnover and challenges with recruitment across education, health and care have led to a lack of confidence in the SEND system in BCP. Front line staff describe the same frustration as families with changes in key personnel. (P3 MF 5)

4c. Parents and professionals describe new initiatives often beginning, but not resulting in sustained improvement because those driving them leave or change roles. (P3 MF5)

4d. The same challenges have also caused significant and continuing delays at Poole Child Development Centre. Even when positive strategies are implemented, parents and front-line practitioners lack faith that it will lead to sustained improvement. (P3 MF5)

4e High levels of caseworker turnover as an important contributory factor in long waiting times. (P5 AFI 1.2)

Area of Focus 14. To have a consistent, knowledgeable and established service with a manageable caseload in place across education care and health services through an effective people strategy across education, health and social care.

| Ref | Milestone Actions | Accountable Officer | Milestone start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|--|--------------------------|----------------------|--------------------|-----|---|--|
| 14 A | Design a People Plan, embodied in policy; including arrangements to co-ordinate the learning opportunities and monitor the uptake and impact of training. | Sarah Rempel Sam Best | April 22 | Aug 22 | | There is a published and agreed People Plan embedded in policy across Education, Health and Children's and Adult's Social Care which is based on the values of co-production and values from the culture workstream that puts children and young people at the centre and co-production as a major plank of the system with the culture ethos at the heart (Audit) There is a co-ordinated plan for workforce development across Education, Health and Social care and has a high level of take up, increasing year on year (PI) | There are well established and knowledgeable permanent teams across Education, Health and Social Care with a high level of staff satisfaction in their role. There is a well-designed appropriate workforce development plan that leads to increased co-production by a well-supported staff who are showing a high level of job satisfaction |
| 14 B | Ensure that the People Plan is implemented and the vast majority of staff are in permanent and established positions and there is a high level of satisfaction in working conditions | Sarah Rempel Sam Best | Aug 22 | Feb 23 | | High percentage of staff have been in post for at least 1 year with supervision and appraisal showing at least 85% of staff being fully satisfied with their working conditions and none dissatisfied (PI) | |

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| 14 C | Establish any additional support that is required for staff across all agencies for morale and well-being (based on an assessment of current support, including the potential for access to 1:1 support/independent professional counselling) | Simon McKenzie Sam Best | Jan 22 | Aug 22 | | Staff survey across all agencies gives a clear view of staff morale, health and well-being and results show a regular improvement from a baseline with report from the Staff group to Chief Executive Officer and Chief Operating Officer of CCG (Minutes) | There is cohesive support system for all staff across all agencies that is well regarded staff. |
| 14 D | Implement regular staff surveys, including existing ones, to baseline and then assess and monitor morale and well-being and job satisfaction | Simon McKenzie Sam Best | Sept 22 | Dec 22 and on-going | | Staff survey across all agencies gives a clear view of staff morale, health and well-being and results show a regular improvement from a baseline (Survey, audit) | |

Focus Area 15. Address immediate staffing issues in the Statutory SEND Team, Education Psychology Service and Child Development Centre

| Ref | Milestone Actions | Accountable Officer | Milestone start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|---------|---|---------------------|----------------------|--------------------|-----|--|--|
| 15 A | Prepare a staff budget forecast that includes growth to manage continued increase in numbers of EHCPs in line with recent trends. Ensure new recruitment is actioned well in advance to avoid staff overload due to increasing caseloads. | Simon McKenzie | Dec 21 | May 22 | | Analysis of data is able to predict growth in overall need as well as more specific areas of need and location and plans are put in place to accommodate any growth. | Staffing and workload issues in the SEND Team are resolved and in Educational Psychology and Child Development Centre are reduced. |
| 15 B | CCG to continue with the work being undertaken on bringing staffing levels up across the service, including the CDC. Also continuing with the Dorset-wide work on the All-Age Autism pathway. | Sam Best | Dec 21 | Jun 22 | | Nurse practitioner post appointed and to be developed into a specialist nurse alongside the already appointed Children's Neurodevelopmental nurse specialist. | |

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| | | | | | | Lead clinical psychologist and consultant community paediatrician appointed. | |
| 15 C | Take part in the Wessex approved training programme for neuro-diversity to increase the pool of provision as well the training programme for a foundation doctor in paediatric care which has been made possible by funding secured to create a full-time post. | Sam Best | Dec 21 | Dec 22 | | <p>Successful application to host a GRID paediatric specialist registrar in community paediatrics made to Wessex Deanery.</p> <p>First trainee in post.</p> <p>Foundation (F2) trainee has funding agreed and in post</p> <p>(Audit)</p> | |

5. AREA FOR IMPROVEMENT

The inconsistency in the implementation of the graduated response leading to slow identification and inequitable access and experience of the system across education, health and care

Progress (BRAG)

| | |
|--|----------------------------------|
| | Complete |
| | On track running to plan |
| | Significant risk – plan in place |
| | High risk – escalation required |
| | Not started |

- 5a.** Area leaders have not successfully implemented the graduated response..... there is a lack of consistency across provision in the area in understanding and implementing the graduated response effectively. (P5 AFI 1.1)
- 5b.** Many parents have described that much of their experience relies on 'the luck of who you get'. This is particularly, but not exclusively, the case in schools. (P3 MF6)
- 5b.** Schools and health providers work in isolation because there is no coherent strategy to help them to work in partnership with each other or with families. This presents a barrier to families in accessing other services for the identification and meeting of need. (P3 MF6)
- 5c.** the processes for early identification once children and young people reach school age are mixed and unfair...(P3 MF6)... with weaknesses in joint working (P9 AFI 3.1)
- 5d.** Weaknesses in identification once children reach school age leads to many children and young people going through the school system appearing to have challenging behaviour.
- 5e.** Due to weaknesses in identification, too many pupils go through school with their needs unmet. (P4 MF 10)
- 5f.** Many front-line workers are not trained sufficiently to identify need accurately and consistently. (P5 AFI 1.4)
- 5g.** Social workers' understanding of how to identify social care needs for children and young people with SEND and their families is insecure, (they) are too quick to look at the care provided by parents, rather than review the challenges caused by the complexity of their children's needs. (P5 AFI 1.4)
- 5h.** There is great variety in the skills and experience of SENCOs in schools. This means that children and young people with SEND are often assessed as not needing support when they do. (P5 AFI 1.4)
- 5i.** Access to the autism spectrum disorder assessment pathway is not consistent for those who need it. (P7 AFI 2.4)
- 5j.** Reported long waiting times when referred due to staff shortages at the child development centre..... there is a large cohort of children, young people and their families whose needs remain unknown and, therefore, are not being met. (P8 AFI 2.4)
- 5k.** The experience for children and young people with SEND in the mainstream school system, particularly those identified as needing SEN support, is far too variable and sometimes ineffective. (P8 AFI 2.5)
- 5l.** Access to speech and language therapy is inconsistent..... waiting times for specialist assessment and intervention are unacceptably long, resulting in some children and young people's needs not being met in a timely manner (P8 AFI 2.6)
- 5m.** weaknesses in the identification and assessment of pupils in KS4 and KS5 mean that the picture is incomplete in relation to their apparent favourable comparable achievement and cannot be relied upon as an accurate reflection. (P9 AFI 3.2)
- 5n.** Pathways into adulthood for young people with SEND are limited and too variable.... The numbers of young people accessing supported internships and supported living are low.....the proportion of young people who have learning disabilities securing paid employment is poor. (P10 AFI 3.4)

Focus Area 16. The Graduated Response is used effectively so that needs are identified in a timely way, including addressing masking, through yrs. 0-25 and PfA; to enable children, young people, parents, carers and professionals to access appropriate support and resources, with clear pathways across the system for referral and assessment by the right service at the right time.

| Ref | Milestone Action | Accountable Officer | Milestone Start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|---|---------------------|----------------------|--------------------|-----|---|--|
| 16 A | As an interim step, provide a 'hyperlinked' pdf version of the current Graduate Response to aid navigation published in the Local Offer | Louise Chiles | Dec 21 | Jan 22 | | The Graduated Response is considered by users to be more accessible than the previous version. (Survey) | Parents, carers, young people, settings and agencies understand the process and eligibility for accessing assessments and are confident that needs are effectively identified and that there is provision that will support needs. |
| 16 B | Task and finish group established of LA officers, partners, schools, colleges, parents and carers to review the implementation of the current Graduated Response documents | Vanessa Grizzle | Jan 22 | Jul 22 | | Considered by the SEND Forum (Minutes) Recommendations for changes are considered to be more focused and accessible than the previous version by all recipients helping all to meet the needs of children and young people. (Survey) | |
| 16 C | Schools and settings and other agencies, along with parents and carers, agree to implement the outcomes of the review and use the Graduated Response as part of any requests for assessment | Vanessa Grizzle | Sept 2022 | Nov 22 | | Agreed through the SEND Health Forum and Heads' Forum Assessment (Minutes) Evidence is more precise allowing needs to be met more effectively. (Audit, PI) | |

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| 16 D | Develop a more accessible, on-line version of the documents, linked to information on strategies and support to aid providers. | Louise Chiles | Oct 2022 | Jun 23 | | <p>The on-line version is used by an increasing number of professionals in identification processes</p> <p>It is more effective in helping families understand the type of provision needed to support their young people. (Survey)</p> | |
| 16 E | Review of guidance and accessible versions issued by the local authority and health about the SEND Code of Practice with children, young people, parents/carers, schools and other relevant stakeholders. | Vanessa Grizzle SEND Forum | Oct 22 | Feb 23 | | Local authority and health guidance conforms to the Code of Practice but is considered to provide clearer guidance for all users and is published on the Local Offer. (Accessibility measures) | There is a consistent use of SEND Support across all schools and settings leading to more effective provision and a reduction in the needs for requests for assessment as needs are being met |

Focus Area 17. Children and young people pan Dorset will access timely and responsive support for autism

| Ref | Milestone Action | Accountable Officer | Milestone Start date | Milestone End Date | | Evidence of Impact | Overall Impact of Focus |
|------|--|---------------------|----------------------|--------------------|--|--|--|
| 17 A | Complete the ongoing All Age Autism Pathway review to deliver improvements across the whole system clarifying the pathway and strengthening the support offer for families | Mark Harris | Underway | Apr 22 | | There will be concise actions, timescales and impact from the agreed programme (Audit) | Partnership working will deliver a consistent Autism all-age Pathway and greater cohesive working that meets the needs of those with autism in all settings, helping all agencies and families in providing for them |

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| 17 B | Promote the co-produced Development and Behaviour pathway within all settings to improve early identification and assessment of needs, providing good support and strategies to children and young people and parents and carers in the pre-assessment stage. including training and resources. | Steve Clarke | May 22 | Dec 22 | | Settings are fully aware of the pathway and there is evidence that it is being followed and providing necessary support. (Survey or audit) | The pathway is clear and accessible, in the graduated response as well as the Local Offer leading to a reduction in waiting times so that people feel supported whilst waiting and improve how they are feeling about it. |
| 17 C | Actively engage and support the Autism in Schools project so that there is an understanding of the needs and participation and sharing in solutions on a national basis, recognising resource implications | Sarah Rempel | July 22 | Dec 22 | | There is consistent use of the Autism in Schools project via pilot schools and increased expansion (Audit) | |

Focus Area 18. Children and young people pan Dorset will access timely and responsive support for their communication needs through a new approach to Speech and Language

| Ref | Milestone Action | Accountable Officer | Milestone Start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus |
|------|---|---------------------|----------------------|--------------------|-----|---|---|
| 18 A | The Strategic Plan for the introduction of the 'Balanced System®' is agreed by Joint Commissioning Board | Sam Best | Dec 21 | Nov 22 | | The strategic plan is agreed (Minutes) | A system of provision is established and communicated linking health and local authority agencies which removes barriers to the system and is published on the Local Offer. |
| 18 B | We will prioritise the investment required to deliver the Strategic Plan of speech, language and communication which is a graduated response across universal, targeted and specialist levels of need and has | Sam Best | Apr 22 | Dec 22 | | Investment is in place to enable the Balanced System® to be implemented (Minutes) | |

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| | been co-designed based on the Balanced System [®] . | | | | | | |
| 18 C | We will co-design a shared 'system' performance and outcome framework that will be presented to the joint commissioning board by March 2022 ready for implementation in April 2022. We commit to jointly monitoring the performance and outcome metrics with our new joint commissioning | Sam Best | Apr 22 | Implementation then on-going | | Agreed outcomes are in place and implemented (Minutes, audit) | NHS CCG and Local Authority jointly commission an efficient, sustainable, pro-active and preventative needs-led speech and language therapy service model and achieves good outcomes with support provided at the right time, in the right place and in the right way for children and their families. |
| 18 D | Establish an integrated workforce development strategy to support the delivery of the balanced system [®] so our staff in the system feel confident to identify, assess and support children and young people's speech, language and communication needs | Sam Best | July 22 | Mar 23 | | There is an adequately trained and skilled wider workforce in order to deliver the vision and to increase capability and capacity in the system (Audit) | |
| 18 E | The speech and language therapy service continue to deliver their reset and recovery plan to reduce the waiting times as a result of covid and deliver their co-produced balanced system [®] transformation plan beginning in April 2022. | Sam Best | Jan 22 | Apr 22 | | Aligned caseloads and clusters with local authorities Changed caseload management to remove review caseloads. Meetings with SENCOs to identify and agree priority cases. Development of specialisms and expert clinical leadership for specific | Improved access to SALT, reduced waiting times and closer management of caseloads to provide a more efficient and accessible service. |

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| | | | | | | specialist need Named SALTs for schools (Audit) | |
| 18 F | Education and early years settings engage with the balanced system® supporting staff to access education and training and actively adopting a whole school approach to speech, language, and communication to improve identification, assessment and support | Sarah Rempel Sam Best | Apr 22 | Apr 23 | | Increasing number of schools are engaging with the programme (Audit) | |

Focus Area 19. Access to supportive courses for parent and carers, which recognise the role and needs of parent carers in meeting diverse SEND needs

| Ref | Milestone Action | Accountable Officer | Milestone Start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus |
|------|--|--------------------------|----------------------|--------------------|-----|---|---|
| 19 A | Senior system leaders discuss the current issues around attendance at parenting courses being a barrier to accessing paediatric services to agree a resolution within NICE Guidelines | Sarah Rempel Sam Best | Jan 22 | Mar 22 | | Issues are clearly understood and a strategy is in place to resolve issues (Minutes) | There is greater understanding by all parties of the nature of how courses for parents are described and accessed so that there is greater acceptance of appropriate courses |
| 19 B | Comprehensive programme and content of accessible courses and support agreed, following full consultation, and advertised across parent groups and SEND Local Offer linked to a procedural response from | Julia Cramp | Sept 22 | May 23 | | Access to the range of courses is considered to be advertised widely as well as through the SEND Local Offer leading to good take-up of both learning opportunities and support. (Survey) | The new offer of courses for parents is well regarded in terms of how well families consider it meets their needs and the longer term impact of employing strategies from the learning/support (survey) |

| | paediatrics as well as a monitoring of take-up of learning opportunities and support | | | | | | |
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| Focus Area 20. Social Workers and Managers understand the complexities of SEND that can influence family relationships and are prepared for the provision that may be necessary across Care, Education and Health | | | | | | | |
| Ref | Milestone Action | Accountable Officer | Milestone Start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus |
| 20 A | Co-produced training programme around the nature of SEND, the Graduated Response and its impact on families is developed for Social Care staff agency staff and Managers, Early Help and Attendance Services, which is part of induction training (part of the wider People Plan) | Rachel Gravett | Jan 22 | Jun 22 | | There is a programme of training that covers all of the concerns of parents, carers and young people as well as agencies. High level of agreement that it meets the needs (Audit) | There is a greater understanding of the potential place of SEND in family issues 100% take-up of training through induction and targeted updating training for relevant staff |
| 20 B | Managers in Social care ensure that all cases of concern explore the potential for SEND issues to be having an impact on the issues. | Rachel Gravett | Feb 22 | On-going | | Quality and assurance systems show that SEND issues and the potential impact have been explored (Audit) | |

| Focus Area 21. Implement a tell it once approach | | | | | | | |
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| Ref | Milestone Action | Accountabl e Officer | Milestone Start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus |
| 21 A | Task & Finish group to review the processes within SEND across all agencies and schools to taking a 'tell it once' approach, addressing how families currently experience telling their story | Sarah Rempel Sam Best | Jan 22 | Jul 22 | | Recommendations agreed by SIB (Minutes) | System is agreed by all as effective and there is a recognised reduction, by parents, carers and young people, in them having to repeat their story. |
| 21 B | Implement a consistent system, with input from parents and carers and young people so that relevant information is carried forward to those who are involved with the family. | Sarah Rempel Sam Best | Jul 22 | Jul 23 | | Agreed system is in place and being utilised by all agencies (Audit) | |
| Focus Area 22. Governing bodies, Management committees of PRUs and Proprietors of Academies are following the statutory guidance on supporting pupils at school with medical conditions | | | | | | | |
| Ref | Milestone Action | Accountabl e Officer | Milestone Start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus |
| 22 A | Undertake a survey of schools to ensure that they are all aware of their responsibilities and that their policies reflect the expectations | Sarah Rempel | Jan 22 | Mar 22 | | Survey gives a clear picture of the number of schools that are aware of their responsibilities under the Statutory Guidance (Audit) | 100% of new Governors and members of Boards undertake training (PI) |

| | | | | | | | |
|------|---|--------------|--------|--------------------------|--|--|--|
| 22 B | Expand the new Governor training courses, including induction, to provide greater emphasis on this area, and recommend the appointment of an inclusion governor | Sarah Rempel | Jan 22 | Jul 22 and then on-going | | Statutory responsibility is added to the existing course for Governors and includes CCG representation in the training (Minutes) | |
| 22 C | Dorset CCG and partners to review the arrangements for Children in schools who have long term conditions and disabilities which fall outside of the locally commissioned school nurse offer | Sam Best | Mar 22 | Jun 22 | | Access to medical or specialist health support for children and young people with complex health needs in schools (Survey) | Closer co-operation between all services and Health provision. |
| 22 D | Review and baseline the effectiveness of healthcare professionals notifying the identified link person when they have knowledge of a young person that needs medical support in school. | Sam Best | Mar 22 | Jun 22 | | There is an increase in the proportion of healthcare professionals notifying the link person, (usually School Nurses) when there is relevant information about a young person. (Audit) | |

6. AREA FOR IMPROVEMENT

The wide variances in the quality of education, health and care plans caused by weaknesses in joint working, fair access, timeliness and quality assurance processes

| | |
|--|----------------------------------|
| | Complete |
| | On track running to plan |
| | Significant risk – plan in place |
| | High risk – escalation required |
| | Not started |

- 6a.** The overall quality of EHC plans is not good enough. Too often they reflect the lack of joint working between education, health and care. (P3 MF 7)
- 6b.** Contributions to plans and annual reviews rely too heavily on schools. Health and care contributions are often lacking. (P3 MF 7)
- 6c.** Quality assurance processes are not established and not leading to robust improvement. (P3 MF 7)
- 6d.** Many children's and young people's EHC plans do not specify the provision that will meet their education, health and care needs well enough. (P3 MF 7)
- 6e.** Processes can prevent families from having appropriate access to services and support that can improve their outcomes. (P3 MF 8)
- 6f.** Families are not able to access direct payments without having a social worker. These weaknesses prevent children and young people from accessing appropriate provision and support in a timely fashion. (P3 MF 8)
- 6g.** The local area continues to struggle to meet statutory timescales for the assessment of children's and young people's SEND. (P5 AFI 1.2)
- 6h.** A significant backlog of weak plans remains. The efficiency of these processes is undermined by weaknesses in joint working and information sharing (P5 AFI 1.2)
- 6g.** The lag of varying approaches from the historic boroughs means the quality of EHC plans remains too varied. (P7 AFI 2.1)
- 6h.** Where EHC plans are weak, it is a direct result of weaknesses in joint working across education, health and care and a poor understanding of co-production. (P7 AFI 2.1)
- 6i.** Where children's and young people's and their parents' views are recorded, this does not result in a clear thread throughout the plan itself. (P7 AFI 2.1)
- 6j.** EHC plans do not reflect the desired wider outcomes shared by children and young people and their families. (P7 AFI 2.1)
- 6k.** The systems and processes that surround the application for and review of EHC plans do not work well enough.....unacceptably long delays in receiving reports from health professionals. (P7 AFI 2.2)
- 6l.** There is not enough clear guidance for mainstream providers about how to provide precisely for these children and young people. This contributes to the wrong view that all children and young people who have an EHC plan need to attend specialist provision (P7 AFI 2.2)
- 6m.** Health and care professionals have not been trained well enough to ensure they understand their role in making contributions to new assessments and annual reviews. (P7 AFI 2.3)
- 6n.** Where processes rely on the skills and experience of SENCOs, this leads to differing approaches to including health and care professionals, some of which do not work. (P7 AFI 2.3)
- 6o.** EHC plans are too focused on educational outcomes, even when a child or young person is also supported by health or care professionals. (P7 AFI 2.3)

Focus Area 23. An assessment process that results in high quality EHCPs and Annual Reviews that fully meets the statutory requirements and is consistent and cohesive BCP policy.

| Ref | Milestone Actions | Accountable Officer | Milestone Start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|---|---------------------|----------------------|----------------------|-----|--|--|
| 23 A | End to end review of EHCP and Annual Review processes across partners including parent carers, externally facilitated, recommendations agreed by SIB Including timeliness, need for IT system and Business Support | Simon McKenzie | Jan 22 | Apr 22 | | Precise definition of areas for development and strengths (Minutes) | EHCPs and Annual Reviews are judged to be of high quality, meeting statutory requirements and judged to be effective by parents, carers, young people and providers. |
| 23 B | Once completed, the revised process is implemented and published on the SEND Local Offer | Simon McKenzie | May 22 | Aug 22 | | Accessible to families and practitioners – SEND Local Offer click link (PI) and feedback (Voice) Timeliness improves to at least the national average (PI) | |
| 23 C | Ensure regular quality assurance of EHCPs by SEND Team is undertaken before issue | Simon McKenzie | Jan 22 | On-going | | EHCPs are considered of a good standard against QA format (Audit) | |
| 23 D | Create a rigorous quality assurance process, involving senior managers, that ensures that EHCPs and the processes are of high-quality specifying needs, provision and outcomes clearly and including the 'Golden Thread' of young people's, and parents' and carers' aspirations. | Simon McKenzie | Mar 22 | Apr 22 | | Quality assurance and feedback ensure that there is improvement in EHCPs and none require improvement (Audit) Percentage of audited EHCPs that are good or better (Audit) | |
| 23 E | Implement a training and development programme for the Assessment and Casework teams to address consistency, plan writing and raising standards. | Lindsey Sloan | Mar 22 | Sept 22 and on-going | | Clear training and development programme in place, evidence of improvement in standards | |

| | | | | | | | |
|------|--|----------------|--------|--------|--|---|--|
| 23 F | Establish a process within SEND management to remove the backlog of weak plans. Case Officers at transition point Annual Reviews to establish where improvements are needed and to update as appropriate | Simon McKenzie | Jan 22 | Mar 23 | | The backlog of weak plans is removed and there is no further backlog developing | |
|------|--|----------------|--------|--------|--|---|--|

Focus Area 24. High quality co-produced advice from all providers (also parental and young people's views) is received within timescales and provision and outcomes are clearly represented in the EHCP from 0-25

| Ref | Milestone Actions | Accountable Officer | Milestone Start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|---|----------------------------|----------------------|--------------------|-----|---|--|
| 24 A | Key agencies to implement quality assurance processes to ensure good quality advice and devise and implement co-produced training to support and advise professionals. | Simon McKenzie Sam Best | Mar 22 | Aug 22 | | Quality of advice is improved and user friendly so that issues raised reduce by at least 50% in the first year and further in subsequent years. (Audit & Voice) | The views and aspirations of parents' carers and young people are clearly represented throughout the EHCP matching the needs and provision made, meeting Timeliness requirements |
| 24 B | Implement Quality Checks to baseline and then ensure that good quality from all agencies, but specifically Health and Social care, is received in a timely manner. | Simon McKenzie | Feb 22 | Aug 22 | | QA process shows that there is clear advice from all agencies that gives clear direction for the writing of the EHCP. (Audit) | |
| 24 C | Review the current formats for seeking parent, carer and young people's views to ensure it is fully accessible and seeks a breadth of information and implement, building in the tell it once action. | Simon McKenzie | Feb 22 | Jun 22 | | Clear understanding of strengths and areas for development in obtaining and recording views of families and aspirations and made accessible to all readers. | |

Focus Area 25. Parents can make informed choices around Direct payments, Personal budgets and Continuing healthcare budgets, without the presence of unnecessary barriers.

| Ref | Milestone Actions | Accountable Officer | Milestone Start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|---|--|----------------------|--------------------|-----|---|--|
| 25 A | Establish continuity from children's services through to adult Care and ensure unnecessary barriers are removed. Develop to build a clearer joined up process | Simon McKenzie Jenni Collis-Heavens | Jan 22 | Aug 22 | | Parents report that barriers previously presented during their applications have now been removed (Survey, Voice) | There is clearer information around these payments, simpler routes to application and a greater take up of the offers. |
| 25 B | Publish clear guidelines for the processes to access Direct Payments, Personal Budgets and Continuing Healthcare | Louise Chiles | Aug 22 | Oct 22 | | Guidelines are on the SEND Local Offer and opportunities for accessing these are also raised at assessments (Audit) | |

Focus Area 26. The High Needs Funding formula meets the needs of children and young people, families and providers

| Ref | Milestone Actions | Accountable Officer | Milestone Start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|--|---------------------|----------------------|--------------------|-----|--|---|
| 26 A | Complete a banding review for mainstream provision (links to Graduated Response) | Simon McKenzie | Underway | Apr 22 | | Banding review is completed (Minutes) (subsequently agreed by Schools Forum and Cabinet) | There is a clear system of funding throughout the SEND provision that allows young people's needs to be met |

Focus Area 27. Clear thread throughout the plans reflects the desired outcomes through to preparation for adulthood (PfA)

| Ref | Milestone Actions | Accountable Officer | Milestone Start date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|---|---------------------|----------------------|--------------------|-----|--|--|
| 27 A | Review the current processes for including PfA at all relevant stages, ensuring that PfA includes all young people including those not in settings or in alternative provision. | Lindsey Sloan | Jan 22 | May 22 | | Barriers to the more effective provision for PfA are identified and removed so that they are discussed at 14+ reviews and for some young people and families at earlier stages where appropriate to take in the lived experience (Audit) Reduction of NEETS from average to below national (PI) | PfA is covered in much more detail and provision for those young people approaching that stage of their lives, or families with significant needs, is identified early. Completion |
| 27 B | Ensure that PfA considerations address needs from at least Y9 but in some case earlier and also reflect the needs of the families. | Lindsey Sloan | May 22 | Oct 22 | | Needs for PfA are identified and put in place including those with life limiting conditions (Audit) | |
| 27 C | Promoting the use of apprenticeships and internships for young people with SEND, within the Council, health, schools | Lindsey Sloan | Jan 22 | Dec 22 | | A programme is established within BCP, health and schools for apprenticeships and internships for those with SEND and there is a good take-up across all departments in BCP and Health and in schools and settings (Audit) 12% of apprenticeship (PI) | |

7. AREA FOR IMPROVEMENT

Poor joint commissioning arrangements that limit leaders' ability to meet local area needs, improve outcomes and achieve cost efficiencies

Progress (BRAG)

| |
|----------------------------------|
| Complete |
| On track running to plan |
| Significant risk – plan in place |
| High risk – escalation required |
| Not started |

7a. Leaders do not identify their commissioning, capital and provision needs precisely. **(P5 AFI 1.3)**

7b. much of the outcome information published in relation to the local area is not useful to identify need. *(JSNA)* **(P5 AFI1. 3)**

7c. Joint commissioning between services in BCP is limited. **(P4 MF 9)**

7d. Chance to achieve an economy of scale from jointly commissioned therapy services across the local area are missed. **(P4 MF 9)**

7e. Poor collaboration between services means the culture is not right to improve this issue. **(P4 MF9)**

7f. Children and young people with SEND who need specialist equipment for their physical development do not reliably get what they need. the funding to secure the specialist equipment is not forthcoming. This is particularly the case for children and young people who have challenges with their physical development, but do not have an EHC plan. As a result, the provision for these children is compromised. **(P8 AFI 2.8)**

7g. Access to appropriate short breaks is lacking.... advertised on the local offer as inclusive and SEND friendly. However, when arriving on site, parents find that the offer is run by staff who do not have the skills or the capacity in the team to meet their children's specific needs. **(P10 AFI 3.7)**

Focus Area 28. An effective SEND JSNA demonstrating current and future health, education and social care needs of those living with SEN and Disability

| Ref | Milestone Action | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|---|---------------------|----------------------|--------------------|-----|--|--|
| 28 A | Task and Finish Group to deliver updated SEND JSNA to be led by Public Health | Jo Wilson | Jan 22 | Mar 22 | | Agreement on the existing challenges where the Local Area should immediately focus its resources to achieve improvement/transformation (Minutes) | Strategic commissioning decisions and improvement planning is based on the SEND JSNA |
| 28 B | Bring together data and views of young people with SEND and their families for analysis – to reveal any | Jo Wilson | Feb 22 | May 22 | | Agreement on priority areas for future joint work across | |

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|------|--|-----------|----------|---------|--|--|--|
| | trends or gaps in education, health and care provision, identifying the opportunities to improve support and services for children and young people with SEND. | | | | | education, health and social care (Minutes) | |
| 28 C | Agree strategic priorities for action which will inform joint commissioning (based on both current and future needs for education, health and care services). | Jo Wilson | March 22 | July 22 | | A clear link between the JSNA and the local area's vision, strategy and framework for joint commissioning (Minutes) | |
| 28 D | Establish a system with all agencies, parents, carers and young people for the creation and updating of a live JSNA model. | Jo Wilson | Jun 22 | Sept 22 | | The JSNA process is now more responsive and provides up to date information across all users and is posted on the SEND Local Offer (Audit) | |
| 28 E | Training and support provided on the utilisation of the JSNA model to inform effective joint commissioning. | Jo Wilson | July 22 | Sept 22 | | Strategic commissioners from different agencies understand how to use the JSNA and decide together how best to meet needs (Review, Audit). | |

Focus Area 29. A vision, strategy and a framework for joint strategic planning and commissioning and planning of services between education, health and care is in place with clearly identified priorities and agreed outcomes to be delivered

| Ref | Milestone Action | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|--|---------------------|----------------------|--------------------|-----|---|---|
| 29 A | Task and finish group to review and develop existing SEND joint commissioning strategy | Julia Cramp | Dec 21 | Feb 22 | | Education, health and care professionals with a role in strategic planning and commissioning work collaborate to improve support and services in the local area (Minutes) | There is an agreed medium term strategy setting out priorities for joint work to improve outcomes for children and young people with SEND, and agreement on how commissioning |

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|------|--|-------------|--------|---------|--|---|---|
| 29 B | Mapping of current joint commissioning activity and opportunities for future joint commissioning (in line with SEND Code of Practice) | Julia Cramp | Jan 22 | Mar 22 | | Proposals for service re-design and new service models as a result of current joint commissioning work are well-understood and communicated to all within the SEND community (Minutes, Audit) | organisations will collaborate to transform services. |
| 29 C | Develop a 3 year SEND joint commissioning strategy, informed by a high-level review of SEND pathways to meet all aspects of need, | Julia Cramp | Mar 22 | July 22 | | There is an agreed plan for joint commissioning activity and clarity on how this works links to identified needs and priorities within the SEND JSNA (Audit) | |
| 29 D | Agree principles and processes for how commissioners across the local area will work together to design and deliver services to meet need. | Julia Cramp | Mar 22 | July 22 | | There is an agreed joint commissioning framework (as part of the joint commissioning strategy) with links to the co-production charter (Minutes, Audit) | |

Focus Area 30. There is clear and agreed governance and decision-making for joint strategic planning and commissioning for children and young people and decisions / progress are well-communicated to the SEND community

| Ref | Milestone Actions | Accountable Officer | Milestone start date | Milestone End date | RAG | Evidence of Impact | Overall impact of Focus Area |
|------|--|---------------------|----------------------|--------------------|-----|---|--|
| 30 A | Map out existing governance structure and role of each Board/Group (including decision-making related to joint planning and commissioning for children and young people with SEND) | Julia Cramp | Dec 21 | Jan 22 | | Processes for strategic oversight of the SEND transformation programme are fully explained along with clear information about how parents, carers and young people can become involved in co-production and decision-making (Voice) | There is evidence of challenge and scrutiny that leads to positive change for children and parents. There is clarity about different agencies' responsibilities and who will take actions forward. |

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|------|---|-------------|--------|--------|--|--|--|
| 30 B | Discuss mapping with Chairs of relevant Boards/Groups and produce briefing paper on governance arrangements | Julia Cramp | Jan 22 | Mar 22 | | Clarity on decision-making and accountability for different aspects of the SEND transformation programme (Minutes) | |
|------|---|-------------|--------|--------|--|--|--|

Focus Area 31. Strategic commissioning capacity and people supported to develop competencies

| Ref | Milestone Actions | Accountable Officer | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|--|---------------------|----------------------|--------------------|-----|---|--|
| 31 A | Assess capacity for strategic joint commissioning across the Council and the CCG | Julia Cramp | Jan 2022 | Mar 22 | | Senior leaders agree the level of staffing needed for effective strategic joint planning and commissioning and proposals for developing this capacity (Minutes) | There is sufficient capacity to deliver agreed joint commissioning processes |
| 31 B | Consider skills needed for effective strategic commissioning and put forward proposals for supporting staff development. | Julia Cramp | Feb 2022 | Apr 22 | | Workforce development needs of people involved in strategic commissioning are identified and there is agreement on how to meet these needs (Minutes) | |

Focus Area 32. Consistent approach for access to specialist equipment both at home and in education settings

| Ref | Milestone Action | Accountable Lead | Milestone Start Date | Milestone End date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|--|----------------------------|----------------------|--------------------|-----|---|--|
| 32 A | Immediate action to identify short term improvements for the use of unused equipment | Sarah Langdale Sam Best | Jan 22 | Mar 22 | | Clarity on available funding and decision-making related to specialist equipment needed both within homes and in early years settings/schools (Voice) | Families and young people receive the specialist equipment they require in a timely manner |

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|------|--|----------------------------|--------|----------|--|--|--|
| 32 B | Jointly commission and implement a longer-term solution for specialist equipment | Sarah Langdale Sam Best | Apr 22 | April 23 | | New service is in place (Audit, Voice, PI) | |
|------|--|----------------------------|--------|----------|--|--|--|

Focus Area 33. Access to appropriate and inclusive short breaks clearly advertised on the SEND Local Offer

| Ref | Milestone Action | Accountable Lead | Milestone Start Date | Milestone End date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|--|------------------|----------------------|--------------------|-----|---|---|
| 33 A | Complete needs assessment and options appraisal to inform provision for all needs in the area. | Sarah Langdale | Nov 21 | April 22 | | Recommendations are reported to SIB and implementation timetable agreed (Minutes) | Great clarity and accessible in the shortbreaks offer |

8. AREA FOR IMPROVEMENT

The proportion of pupils not accessing education because of the disproportionate use of exclusion and poor inclusive practices across the area.

Progress (BRAG)

| | |
|--|----------------------------------|
| | Complete |
| | On track running to plan |
| | Significant risk – plan in place |
| | High risk – escalation required |
| | Not started |

8a. Exclusions of pupils with SEND are too high.... this is particularly the case in secondary schools. **(P4 MF10)**

8b. Variability in the quality of school provision means that when some pupils present with challenging behaviour, this is not managed well, and their underlying need is not considered. **(P4 MF10)**

8c. Area leaders recognise there are weaknesses in inclusive practice in the area. However, they are late in challenging this and have not established robust systems for challenging poor practice. **(P8 AFI 2.5)**

8d. In the absence of suitable support from services, including health and social care, schools' resort to taking action in isolation. For example, they make direct arrangements with alternative provision, charities, and therapists. **(P4 MF10)**

8e. Similarly, they compensate by recruiting their own staff to support pupils' mental health, challenging behaviour and wellbeing. While this meets individual needs sometimes, it is not equitable across the area and further embeds fractured provision across BCP **(P4 MF10)**

Focus Area 34. There is a co-produced 5 Education Year plan and strategy that is shared and implemented by all education, health and care providers and addresses the shortcoming identified in the inspection, with effective means for partners to collectively hold each other to account.

| Ref | Milestone Actions | Accountable Lead | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|---|------------------|----------------------|--------------------|-----|---|--|
| 34 A | Co-create with families, children and young people a vision, and 5-year Inclusion in Education Strategy and plan for BCP, including post-16 (including a Standard of Inclusion in education). | Sarah Rempel | Jan 22 | Oct 22 | | All providers and users have signed up to a published 5-year plan for the inclusive education from 0- 25 years (Minutes, Audit) | Target rate for FTE to be at or below national Target rate for PEx to be at or below national |

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|------|---|---------------------------------|--------|---------|--|--|--|
| 34 B | Strengthen support so that responses towards inclusion within the local area, including governance of settings, schools and colleges, are at a high level, ensuring this is also embedded as part of the wider evaluation framework - including multi-agency, parent/carer and C&YP monitoring. | Sarah Rempel | May 22 | Dec 22 | | There is a cultural shift across the local area towards an inclusive structure reflected in reductions in FTE and PEx (PI) | |
| 34 C | Explore the strengths identified in Early Years, particularly at transition points and identify ways to replicate these across the phases. | Simon McKenzie Lesley Tasan | May 22 | Jul 22 | | There is a more joined up system recognising the strengths and evidence of reduced exclusion following transition (Audit, Survey) | |
| 34 D | Undertake an inquiry into post-16 and PfA-related provision including difficulties around transition into work. | Simon McKenzie Lindsey Sloan | Feb 22 | Jul 22 | | The pathways for post-16 students into employment will be clear and diverse (Audit, Survey) Reduction in number of NEET (PI) Increase in the take up of supported internships (PI) | |
| 34 E | Create opportunities to incorporate the lessons from lived experiences into policy and practice, through practice guidance. | Sarah Rempel Parent | Feb 22 | Sept 22 | | There is greater understanding across the local area of the impact on the lived experience of families (Audit, Survey) | |

Focus Area 35. An Inclusion Quality Mark supports providers to deliver against the Inclusion Strategy and Standard.

| Ref | Milestone Actions | Accountable Lead | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|---|------------------|----------------------|--------------------|-----|---|---|
| 35 A | Co-produce an Inclusion Quality Mark (IQM) and provide the means for all settings, schools and colleges, parent carers and children and young people to participate in support and development opportunities. | Vanessa Grizzle | Dec 21 | Jun 22 | | More than 50% of schools in BCP are signed up to complete the IQM (PI, Audit) | Increase of 5% per year to national average, for children and young people with EHCPs having their needs met in mainstream schools. |

| 35 B | The Inclusion Standard is agreed, following consultation, and is launched across all education settings followed by a 'sign up' to its function. | Vanessa Grizzle | Jun 22 | July 23 | | All settings, schools and colleges have signed to the Inclusion Standard (PI) | |
|---|--|------------------------------------|----------------------|--------------------|-----|---|--|
| Focus Area 36. Partners jointly work together to put in place cohesive services and provision to support inclusion | | | | | | | |
| Ref | Milestone Actions | Accountable Lead | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
| 36 A | Interim review of support needs for school to support the breadth of SEND needs | Vanessa Grizzle | Sept 22 | Dec 22 | | Support offer to schools revised (2 term notice required for any changes) agreed by Schools Forum, reported to SIB (Minutes) | Schools report they have timely access to the right support across a range of services Evidence of increased inclusion in schools |
| 36 B | Full review support needs for school to support the breadth of SEND needs (informed by other pilot work) | Vanessa Grizzle | Jan 2023 | Mar 23 | | Full review of support needs completed, recommendations agreed by Schools Forum, reported to SIB (Minutes) | |
| 36 C | Support the expansion of the Team Around School programme to create a cohesive joined approach across all partners. | Sarah Rempel | March 22 | Aug 22 | | Closer working between SEND services, inclusion services and social care to meet the needs of pupils (Audit) | |
| 36 D | Investigate a locality hub model for piloting inclusion initiatives. | Sarah Rempel Headteachers Forum | Sept 2022 | Dec 2022 | | Report and recommendations between the Council and Schools Forum (Minutes) | |
| 36 E | Use the Anna Freud Link Programme to improve access to mental health provision for children and young people across BCP. | Sarah Rempel Nova Bovaird | Jan 22 | Jan 23 | | Improved joint working between mental health professionals, school and college staff across the whole community with a shared professional language, pooled local knowledge and established working relationships to plan services together (Audit) | |

| Focus Area 37. The number of fixed term and permanent exclusions for all children and young people, but particularly those identified as vulnerable, is below National figures and falling. | | | | | | | |
|---|---|-------------------|----------------------|--------------------|-----|---|---|
| Ref | Milestone Actions | Accountable Lead | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
| 37 A | Development of a multi-disciplinary pilot programme in collaboration with schools to proactively support pupils at risk of exclusions/experiencing poor attendance. This pilot will include robust evaluations in helping BCP to inform future sustainable offer. | Geraint Griffiths | Sept 22 | Dec 22 | | Evaluation of pilot completed Learning shared across the system informs a review of the offer. (Minutes) | Target rate for FTE to be at or below national Target rate for PEx to be at or below national |
| 37 B | All settings and the Council to pilot a pre-exclusion ‘case conferencing’ system. | Geraint Griffiths | Sept 22 | Dec 22 | | Evaluation of pilot completed Learning shared and decision made on role out (Audit) | |
| Focus Area 38. There is a consistent approach in the use of Alternative provision, overseen by a Panel, so that children and young people make good or better progress. | | | | | | | |
| Ref | Milestone Actions | Accountable Lead | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
| 38 A | Review the Alternative Provision policy | Geraint Griffiths | Dec 21 | Feb 22 | | Updated policy agreed by partners (Minutes) | Consistent approach to the use of AP |
| 38 B | Task and Finish Group co-produce quality standards for Alternative Providers with outcomes for young people at its heart and identify timescales for reviewing the AP Framework informed by the standards | Geraint Griffiths | Apr 22 | Jun 22 | | Quality standards agreed by SIB. Plan in place for implementing the Quality Assurance process (Minutes) | Evidence over time of good or better outcomes for young people Evidence over time of improving standards |

Focus Area 39. Those Children Missing Education, across BCP, both CME and Pupils missing out on education, have their needs identified and provision put in place rapidly.

| Ref | Milestone Actions | Accountable Lead | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|--|-------------------|----------------------|--------------------|-----|---|---|
| 39 A | Establish a robust tracking system, with clear roles, responsibilities and processes, to reduce the potential for children and young people to be missing education. | Geraint Griffiths | Jan 22 | Apr 22 | | <p>Process and reporting taking place, with half termly census for young people on p/t timetables. (PI)</p> <p>Clarity amongst partners on CME and CMOE. – review processes to see they are robust. (Audit)</p> | <p>Reduction in CME and CMOE</p> <p>Pupils are not out of school for extended periods</p> <p>Frontline colleagues report that they have a better understanding of masking</p> <p>Increased safeguarding</p> |
| 39 B | Task and finish Group for children, young people, parents and carers and other stakeholders to identify the barriers, including the masking of difficulties, to children and young people with SEND attending education provision; making recommendations to SIB | Geraint Griffiths | Apr 22 | Jul 22 | | <p>Recommendations made and agreed by SIB (Minutes)</p> <p>Children and young people and parent carers involved in the work report that they feel delivery colleagues have understood the issues raised and the actions agreed with address the issues. (Voice)</p> | |
| 39 C | Ensure robust quality assurance processes are in place to provide assurance that CME processes are being appropriately followed. | Geraint Griffiths | Dec 21 | Feb 22 | | Report to Director of Education providing assurance (Audit) | |
| 39 D | Review the Fair Access protocol with agencies, education providers, parents and carers and children and young people, and address any identified short comings. To be implemented Sept 2022 | Angie Hill | Dec 21 | Sept 22 | | Fair Access protocol agreed by the Director of Education and reported to SIB (Minutes) | |

Focus Area 40. There is a team of ‘Youth Champions’ who work with schools and other providers to identify positive aspects of provision.

| Ref | Milestone Actions | Accountable Lead | Milestone Start Date | Milestone End Date | RAG | Evidence of Impact | Overall Impact of Focus Area |
|------|---|----------------------|----------------------|--------------------|-----|---|---|
| 40 A | Develop a team of Youth Champions, trained and supported by BCP’s Participation Worker to work with schools on identifying positive aspects of inclusive provision. | Participation Worker | May 22 | Dec 22 | | Team of Youth Champions is in place representing the breadth of needs and key stages within BCP (Audit, SEND Forum) | Positive aspects/learning is shared amongst schools and other providers |
| 40 B | Youth Champions’ reports are shared with school, academy trusts and a range of Council teams. | Participation Worker | Dec 22 | Mar 23 | | School, academy trusts and a range of Council teams identify how they will use the learning from each report (Survey) | Youth Champions report the work was a positive experience and they felt listened to |

Appendix 1 – Governance and co-production work

Contributions from parent/carers

A number of parents and carers shared their experiences directly individually with the director of education. In addition, senior leaders from the Council and CCG also met with parent and carers in a number of online and in person groups as set out below – the learning from all of these discussions have shaped the WSoA.

| Online events hosted by LA and CCG | Hosts |
|------------------------------------|--|
| Monday 4 October | Sarah Rempel, BCP Council, Sam Best, CCG |
| Wednesday 6 October | Sarah Rempel, BCP Council, Sam Best, CCG |
| Monday 11 October | Simon McKenzie, BCP Council, Sam Best, CCG |
| Tuesday 12 October | Sarah Rempel, BCP Council, Sam Best, CCG |

| Events Hosted by Parent Carers | Date | Attendees from LA and CCG |
|------------------------------------|-----------------------|--|
| Slades Farm Event | Friday 22 October | Sarah Rempel, BCP Council, Sam Best, CCG |
| Doors Open Event | Friday 19 November | Sam Best, CCG |
| SWAN Event | Friday 15 October | Sarah Rempel, BCP Council, Sam Best, CCG |
| SENturies Event | Wednesday 24 November | Sarah Rempel, BCP Council, Sam Best, CCG |
| Dorset Children's Foundation Event | Saturday 13 November | Sarah Rempel, BCP Council, Sam Best, CCG |
| Parents and Carers Together Event | Monday 8 November | Simon McKenzie, BCP Council, Chloe Morley, CCG |

Membership of workstreams to develop the WSoA

| Name | Job Title | Organisation/Sector |
|-------------------|--|----------------------------|
| 1. Culture | | |
| Parent carer | Chair/Trustee | Parent Carer Foundation |
| Parent carer | Representative | Parent Carer Foundation |
| Parent carer | Representative | Parent Carers Together |
| Geoff Cherrill | Special School Head Teacher and Chair of Schools Forum | Winchelsea School |
| Nick Wills | SENCo | St Michaels Primary School |
| Gemma Talbot | Executive Head Teacher | Linwood School |
| Sally Sandcraft | Director of Primary and Community Care | CCG |
| Kate Harvey | Service Director | Dorset Healthcare |
| Claire Hurley | Head of CAHMS | Dorset Healthcare |
| Councillor White | Councillor | BCP Council |
| Councillor Greene | Councillor | BCP Council |
| Elaine Redding | Consultant Director, Childrens Services | BCP Council |
| Sarah Rempel | Service Director, Education | BCP Council |
| David Vitty | Director, Adult Social Care | BCP Council |
| Anthony Douglas | DfE Advisor | BCP Council |
| Betty Butlin | Director of Operations | BCP Council |

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|-------------------------|---|-----------------------------|
| Jenni Collis-Havens | Head of Learning Disability and Mental Health | BCP Council |
| Stacey Harvey | Operational Manager, Adult Social Care | BCP Council |
| 2. Evaluation | | |
| Parent carer | Chair/Trustee | Parent Carer Foundation |
| Parent carer | Representative | Dorset Childrens Foundation |
| Parent carer | Representative | SWAN UK |
| Parent carer | Representative | Parent and Carers Together |
| Kerry Dewsnap | Assistant Head Teacher | Poole High School |
| Chloe Morley | Associate Designated Clinical Officer | CCG |
| Lisa White | Clinical Service Manager | Dorset Healthcare |
| Jo Wilson | Head of Programmes, Public Health | Dorset Council |
| Rina Mistry | Team Manager, Business and Data | BCP Council |
| Simon McKenzie | Head of SEND | BCP Council |
| Kelly Twitchen | Head of Virtual School and College | BCP Council |
| Stacey Harvey | Operational Manager, Adult Social Care | BCP Council |
| Sarah Langdale | Access to Resources Team | BCP Council |
| Vikki Whild | Interim Head of Childrens Performance | BCP Council |
| Stacey Harvey | Operational Manager, Adult Social Care | BCP Council |
| 3. Co-Production | | |
| Parent carer | Chair/Trustee | Parent Carer Foundation |
| Parent carer | Representative | Dorset Childrens Foundation |

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|--------------------------------|---|-----------------------------|
| Parent carer | Representative | SWAN UK |
| Parent carer | Representative | Parent Carers Together |
| Andrew Farbridge | SENCo | Parkstone Grammar |
| Beulah Johnson | SENCo | Burton CE Primary School |
| Steve Clarke | DCO for SEND | CCG |
| Chloe Morley | Associate Designated Clinical Officer | CCG |
| Leah May | Virtual School and College Inclusion Lead | BCP Council |
| Simon McKenzie | Head of SEND | BCP Council |
| Kirsty Fisher | SENDiass Officer | BCP Council |
| Sarah Langdale | Access to Resources Team, Childrens Commissioning | BCP Council |
| Jenni Collis-Heavens | Head of Learning Disability and Mental Health | BCP Council |
| Karen Hollocks | SEND Communications Lead | BCP Council |
| Louise Chiles | Family Information and Workforce Manager | BCP Council |
| Lindsey Sloan | SEND Project and Improvement Manager | BCP Council |
| Lesley Tasan | Early Learning, Inclusion and Improvement Lead | BCP Council |
| Stacey Harvey | Operational Manager, Adult Social Care | BCP Council |
| 4. Sustainable Services | | |
| Parent carer | Chair/Trustee | Parent Carer Foundation |
| Parent carer | Representative | Dorset Childrens Foundation |
| Parent carer | Representative | SWAN UK |
| Parent carer | Representative | Parent Carers Together |

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| Fritz Penn-Barwell | Director of Standards and School Improvement | Delta Education Trust |
| Jo Fish | Principal | Elm Academy |
| Jemma Dudgeon | Head Teacher | Portfield School |
| Sam Best | Principal Lead – Children and Young People | CCG |
| David Hannington | CDC General Manager | Poole Child Development Centre |
| Rachel Yetton | Inclusion Team Lead | Elm Academy |
| Josie Roberts | Clinical Lead Nurse for Childrens Community Services and Palliative Care | Dorset Healthcare |
| Sarah Rempel | Service Director, Education | BCP Council |
| Mary Diffey | Service Manager, SEND | BCP Council |
| Fiona Okai | Principal Educational Physiology | BCP Council |
| Fiona May | SEN Inclusion Officer | BCP Council |
| Jane Trevett | Information Management Officer | BCP Council |
| Vanessa Grizzle | Principal Educational Psychologist | BCP Council |
| 5. Graduated Response | | |
| Parent carer | Chair/Trustee | Parent Carer Foundation |
| Parent carer | Representative | Dorset Childrens Foundation |
| Parent carer | Representative | SWAN UK |
| Parent carer | Representative | Parents and Carers Together |
| Jade Palmer | Head of School | Broadstone Middle School |
| Lisa McGraw | SENDCo | Jewell Academy |
| Kate Etheridge | Deputy Head and SENDCo | Poole Grammar School |

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|----------------------|---|--------------------------------|
| Nova Bovaird | Head of CAMHS | Dorset Healthcare |
| Gary Billen | Head of Child and Adult LD Services | Dorset Healthcare |
| Lisa White | Clinical Service Manager | Dorset Healthcare |
| David Hannington | CDC General Manager | Poole Child Development Centre |
| Chloe Morley | Associate Designated Clinical Officer | CCG |
| Christine Rainsford | Service Manager, Paediatric Speech and Language Therapy | Dorset Healthcare |
| Clare Hurley | Head of CAMHS | Dorset Healthcare |
| Leah May | Virtual School and College Inclusion Lead | BCP Council |
| Gemma Tappenden | SENDCo Early Years | BCP Council |
| Jonna Bispham | Educational Psychologist | BCP Council |
| Victoria Stone | Team Manager, Children in Care | BCP Council |
| Aleksandra Zabielska | Team Manager, CHAD | BCP Council |
| Lindsey Sloan | PFA Pathways Co-ordinator | BCP Council |
| Emma Lashford | SEND Case Officer | BCP Council |
| Claire O'Brien | SEN Inclusion Officer | BCP Council |
| Karen Harris | Information Management Officer | BCP Council |
| Vanessa Grizzle | Principal Educational Psychologist | BCP Council |
| 6. EHCPs | | |
| Parent carer | Chair/Trustee | Parent Carer Foundation |
| Parent carer | Representative | Parent Carer Foundation |
| Parent carer | Representative | Parent Carer Foundation |

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| Parent carer | Representative | Parents and Carers Together |
| David Dawson | SENCo | St Edwards |
| Paul Howieson | CEO | Coastal Learning Partnership |
| Natasha Deeney | Matron Liaison Psychiatry | Dorset Healthcare |
| Leah May | Virtual School and College Inclusion Lead | BCP Council |
| Steve Clark | Designated Clinical Officer | CCG |
| Robyn Turton | Founder | Doors Open |
| Aleksandra Zabielska | Team Manager, CHAD | BCP Council |
| Simon McKenzie | Head of SEND | BCP Council |
| Mary Diffey | Service Manager, SEND inc PFA | BCP Council |
| Gemma Tappenden | SENCo Early Years | BCP Council |
| Stacey Harvey | Operational Manager, Adult Social Care | BCP Council |
| Vanessa Grizzle | Principal Educational Psychologist | BCP Council |
| Kirsty Fisher | SENDiass Officer | BCP Council |
| Ali Mathews | Service Manager, Children and Families First | BCP Council |
| Emma Lashford | SEND Case Officer | BCP Council |
| Claire O'Brien | SEN Inclusion Officer | BCP Council |
| Jane Trevett | Information Management Officer | BCP Council |
| 7. Joint Commissioning | | |
| Parent carer | Chair/Trustee | Parent Carer Foundation |
| Parent carer | Representative | Parent Carer Foundation |

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|-----------------------------------|---|-----------------------------|
| Parent carer | Representative | Dorset Childrens Foundation |
| Parent carer | Representative | Parent and Carers Together |
| Lucy Sloan | SENCo | Avonwood Primary School |
| Gemma Talbot | Executive Head Teacher | Linwood School |
| Sam Best | Principal Lead Children and Young People | CCG |
| Jo Wilson | Public Health Commissioner | Dorset Council |
| Teresa Brennan | Head of Campuses | Linwood School |
| Verity McAuley | School Business Manager | Linwood School |
| Kate Tuck | LTSA Director | Linwood School |
| Julia Cramp | Interim Project Lead | BCP Council |
| Sarah Langdale | Access to Resources Team Manager, Childrens Commissioning | BCP Council |
| Jo O'Connell | Head of Adults Commissioning | BCP Council |
| Rachel Anderson | Early Help Manager | BCP Council |
| Lindsey Sloan | PFA Pathways Co-ordinator | BCP Council |
| Lesley Tasan | Early Learning, Inclusion and Improvement Lead | BCP Council |
| Jane Trevett | Information Management Officer | BCP Council |
| 8. Exclusion and Inclusion | | |
| Parent carer | Chair/Trustee | Parent Carer Foundation |
| Parent carer | Rep to Wider Groups | Parent Carer Foundation |
| Parent carer | Representative | Parents and Carers Together |
| Annemarie Lithgow | SENCo | St Joseph's Christchurch |

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|---------------------|--|-------------------------------|
| Sam Viney | Principal | Glenmoor and Winton Academy |
| Christian Malone | Head of Learning | Coastal Learning Partnership |
| Leigh Bailey-Pearce | Principal | Tregonwell Academy |
| Fritz Penn-Barwell | Director of Standards and School Improvement | Delta Education Trust |
| Sam Best | Principal Lead Children and Young People | CCG |
| Clare Hurley | Head of CAMHS | Dorset Healthcare |
| Sarah Stockham | Clinical Lead, Mental Health Support | Dorset Healthcare |
| Sarah Horn | Assistant Principal | Glenmoor and Winton Academies |
| Sarah Rempel | Director of Education | BCP Council |
| Geraint Griffiths | Early Help Manager | BCP Council |
| Lesley Tasan | Early Learning, Inclusion and Improvement Lead | BCP Council |
| Sarah Rempel | Service Director, Education | BCP Council |
| Wayne Chappell | Virtual School and College | BCP Council |
| Tanis Middlemiss | Early Help Manager | BCP Council |
| Vanessa Grizzle | Principal Educational Psychologist | BCP Council |
| Helen Becker | SEND Service Manager | BCP Council |
| Karen Harris | Information Management Officer | BCP Council |

SEND Improvement Board Membership

| Name, Role | Organisation and Sector |
|--|--|
| Claire Burgess, Independent Chair | LGA Advisor |
| Cllr Nicola Greene, Portfolio Holder for Council Priorities and Delivery | BCP Council |
| Cllr Karen Rampton, Portfolio Holder for Adults | BCP Council |
| Cllr Sandra Moore, Member of Children's Services Overview and Scrutiny Committee | BCP Council |
| Elaine Redding, Interim Corporate Director Children's Services | BCP Council |
| David Vitty, Director Adult Social Care | BCP Council |
| Sally Sandcraft, Director of Primary and Community Care | NHS Dorset Clinical Commissioning Group |
| Nikki Jacques Co-Chair Louise Middleton, Co-Chair Peter Philips, Steering Group Member | Parent Carers Together |
| Marion Burgess, Trustee Sarah Ward, Trustee Other representatives from other parent groups | Parent Carer Foundation |
| Chris Jackson Headteacher | Avonwood Primary School (Primary sector) |
| Ben Doyle, Headteacher | St Peter's Catholic School (Secondary sector) |
| Ginny Bellard, Headteacher | Montacute (Special school sector) |
| Louise Garner, Director of Learning for Applied Science, Care and Foundation Studies | Bournemouth & Poole College (Further Education sector) |
| Kate Harvey, Service Director – Children, Young People & Families | Dorset Healthcare University NHS Foundation Trust (NHS provider) |
| Emma Lee, Partnerships Manager | Community Action Network (CAN) - Voluntary & Community Sector |

Appendix 2 – Details of accountable officers

| | | |
|----------------------|---|----------------------|
| Sam Best | Principal Lead Children and Young People | CCG |
| Nova Bovaird | Clinical Lead Mental Health Support Teams (MHST) in Schools | Dorset Health Care |
| Louise Chiles | Family Information and Workforce Manager | BCP Council |
| Steve Clark | Designated Clinical Officer (DCO) | CCG |
| Jenni Collis-Heavens | Head of Learning Disability and Mental Health | BCP Council |
| Julia Cramp | Interim Project Lead | BCP Council |
| Anthony Douglass | DfE Advisor | BCP Council |
| Rachel Gravett | Head of QA, Governance and Improvement | BCP Council |
| Vanessa Grizzle | Principal Educational Psychologist | BCP Council |
| Mark Harris | Head of Mental Health | CCG |
| Angie Hill | Team Manager, Admissions and Exclusions | BCP Council |
| Karen Hollocks | SEND Communications Lead | BCP Council |
| Sarah Langdale | Access to Resources Team, Childrens Commissioning | BCP Council |
| Simon McKenzie | Head of SEND | BCP Council |
| Sarah Rempel | Service Director, Education | BCP Council |
| Sally Sandcraft | Director of Primary and Community Care | CCG |
| Lesley Tasan | Early Learning, Inclusion and Improvement Lead | BCP Council |
| Joanne Wilson | Head of Programmes | Public Health Dorset |
| Lindsey Sloan | SEND Project and Improvement Manager | BCP Council |

Appendix 3 – Glossary

| | |
|--------------------|---|
| BCP | Bournemouth, Christchurch and Poole Council |
| CCG | NHS Dorset Clinical Commissioning Group |
| CDC | Child Development Centre |
| CME | Children Missing Education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school (EOTAS) |
| CMOE | Children Missing Out on Education is any pupil not in full-time education, for whatever reason, for example if they are excluded |
| CQC | Care Quality Commission, the independent regulator of all health and social care services in England |
| C&YP | Children and Young People |
| EHCP | Education, Health and Care Plan, for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs. |
| EOTAS | Not receiving suitable education otherwise than at a school |
| FTE | Fixed Term Exclusion |
| Graduated Response | <p>The Graduated Response and Toolkit is a document that sets out how pre-schools, schools and colleges can provide the right level of support to meet a child's special educational needs. There are 3 Graduated Response documents</p> <ul style="list-style-type: none"> • early years pupils • school age pupils • pupils in post-16 education |
| GRID | Training in paediatrics (health services for children) |
| IQM | Inclusion Quality Mark |

| | |
|---------|---|
| JD | Job description |
| JSNA | Joint Strategic Needs Assessment, bringing together data and information across a local area to inform planning |
| NICE | National Institute for Clinical Excellence, role to improve outcomes for people using the NHS and other public health and social care services |
| PEx | Permanent Exclusion |
| PfA | Preparation for Adulthood, preparing young people from the earliest years. to achieve paid employment, independent living, housing options, good health, friendships, relationships and community inclusion. |
| PI | Performance Indicator |
| Pilot | Testing out a new way of working or doing something before fully launching it |
| SALT | Speech and Language Therapy |
| SENCo | Special Educational Needs Co-ordinator, a schoolteacher who is responsible for assessing, planning and monitoring the progress of children with special educational needs and disabilities (SEND) |
| SEND | Special Educational Needs and Disability |
| SIB | SEND Improvement Board, local partnership board responsible for improving SEND across the local area |
| SEND LO | SEND Local Offer, aims to bring together useful information across education, health and social care within one website. You can find information, advice and guidance and a range of local service providers who support children and young people with Special Educational Needs and Disabilities (SEND). |
| WFD | Workforce Development |
| WSoA | Written Statement of Action |