



**WOKINGHAM
BOROUGH COUNCIL**



**Wokingham Primary
Headteacher
Association**

WOKINGHAM CHILDREN & YOUNG PEOPLE PLAN



'Working collaboratively across partnerships to ensure that all children and young people in Wokingham are the best they can be whilst being happy, healthy and safe'

2020-2023

Foreword



Welcome to the Wokingham Children and Young People Partnership Plan.

Our starting point as a partnership was to develop a shared vision and that this vision will drive our work both strategically and operationally. This is a three year plan and will be reviewed and refreshed annually.

We have worked hard as a partnership to develop our shared vision and to determine our shared priorities. We have agreed to focus on four key priorities and believe delivering against these four priorities are key to us improving outcomes for our Children and Young People.

Our shared vision is:

'We will work collaboratively across partnerships to ensure that all children and young people in Wokingham are the best they can be whilst being happy, healthy and safe'

Our shared priorities are:

Early Intervention and Prevention,
Emotional Wellbeing,
Contextual Safeguarding
Special Educational Needs and Disabilities.

We have also developed an action plan which sets out the activity required to deliver against our priorities, with clear outcomes focused measures so that as a partnership we are accountable to each other. We hope this will prove to be a useful framework for colleagues to think about their work. We know that if we all work together we can achieve great things and improve outcomes for our Children and Young People.

Carol Cammiss
Director of Children's Services

1. Introduction

1.1 Background

The requirement for partners to work together to improve the lives of children and young people through a Children's Partnership is set out in the Children Act 2004 Section 10 'Duty to Cooperate'. In 2010 the Department for Education withdrew much of the heavily prescribed statutory guidance on Children's Partnerships, giving Children's Partnership Boards much more freedom to establish their own local arrangements.

The Wokingham Children and Young People's Partnership (CYPP) brings together those organisations and partnerships involved in providing Children's Services, to design and deliver integrated services around the needs of all children and young people. The Children and Young People's Partnership plan sets out the strategic direction and goals for the partnership covering all services for children and young people.

To get the best out of the strategic partnership we recognise that all partners need to actively participate and engage; providing the foundation for an equal partnership. Members have a shared commitment to helping children and young people be the best that they can, in particular those who for many different reasons face more challenges than their peers. Senior representatives from key partner organisations meet regularly and oversee the operational work of the Partnership, though its network of sub-groups.

This partnership is part of the local area governance structure and supports the delivery of the local Children and Young People priorities, with immediate accountability to Children and Young People Board.

1.2 Purpose of the Children and Young Peoples Partnership Plan (CYPPP)

The Marmot review stated that both universal and more targeted approaches are needed to improve the health of the most vulnerable and reduce health inequalities. This is particularly important in Wokingham where people generally have good health outcomes, yet there are local variations where some groups have poorer outcomes which are often linked to deprivation.

The aim of the CYPP is to bring together key partners to deliver on the vision for children and young people across Wokingham Borough so we have improved outcomes for children, young people and their families.

This multiagency plan details how we will work together to prevent, support, and promote good health and wellbeing across the Borough so children feel happy, safe, build resilience and maximise their full potential.

The plan is not a stand-alone document, but sets the direction, bringing together various partners who will support the delivery of the areas highlighted within this plan under one clear vision and purpose. The Children and Young Peoples Partnership Board will oversee the implementation of the plan and will include Local Authority, CCG, NHS Providers,

Voluntary Sector, Schools, Public Health and other partners who commission and deliver services for children young people and their families.

We know that our children in care are a particularly vulnerable group and are at high risk of social exclusion, health inequalities, inequalities in educational attainment and wider negative outcomes. Effective and robust safeguarding, early prevention and support activities are critical to minimising the need for children to be brought into local authority care and to ensure that protective factors are put in place.

Decisions made will be based on evidence so that we understand what local pressures mean for the children and young people, and we understand the impact. We are committed to sharing the work that is ongoing in organisations in order that this can be built upon and developed to strengthen the partnership offer and prioritise resources. It also brings about the opportunity to pilot initiatives.

1.3 Our Vision

“We will work collaboratively across the partnership to ensure that all children and young people in Wokingham are the best they can be whilst being happy, healthy and safe”.

1.4 Our Mission Statement

- ❖ We will take a shared responsibility to ensure all our children and young people achieve better outcomes
- ❖ We will support all children and young people to be healthy, safe and resilient
- ❖ We will take positive steps to narrow the health inequalities gap
- ❖ We will work together more effectively to help every child and young person achieve their full potential and enjoy life
- ❖ We will support families and those who support them and our wider community to build resilience and nurture our children and young people
- ❖ We will ensure we have a workforce that is skilled and equipped to respond to needs of vulnerable and at risk groups
- ❖ We will use evidence based interventions and practice to inform commissioning of services so that they reflect the needs of children and young people and their families

1.5 How will we do this?

The Children and Young People Partnership will bring together key partners to deliver on the development, implementation and monitoring of the Children and Young People's Partnership Plan (CYPPP) over the next three years. Through a series of workshops and analysing local data, partners agreed on the following shared priorities:

Priority 1	Early Intervention and Prevention
Priority 2	Emotional Health and Wellbeing
Priority 3	Contextual Safeguarding
Priority 4	Special Education Needs and Disabilities

In choosing these priorities, the Partnership recognises that we operate in an environment of fast-changing global, national and local economic, political and environmental conditions, which can cause both predictable and unpredictable outcomes for children and their families. With this in mind, the priorities have been chosen on the basis of the best knowledge and intelligence available, but in the recognition that we must be flexible enough to react to new information and challenges during the timescale of the plan.

These Priorities will drive all board activities for the next three years. Safeguarding, trauma informed practice, partnership working and evidence based practice will be a common thread throughout all these priority areas.

1.6 Priorities

1)	Early Intervention and Prevention	To ensure every child has the best start in life and receive the support through universal and targeted services early from conception, birth, early years to school age and transition to adulthood.
2)	Emotional Health and Wellbeing	To create an environment that promotes good emotional and mental health leading to a system that supports children at the earliest opportunity, at the right place at the right time preventing the need for specialist care
3)	Contextual Safeguarding	To ensure we have a consistent and embedded approach to understanding, and responding to, young people's experiences of significant harm beyond their families
4)	Special Education Needs and Disabilities (SEND)	To ensure we prioritise the needs of children and young people with SEND and their families and carers, so they access quality care and support in a timely manner.

2 National and Local Drivers

2.1 National Drivers

Professor Sir Michael Marmot's review of health inequalities gives priority to action in the early years. Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood.

The Early Intervention Foundation estimated that the cost of 'late' intervention in England reached approximately £16.6bn and in 2017 reported a "significant gap between what is known to be effective from peer-reviewed studies and what is delivered in local child protection systems". The £16.6 billion is spread across different public agencies at national and local level, from local authorities, the NHS, schools, welfare, police to the criminal justice system.

The highest individual costs are £5.3 billion spent on Looked after Children; £5.2 billion associated with cases of domestic violence and abuse and £2.7 billion spent on benefits for young people who are not in education, employment or training (NEET). It should be noted that this, however is only the fiscal cost, which ignores the impact on children, families and society at large. Adverse Childhood Experiences (ACE's) are a wide range of stressful or traumatic events occurring in childhood that increase the risk of people experiencing a range of health conditions in adulthood

In terms of emotional and mental health nationally:

- Almost 1 in 4 children and young people show some evidence of mental ill health (including anxiety and depression).
- 1 in 10 children and young people fulfil criteria for a diagnosis of a clinical mental health disorder.
- 1 in 12 are thought to have self-harmed.
- Schools, colleges and other services are highlighting concerns about the emotional health and wellbeing of children and young people and their ability to cope with the stresses of life (resilience).
- Half of all mental health problems manifest by the age of 14, with 75% by the age of 24.
- Suicide is the most common cause of death for boys aged between 5 and 19 years of age and the second most common for girls of this age. However, suicide rates for children and young people are very low.

Integrated care systems (ICS)

In 2016, NHS organisations and local councils came together to form sustainability and transformation partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients.

In some areas, including Berkshire West, a partnership has evolved to form an integrated care system, a new type of even closer collaboration.

In Wokingham we recognise that local services can provide better and joined up care for people when organisations work together. The partnership is committed and share a common vision to improve health and care.

Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS recognises that children are appropriately a priority in the Long term plan. BOB ICS have developed a dedicated Children and Young people's standalone workstream. National and local learning suggests that this system re-design, and continued improvement, benefits most from having partnership System Leaders jointly committed to system transformation. Engaging Directors of Children's Services, Police leaders and education leaders is particularly important, as well as leaders from the third sector.

Children's and Young People Transformation Plan

The national Children and Young People's Transformation Programme was established in April 2019 and aims to support delivery of the commitments in the Local Transformation Plan (LTP) as follows:

- Improving outcomes for children with SEND and autism
- Expanding mental health services for Children and Young People
- Reduce hospital admissions by providing joined up care
- Improvements for long term conditions such as asthma, diabetes and epilepsy
- Improved cancer outcomes and experience
- Personalised care and involvement of children, young people and families
- NHS services that keep children well, including through digital technology
- Improve transition to adult services and move to a 0-25 service
- Improving uptake of immunisations and reducing child mortality

Department of Education

The Department for Education is responsible for children's services and education, including early years, schools, higher and further education policy, apprenticeships and wider skills in England. Their vision is to provide world-class education, training and care for everyone, whatever their background. Core to their work is the vision to make sure that everyone has the chance to reach their potential, and live a more fulfilled life.

The Ofsted inspection framework supports the way in which we work with our schools to ensure that our children get the best start in the early years of education; and that we continue to support our schools to ensure our children and young people continue to flourish and achieve the best outcomes.

Achieving good outcomes for children and young people with SEND is integral to the Department for Education's (DfE) wider aim of a highly educated society in which opportunity is equal for children and young people, no matter what their background or family circumstances. It is also integral to the Department of Health's wider aim to help people live better for longer – by leading, shaping and funding health and care in

England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.

2.2 Key Local Drivers

2.2.1 Wellbeing Board

The Wellbeing board set out the plan for action by Wokingham Borough Council, CCGs, NHS Providers, Voluntary sector and other partners to inform the planning, development, commissioning and provision of services based on local needs of the local population. This includes the development of a Wokingham Joint health and wellbeing strategy.

2.2.2 The Wokingham Joint Health and Wellbeing Strategy

The Strategy sets the direction, bringing together the various strategies and plans which support the delivery of the areas highlighted within the strategy under one clear vision and purpose. The three priority areas include: Social isolation, Physical activity and Closing the inequalities gap which is focussed on closing the gap between the best and worst health outcomes within the Borough.

While Wokingham has seen excellent outcomes, in fact some of the best in the country, there are local variations. Targeting inequalities is absolutely key if we are going to reduce the inequalities gap, and giving children the best start in life will set the foundations for physical, emotional health and wellbeing for life. This includes a focus on the 1001 critical days and maternal health and wellbeing from conception to birth and school age.

2.2.3 Joint Strategic Needs Assessments (JSNA)

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area. This JSNA aims to give all stakeholders a high level understanding of the population of the Wokingham Borough.

The main audience for the JSNA are health and social care commissioners who use it to plan services. The findings and recommendations identified by the JSNA will provide an evidence base for system health and wellbeing decision making and commissioning. The borough's JSNA has been co-produced with partners and includes a focus on the needs of children and young people.

2.2.4 The Children and Young Peoples Partnership

The CYP Partnership will use a whole system approach and through our Partnership Plan we will focus on tackling health inequalities prioritising prevention and delivering

person centred care at the right place at the right time. As a Partnership we will use our collective leadership to provide strategic direction for Wokingham in order to promote integration and to achieve our vision. This will be done through supporting and delivering our key local priorities, policies and strategies supporting children young people and families including but not limited to:

- ❖ Wokingham Health and Wellbeing Strategy
- ❖ Future in Mind – Local Transformation Plan
- ❖ Early Years Strategy
- ❖ SEND strategy
- ❖ Emotional Wellbeing Strategy
- ❖ New housing and infrastructure (roads, schools, parks)
- ❖ CCG Commissioning plan
- ❖ Sustainability and Transformation Partnerships (STPs)
- ❖ Integrated Care Systems (ICSs)

3 What is the data telling us about children, young people in Wokingham?

3.1 Demographics

The health of children, young people and families in Wokingham is generally better than the England average. Wokingham is one of the 20% least deprived districts/unitary authorities in England, however about 6% (1,800) of children live in low income families. Given that Wokingham is the least deprived upper-tier authority in England and 83% of the Borough's neighbourhoods are in the least deprived 20% of the country ([Department of Communities and Local Government \(DCLG\) 2015](#)), means that the Borough is expected to achieve high levels of outcomes when compared to England.

Wokingham has a resident population of **161,878**, with the total number of those aged 0-24 estimated at **48,838**, making up almost a third of the population.

- Currently there are fewer under 5s, but a marked increase in the number of children aged 5 – 9 years. This higher proportion, although smaller in magnitude, continues through the teenage years. This difference in year cohorts in children makes planning for school places challenging.
- The proportion of the population in their twenties and thirties is much lower than the England distribution. There are probably two main drivers for this – young adults leaving the borough to pursue Higher Education and entry level jobs elsewhere and the cost of housing being so high that people early in their career cannot afford to live in the borough.
- Looking to the future, the Wokingham population is expanding and the demographic and complexity of needs changing. The Borough is undergoing a large degree of housing development with **13,500** new homes planned to be built by 2026.
- The number of children and young people aged under 18 in Wokingham is expected to increase by **5.6%** between 2015 and 2020, equating to around **2100** additional children and young people.

- Approximately 1,800 babies are born to mothers resident in the Wokingham Borough each year. The average age of the mother is 30, same as England.
- There are 29,998 children attending schools in Wokingham (2017/18)
- There are 53 (state funded) primary schools, 10 secondary schools, 3 special schools (state funded and non-maintained) and one Pupil Referral Unit in Wokingham
- The majority of children and young people in Wokingham are achieving good outcomes, are healthy, and appear to be well supported by their parents and carers
- Shinfield North is the most deprived ward in Wokingham, followed by Swallowfield and Norreys
- Wokingham has seen a slight increase in IDACI (Income Deprivation Affecting Children Index) since 2015 when 7% of children were deprived. The largest improvement was in a neighbourhood in Coronation Ward, which reduced by 8.9%. The largest decline was in a neighbourhood in Norreys, which increased by 10.6%. (2019)
- The levels of economic deprivation in Wokingham are very low. Children aged 5-10 years living in low income families is only 5.6%, which is the lowest in England (2017/18)
- In 18/19 the crime rate in Wokingham was 39 per 1,000 population compared the national picture this compares favourably (86.5 per 1,000 population)
- In 18/19 there were 6,436 crimes. 2013 of these were related to Violent and Sexual Offences, 1105 related to anti-social behaviour.
- The most prevalent crimes in Wokingham in 18/19 were:
 - Violent and sexual offences (12.2 per 1,000 population, nationally: 28 per 1,000)
 - Anti-social behaviour (6.7 per 1,000 population, nationally: 22.3 per 1,000)
 - Criminal damage and arson (5.8 per 1,000 population, nationally: 9.1 per 1,000)

If Wokingham had just **100** children (0-18):

- **48** would be girls, **52** would be boys.
- **83** would be White British and **17** would be from minority ethnic communities, including White European, Gypsy Roma Traveller (GRT), Asian or mixed heritage.
- **2** would be allocated to a social worker, of which **1** would be in care or be subject to a child protection plan.
- **1** child would be receiving targeted Early Help.
- **Less than 1** child would be in receipt of adoption support (or their family)¹.
- **6** would be living in poverty and **2** would have a special educational need or disability requiring an Education, Health and Care Plan (EHCP).
- **1** would experience living with parents where domestic abuse, substance misuse and mental health concerns impact on their daily lives.
- **92** children would attend school regularly and **8** children would be persistently absent.
- **7** children would have an emotional health concern.
- **6** out of 100 reception age children, and **14** year 6 children, would be classified as obese.
- Most young people would make a positive contribution to their community, with **less than 1** having committed an offence or at risk of offending.

- 5 children would be entitled to a free school meal

4 Key Priority Areas for Wokingham

4.1 PRIORITY 1

EARLY INTERVENTION AND PREVENTION

The Early Intervention Foundation defines Early Help as:

“...taking action as soon as possible to tackle problems for children and families before they become more difficult to reverse.” With a focus on “conception to early adulthood because intervention is not just about the early years but also about preventing adolescents and young adults from developing problems.”

Early intervention and prevention services include universal and targeted services which are delivered and deployed in partnership and designed to reduce or prevent specific problems from escalating or becoming entrenched. These are crucial to Wokingham’s commitment to closing the gap between vulnerable and socially disadvantaged children and their peers, especially in educational attainment and health inequalities.

Providing help at an early opportunity empowers people to regain control of their circumstances and can help transform the lives of vulnerable children and young people. Where such provision does not exist and problems escalate the effect can be devastating for children, young people and families, and can impact on a child/young persons’ health, education, social and emotional development.

The first 1000 days, during pregnancy and up to a child’s second birthday, represent a critical part of childhood when we form attachments to our caregivers, learn how to safely explore and trust the world around us, and start to communicate. It is when we see the most rapid phase of brain growth and development and where the foundations are laid down for our future health and wellbeing.

This critical period has a long lasting impact on individuals and families. They shape the destiny for children as they grow up: their educational achievements, their ability to secure an income, their influences on their own children, and their health in older age.

For local authorities and partners, providing early intervention and prevention services is a crucial component of the need to address the escalating cost of statutory and specialist interventions and the pressure on services.

Failure to address risk factors early on will threaten children’s development, limit their future social and economic opportunities, increase the likelihood of mental and physical health problems, criminal involvement and substance misuse, as well as exploitation or abuse in later life.

On the whole, the children and young people in Wokingham do very well however for those who are disadvantaged, it can be a harder place to live and thrive.

According to research carried out by the Education Policy institute, between 2017 and 2018, students receiving free school meals during their education were 18.1 months behind others in GCSE English and Maths by the time they left secondary school.

The research found that throughout the stages of childhood, negative and positive factors act to mediate the relationship between socio-economic position and education attainment. These factors can accumulate over time to weigh down the attainment of a disadvantaged child and increase the likelihood that they will fall further behind a more affluent child.

Early years of life are key to reducing health inequalities. Health inequalities are linked to deprivation, illness and protected characteristics. Wokingham is the least deprived borough in Berkshire but inequalities still exist

We know that the effects of Adverse Childhood Experiences (ACEs) can last a lifetime but by providing the right support we can both reduce the impact of ACEs and break the cycle to prevent them occurring in the next generation.

Research has found that a relationship with just one trusted adult during childhood can mitigate the impacts of ACEs on mental and physical wellbeing. Routine enquiry could help to identify those that may be at risk and those that have already experienced ACEs and give opportunity to develop appropriate care plans as required.

4.1.1 Where are we now?

Overall when comparing local indicators with England averages, the health and wellbeing of children in Wokingham is better than England, however we are following the national trend and seeing an increasing demand for services.

Our Health Visitors commissioned by public health and provided by Berkshire Healthcare Foundation Trust play a vital role in ensuring that children have the best possible start in life and lead on the delivery of the 0 to 5 elements of the Healthy Child Programme, an early intervention and evidenced based programme led and delivered by Health Visitors in partnership with other health and social care colleagues. In addition to this, the school nursing service also commissioned by public health and provided by Berkshire Healthcare Foundation Trust also deliver the National Child Measurement Programme (NCMP) to pupils in year R and year 6, and Health needs assessments and reviews of pupils in Reception and Year 6/7.

In the Wokingham Borough, 4.1% of women smoke while pregnant which is better than England, and 6 to 8 weeks after birth, 61.8% of mothers are still breastfeeding (better than England, 43%). (2017/18). 2.2% of babies were born with a low birthweight (less than 2,500g). This is similar to England. The recent trend shows no significant change (2017)

Flu vaccination uptake in pregnancy is the third highest in Thames Valley but is only 50.4% suggesting there is room for improvement (2017/18). Teenage pregnancy rate is better than England, with 23 girls becoming pregnant in a year (2017/18).

The proportion of pupil's eligible and claiming for free school meals (5.3%, 2018) in Wokingham is significantly lower than the national figure (14.1%). Overall school attainment is good with 70.9% of children achieving at least 5A*-C GCSEs (including English & Maths), however there is a gap between the least and most deprived locally. Our children with free school meal status achieving 5A*-C GCSEs (including English & Maths) are only slightly ahead of the national picture and is an area for improvement.

We know that we need to improve school readiness for our children who are in receipt of free school meals; these children aren't achieving a good level of development at the end of reception when compared with the national picture. Additionally, our Year 1 pupils are also performing less well in relation to their phonics screening check.

Levels of child obesity are better than England. 6.6% of children in reception and 13.9% of children in Year 6 are obese (2017/18). However, the highest rates of excess weight for 4-5 year olds are in Shinfield North ward (21.8%). This ward also has the highest rates for 10-11 year olds at 33.8%, as well as Bulmershe and Whitegates (32.4%) and Hawkedon (32.1%). The 0-5 Healthy Children Programme focusses on preventing obesity, promoting emotional wellbeing, language and learning development.

The MMR immunisation level does not meet recommended coverage (95%), and by the age of two, 94.4% of children in the Wokingham Borough have had one dose (2017/18).

We also know that people with learning disabilities have poorer physical and mental health than other people. And in 2016/17 on 53% of people with a learning disability, who are on their GP's learning disability register had a health check. We know that annual health checks can reduce health inequalities, but not enough people with a learning disability get them. We want to encourage more of our young people with a learning disability to access annual health checks.

Alcohol is by far the most common drug used by teens in Wokingham; 14% of 15 year olds report being drunk in the last month, which is the same as the national average. Whilst hospital admissions in Wokingham due to alcohol in young people are about half the national rate, the rate of hospital admissions of children and young people have been decreasing; this is not the case in Wokingham.

In 2016, there were 33 first time entrants into the Youth Justice System in Wokingham. This is a rate of 208.4 per 100,000 population of 10-17 years old. This rate was significantly better than England's (327.1 per 100,000) and similar to comparator group (223.2 per 100,000 aged 10-17 year olds).

The three top offence types for the year ending March 2016, of proven offences by young people recorded by the Youth Offending Team in Wokingham were for 'criminal damage' (24 offences), 'violence against the person' (21) and 'theft and handling stolen goods' (16).

Between 2014 and 2017 funding for Youth Services in Wokingham was cut by 81%. Since 2013/14, knife crime offences recorded by Thames Valley Police, which covers Wokingham, have almost doubled. Across the partnership it is recognised that our

targeted youth provision needs review in order to establish if this is meeting the needs of our children and young people by providing essential early intervention and diversion activity and support at the earliest opportunity.

The engagement of schools in the delivery of early intervention where they have identified a need or vulnerability in students is generally good. There are some schools where it is evident that they have appropriately resourced and effectively deliver family support services that result in de-escalation of needs, however often this contribution to the delivery of an early intervention and prevention activity is not recognised as such at the point at which referrals for additional support are made. Targeted support starting at year 5 needs to be explored.

Services for children with special educational needs and/or disabilities (SEND) provide for a broad range of children's needs in a number of different settings. This work includes short breaks activity and support, ASSIST, FAST and more; but again these services are not prevalent within the discourse as being early intervention and prevention services.

Nationally the police recorded 599,549 domestic abuse-related crimes in the year ending March 2018. This was an increase of 23% from the previous year.

In 2016/17, the police recorded 1,277 incidents of domestic abuse in Wokingham Borough. This represented an increase of 17% compared to the previous year and as a result it was made a priority of the Local Safeguarding Children Board. Incidents of domestic abuse are still on the increase.

In Thames Valley, 28,578 domestic abuse-related incidents and crimes were recorded in the year ending March 2019. This is equivalent to 12 incidents and crimes for every 1,000 people in the population, compared to the regional figure of 17 per 1,000 in the South East and 22 per 1,000 nationally. For Wokingham this represents an increase of domestic abuse-related incidents and crimes of 6.2% since 2016.

On the front line we have seen our local services and police forces reporting increasing concerns about the rise in domestic abuse incidents; referrals to our domestic abuse Service have continued to increase over the last 12 months and we have seen a unprecedented increase in the number of referrals to this provider in the last six months.

In March 2019 the local authority, in collaboration with partners, undertook a strategic review of early help services across the partnership. The outcome of the review found that there is an over utilisation of and reliance upon council resources in relation to early help assessment activity. Furthermore, it also identified that there is no agreed partnership definition or understanding of early intervention and prevention which contributes to the lack of ability to understand the total impact of the key elements that contribute to early intervention. Our early intervention and prevention activity and 'offer' across the partnership is not well understood by professionals, children, young people and families.

4.1.2 Where do we want to be?

- A comprehensive Early Intervention and Prevention offer across the partnership that is clear for professionals, families, children and young people, with clearly defined pathways
- A co-ordinated partnership approach, which enables early identification and appropriately placed/led delivery with children and families which prevents escalation to more intensive, costly and/or statutory provision to ensure the best outcomes for our children and young people.
- Deliver on the commitments made in the NHS Long Term Plan. This includes increased access to perinatal mental health for mothers and the wider family and carers, ensuring people with LD and autism are offered better support, improving population health and tackling the wider determinants of ill health.
- A clear understanding of performance which enables the tracking of benefit and barriers and supports system-wide development.
- A newly commissioned Health Visitor and school nurses contract across a Berkshire West footprint
- A robust drug and alcohol service offer for our Young People with a focus on early intervention
- A consistent outcomes framework data set for early intervention and prevention across the partnership to better understand impact
- Integrated SEND and social emotional wellbeing and mental health support in order to coordinate resources
- An improved understanding and response to domestic abuse within the borough
- Improved up take of people aged 14 years and older with a learning disability who take up a GP led annual health check
- A clear understanding of our targeted youth provision offer that will support us to improve the life opportunities of our children and young people at the earliest opportunity, and understand where gaps in provision may be.
- Identification of opportunities for improving the target youth provision across the borough through work with police, schools and voluntary sector partners
- Delivery of services to ensure that children and young people have a healthy weight

4.1.3 How will we get there?

Early intervention and Prevention	
To ensure every child has the best start in life and receive the support	<ul style="list-style-type: none"> ❖ Establish a new partnership Early Intervention and Prevention Strategy to meet the needs of children and families and prevent escalation of need into statutory services. ❖ Partners to develop a co-produced offer of early intervention and prevention across the partnership

<p>through universal and targeted services early from conception, birth, early years to school age and transition to adulthood.</p>	<ul style="list-style-type: none"> ❖ Review current Early Help Assessment Activity, and ownership of assessments ❖ Establish and implement a consistent outcomes framework data set for early intervention and prevention which evidences impact ❖ Establish a coherent 'Early Intervention and Prevention' recording mechanism for use across the partnership. ❖ Prioritise maternal needs of mothers to give children the best possible start by targeting perinatal and postnatal health ❖ Effective commissioning of 0-19 Healthy Child Programme ❖ Review of targeted Youth Provision across the borough ❖ Continued delivery and targeting of childhood obesity interventions and services ❖ Development of the local police area violence funding plan to commission targeted youth services ❖ Needs assessment of domestic abuse and review of commissioning arrangements to ensure we are meeting need and responding at the earliest opportunity ❖ Review commissioning arrangements of the drug and alcohol service in conjunction with the Youth Offending Team offer around substance misuse support
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4.1.4 How will we measure success?

Measurement of success will be monitored through the delivery of a number of work streams. These include:

- A co-produced Early Intervention and Prevention Strategy
- Implementation of the recommendations from the Strategic Review of Early Help in March 2019
- Recommissioning of the 0-19 Healthy Child Programme
- Review of targeted youth provision across the borough
- Review commissioning arrangements of the drug and alcohol service in conjunction with the Youth Offending Team offer around substance misuse support
- Healthy Schools review to inform service design and delivery

In addition to this work we propose to measure and monitor the following measures of success:

INDICATORS: Early intervention and Prevention	
1	Evidence that the right children, young people and families are aware of the services available to them, and are motivated to access support at the earliest possible stage to prevent escalation to specialist services
2	Increase in the percentage of children in receipt of Free School Meals

	who demonstrate a “Good Level of Development” at Early Years Foundation Stage
3	Early Intervention and prevention services demonstrate sustained improvement in areas of concern for children, young people and families
4	Reduction in the percentage of children who: <ul style="list-style-type: none"> - meet the threshold for being a ‘Child in Need’ - are subject to a Child Protection Plan
5	Sustained improvement in children’s developmental and achievement markers at key milestone and transition points.
6	A sustained narrowing of the gap in attainment between disadvantaged children and their peers
7	Increased number of people aged 14 years and older who are on GP Learning Disability registers and access an annual health check
8	Number of women who are appropriately identified and referred to specialist services following completion of the anxiety and depression questionnaire (PHQ9/GAD7)
9	Number of children offered and received ASQ who were identified with social and emotional development issues
10	Reduction in the percentage of children aged 4-5 years who are obese (with a particular focus on targeted wards)
11	Total numbers of cases referred to WBC Domestic Abuse service provider (18/19 vs 19/20)
12	Total number of cases referred to Wokingham MARAC (18/19 vs 19/20)
13	Total number of repeat cases referred to Wokingham MARAC. (18/19 vs 19/20)

4.2 Priority 2

EMOTIONAL HEALTH AND WELLBEING

Emotional wellbeing has been defined by the World Health Organisation (WHO) as ‘a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.’

Mental health is defined as WHO as ‘state of wellbeing in which the individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO, 2014)

We know that the emotional health and wellbeing of our children and young people is just as important as their physical health. Over the last few years there has been increased recognition that mental health services need significant investment and commitment from partners and this is evident in the development of local transformation plans which set out how clinical commissioning groups work with partner agencies to use new funding to improve children and young people’s mental health and well-being and improve services.

One in ten (around 850,000) children and young people have a diagnosable mental health condition. These illnesses can have a devastating impact on their physical health, their relationships and their future prospects. The challenge often extends into

a person's adult life, with half of all mental health conditions beginning before the age of 14.

Research tells us that poor emotional health and well-being are a leading cause of health-related illnesses in children and young people, and can have adverse and long lasting effects. Those with poor mental health are less likely to have good physical health, do well in education and have poorer employment options.

Half of all mental health conditions are established before the age of 14 and so early intervention and prevention services could prevent needs from escalating. We know that schools have a crucial role in identifying mental health needs at the earliest opportunity and so they are a crucial partner in our work around mental health.

Children and young people's mental health is a priority area for this Government. The Government has committed to a five-year budget settlement for the NHS, and mental health is a flagship part of the historic ten-year plan, setting out major new ambitions for the NHS.

The NHS Long Term Plan commits to increase access to emotional and mental health services for children and young people as well as expanding support for perinatal mental health conditions.

In 'Transforming children and young people's mental health provision: a Green Paper', published in December 2017, the government detailed world-leading ambitions through proposals to create a network of support for children and young people, and their educational settings.

4.2.1 Where are we now?

We know that poor mental health is closely related to poor outcomes in other areas of life, including educational achievement, employment, offending behaviour, poor relationships, substance misuse and adult mental health problems. However, locally, we do not have a clear picture of the impact of poor emotional health and wellbeing and support needs.

Demand for emotional health and wellbeing services across the system has increased at all levels of need both nationally and locally. In Wokingham, around 7.3% of children and young people aged 5-16 are estimated to have a diagnosable mental health disorder, equating to 1,828 children and young people. Nationally this figure is 10%

In Wokingham the number of children and young people with autism or seeking autism assessment continues to be higher than in other areas and our NHS provider, BHFT have reviewed the neurodiversity service to find as many ways as possible to increase the pace of assessment in order to reduce our waiting list. A successful pilot across Berkshire has opened up the option of using online assessment delivery that will be further explored if we secure additional funding

Conduct disorders (including aggression and anti-social behaviour) are the most Common type of mental health disorder affecting an estimated 4.1%. Around 730

Children (2.9%) are thought to have an emotional disorder (anxiety and depression) and a further 1.1% have hyperkinetic disorders.

Data from the Primary CAMHs service shows the greatest presenting need of our children and young people is anxiety followed by issues relating to ASD and ADHD.

The rate of child inpatient admissions for mental health conditions at 90.4 per 100,000 is similar to England. However, locally, hospital admissions for children and young people aged 0-17 years have increased

Self-harm rates continue to be a concern in Wokingham. The rate for self-harm at 483.9 per 100,000 is similar to England. However, in Wokingham, hospital admissions for self-harm have risen three fold since 2011/12, from a position well below the national average, to now slightly exceeding it (2017/18). There is significant concern around the 15 – 19 year old age group.

It is estimated that there may be between 1,700 and 1,900 young people aged between 16 and 24 living in Wokingham who are at risk of developing an eating disorder (2017/18).

Around 56% of looked after children in Wokingham have a score on the Strengths and Difficulties Questionnaire (SDQ) which would indicate a cause for concern. The national figure is 38%.

The emotional health and wellbeing offer across the partnership would benefit from clear pathways. Professionals, children, young people and families tell us that they are sometimes unclear about the support on offer and pathways to access this support.

More financial investment has been secured for our eating disorder service that will enable our local mental health provider (BHFT) to meet waiting time standards by 2020/21

Wokingham Borough Council and the CCG have been successful in its bid to secure funding to develop and implement a new Mental Health Support Team which will offer mild to moderate mental health support across a population of 8000 children and young people. This project is currently at the mobilisation stage and is expected to be fully operational by September 2020.

4.2.2 Where do we want to be?

- We want to have a joint and clear understanding of emotional health and wellbeing needs in the Borough.
- Within Wokingham, the emotional wellbeing offer across the partnership is not clearly articulated or understood and work needs to be undertaken to rectify this.
- There is a clear understanding across the partnership, and amongst children and families about the emotional health and wellbeing offer in the borough and how to access this support
- All partners are committed to promoting resilience and good mental health and wellbeing amongst our children and young people to ensure we help them

experience positive mental health and wellbeing by using the right help, when and where needed

- Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented where possible
- Everyone working with children and young people are able to identify issues early, enable families to find solutions themselves, where appropriate and provide advice and access help.
- Fewer children will require specialist or in patient mental health services. For those who require admission to hospital, fewer will go out of area
- Children and Young People will tell us that they know what good mental health is; that they understand the signs of deteriorating mental health; that they know where they can go for support; and that they are supported to access services.
- Mental and Emotional Health Support Services report sustained positive outcomes for children and young people accessing their services.
- Fewer Children and Young People access Emotional Health and Wellbeing support for a second or subsequent time because they have been equipped with knowledge, tools and self-help strategies to recognise when their own emotional and mental health is deteriorating and are empowered to take positive action.
- Every one of the services in Wokingham Borough promotes good mental health and emotional wellbeing for all children and young people.
- High quality early intervention and prevention services respond effectively to children and young people with emerging emotional or mental health difficulties.
- There is responsive specialist care for children and young people with complex mental health problems
- Focus on meeting the emotional and mental health needs of the most vulnerable CYP
- There are effective transition arrangements between CAMHs and adult services for all young people where appropriate
- A review of the care pathway for autism and ADHD across the whole system with a view to providing effective and timely support

How will we get there?

Emotional Health and Wellbeing	
To create an environment that promotes good emotional and mental health leading to a system that supports children at the	<ul style="list-style-type: none"> ❖ Improve our understanding of the needs and impact of children’s emotional and mental health in order to help the commissioning process and service improvement ❖ Strengthen environments within schools to continue to promote good emotional and mental health leading to a system that supports children at the earliest opportunity, in the most appropriate setting

<p>earliest opportunity, at the right place at the right time preventing the need for specialist care</p>	<ul style="list-style-type: none"> ❖ Implementation of the mental health support team in Wokingham schools ❖ Provide support for front line workers within the community, schools and Local Authority in order to increase understanding which in turn can help to improve early identification and appropriate referrals to services ❖ Empower children, young people and families to support their emotional and mental health leading to greater self-help within the Borough ❖ Improve and better coordinate the offer of services within the community in order to help identify and support emotional and mental health in the right place and at the earliest opportunity. ❖ Work to improve joint working and pathways between schools, the voluntary sector, the Local Authority and CAMHs allowing a comprehensive step-up and step-down offer ❖ Better integrate SEND an social emotional wellbeing and Mental Health support in order to coordinate resources ❖ Review how current emotional health and wellbeing system is structured to ensure that we improve pathways for children and young people’s emotional and mental health in order to provide the best outcomes possible ❖ Improve emotional health and wellbeing support for our vulnerable CYP, especially our looked after children ❖ Establish restorative practice as a core competency of the wider children workforce ❖ Review of the he care pathway for autism and ADHD across the whole system with a view to providing effective and timely support ❖ Provide help across the system which responds to presenting needs rather than diagnosis ❖ Increase the resources within the eating disorder pathway to improve access and ensure support is provided in a timely way ❖ Support the move of the tier 4 unit to Prospect Park Hospital to allow for better facilities including support for young people with eating disorders
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4.2.3 How will we measure success?

Improvement activity will be driven through a number of multi-agency forums. These include:

- **Emotional Wellbeing Task and finish Group**, which is part of the Children’s Services continuous improvement board. This group will be focussed on redesigning the current local authority emotional wellbeing offer in the Wokingham Borough which would also seek to strengthen the alignment with the Thrive model.
- **The Mental Health Support Team Project**, a sub group of the Emotional Wellbeing Task and Finish Group. This will be focussing on the implementation and mobilisation of the MHST project.

- **Emotional Health and Wellbeing for our Children in Care across Berkshire West**, this work stream is reviewing the Emotional Wellbeing offer for our Children in Care across Berkshire West with a view to identifying gaps and opportunities for service improvement
- **Wokingham Systems Leaders Workshops**, this series of workshops is looking at improving the emotional wellbeing offer across the Wokingham Borough to ensure that our children, young people and families have access to the right support at the right time
- **High Impact Project**, the implementation of the high impact user project objectives, ensuring that support for Children and Young People in crisis is available when needed.
- **Berkshire West ASD and ADHD project**: Improving the waiting times and access to support, with particular focus this year on access to ASD/ ADHD assessments and support.

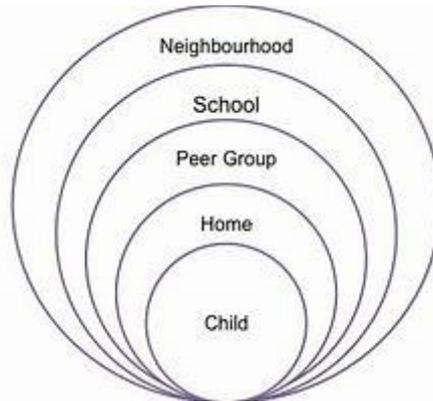
In addition to this work we propose to measure and monitor the following measures of success:

INDICATORS: Emotional Health and Wellbeing	
1	The care pathway for autism and ADHD is providing effective and timely support
2	Restorative practice is established as a core competency of the wider children workforce
3	Reduction in the number of emergency admissions for intentional self-harm
4	Improved % of CYP with eating disorders seen within 1 week (urgent)
5	Improved % of CYP with eating disorders seen within 4 weeks (routine)
6	Reduction in the number of hospital admissions caused by unintentional and deliberate injuries in young people (0-14 years old)
7	Reduction in the number of hospital admissions for self-harm
8	Reduction in the number of out of area admissions to hospital (Mental Health related) following the move of the Tier 4 provision (Willow house).
9	Achieve 34% access target of children and young people accessing support
10	Increased number of organisations submitting data to NHS improving intelligence and better informing decision making

4.3 Priority 3

CONTEXTUAL SAFEGUARDING

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. Traditional approaches to protecting children/young people from harm have focussed on the risk of violence and abuse from inside the home, usually from a parent/carer or other trusted adult and don't always address the time that children/young people spend outside the home and the influence of peers on young people's development and safety.



Contextual safeguarding recognises the impact of the public/social context on young people's lives, and consequently their safety. Contextual safeguarding seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people. It's an approach that looks at how interventions can change the processes and environments, to make them safer for all young people, as opposed to focussing on an individual.

As children move from early childhood and into adolescence they spend increasing amounts of time socialising independently of their families. During this time the nature of young people's schools and neighbourhoods, and the relationships that they form in these settings, inform the extent to which they encounter protection or abuse. Evidence shows that, for example: from robbery on public transport, sexual violence in parks and gang- related violence on streets, through to online bullying and harassment from school-based peers and abuse within their intimate relationships, young people encounter significant harm in a range of settings beyond their families.

A contextual safeguarding approach seeks to create a response to extra-familial forms of abuse that can:

- Target the contexts in which that abuse occurs, from assessment through to intervention
- Frame the work to address extra-familial risk through the lens of safeguarding as opposed to crime reduction or community safety
- Utilise partnerships between children's services and agencies who have a reach into extra-familial contexts (such as transport providers, retailers, youth workers, resident associations, parks and recreation services, schools etc.) and;
- Measure success with reference to the nature of the context in which harm has been occurring, rather than solely focusing on any behaviour changes displayed by young people who were at risk in those contexts.

Research tells us that the contexts in which abuse occurs is as important to prevention and intervention as the individuals involved. Schools, neighbourhoods and peer groups are all sites where abuse occurs, and as such need to be recognised within assessments and safeguarding responses

Contextual safeguarding is an approach to practice and system design, it is not a model. As such, it will vary in different parts of the country, reflecting a range of operating models,

budgets, demographics and local geography. However what the approach aims to achieve will be the same, wherever it is implemented.

4.3.1 Where are we now?

We are currently aware of a range of issues, incidents and group challenges that we collectively struggle to find the right approach and/or response to resolve.

There is clear “buy in” and desire to work collaboratively to create an approach that is understood, works well and is aligned with existing safeguarding arrangements.

As a partnership we recognise that we need to establish a collective understanding and definition of what contextual safeguarding means in Wokingham and how we will embed this approach within our culture and practice across the different disciplines.

We recognise that our traditional approach to protecting and safeguarding children and young people from harm focusses on the risk of violence and abuse from inside the home, and so doesn’t always address what happens outside of the home environment.

4.3.2 Where do we want to be?

- We want to be able to respond effectively to concerns of adolescent extra-familial abuse, and work as a partnership in respect of shared approaches, support and disruption.
- We want to be able to understand our data and intelligence, and the ‘Wokingham story’ in order to learn from trends and adjust our approaches as appropriate
- As a partnership have a collective and shared understanding of what contextual safeguarding means in Wokingham. And agree how the approach will be embedded within the Wokingham context
- Improved outcomes for our children, young people and families as a direct impact of the approach
- An established well trained workforce

4.3.3 How will we get there?

<h2>Contextual Safeguarding</h2>	
To ensure we have a consistent and embedded approach to understanding, and responding to, young	<ul style="list-style-type: none"> ❖ Work with partners within the Berkshire West Safeguarding Partnership (and potentially the University of Bedford) in designing and delivering an approach that works for Wokingham and across our wider partnership. ❖ Identification of the principles of practice for a contextual safeguarding system and co-create resources with practitioners and partners that aid delivery of such an approach.

people's experiences of significant harm beyond their families	<ul style="list-style-type: none"> ❖ The approach in Wokingham will cover governance, practice, systems, partnerships, referrals and impact/outcomes ❖ Establishing mechanisms around multi-agency identification, assessment and intervention.
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4.3.4 How will we measure success?

Contextual Safeguarding	
1	Agreed definition of contextual safeguarding across the partnership
2	An established and co-designed approach to contextual safeguarding in Wokingham, supported by a framework
3	Established pathways to support the local system i.e. established mechanisms around multi-agency identification, assessment and intervention
4	Established multi-agency forums to govern and support approach
5	Development of a training and education programme for all partners across borough
6	Development of an outcomes framework to measure performance and impact of the approach on both a system and individual level

4.4. Priority 4

SPECIAL EDUCATIONAL NEEDS & DISABILITIES (SEND)

'Special educational needs' is a legal definition and refers to children with learning difficulties or disabilities that make it harder for them to learn than most children the same age. Children and young people with SEND are defined as:

(1) A child or young person has special educational needs if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her. (S.20.1 Children and Families Act 2014)

When we use the term disabilities we mean:

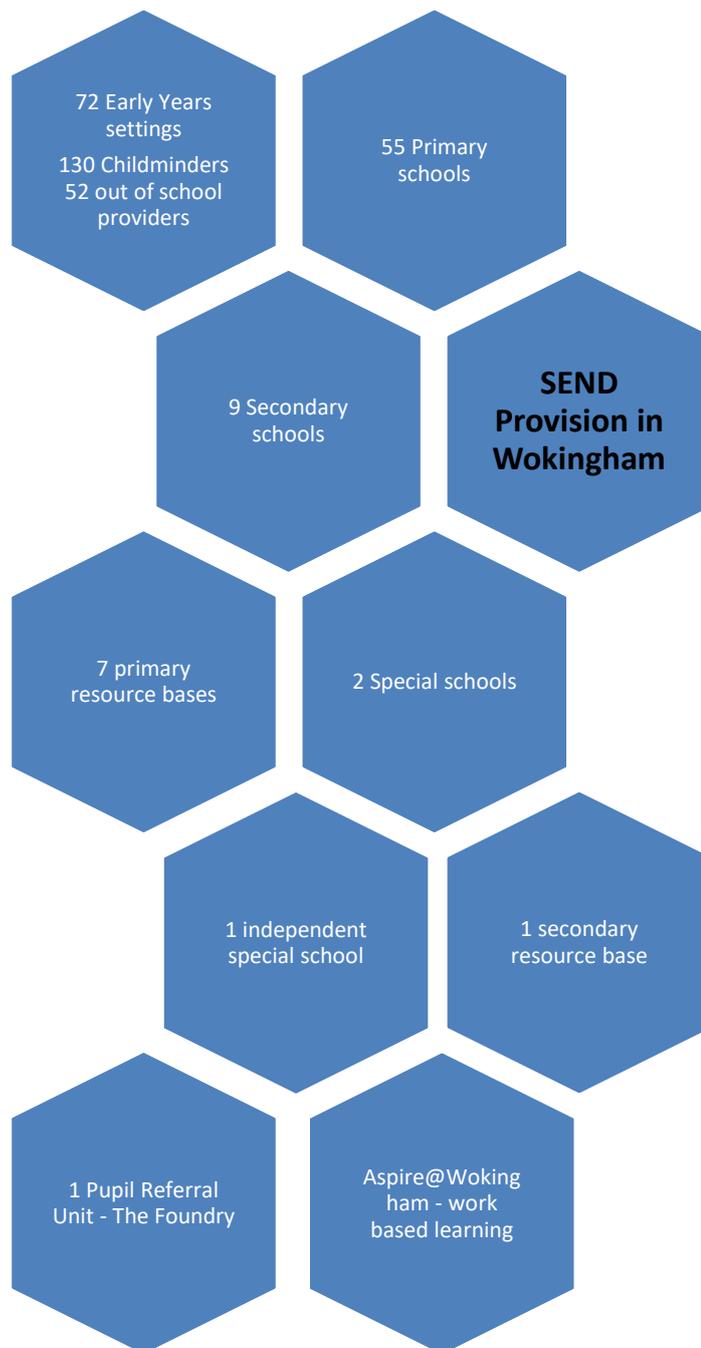
If you have a physical or mental impairment that has a 'substantial' and 'long-term' negative (adverse) effect on your ability to carry out normal day to day activities (based on S 6.1 Equalities Act 2010)

The Council and its public sector partners are responsible for providing additional support to children and young people with SEND and their families. This support includes:

- Involving children and young people and their families in the decisions that the Council may make about their support and services.
- Giving advice and information to parents and carers on what support is available for children and young people with SEND and their families locally.
- Agreeing with parents and carers a joined up education, health and care plan that sets out how education services, schools, health services and social services will support each child or young person.

- Council and health jointly commissioning services for children and young people with SEND.
- Supporting parents and carers who care for children and young people with SEND by giving advice and information and by helping them to care for their children.

4.4.2 Where are we now?



In July 2019, there were over 1083 children and young people with an EHCP. The most significant needs are Autism Spectrum Disorder (414 / 38%), Social, emotional and mental health (134 / 12.3%) and Cognition and learning (moderate, severe, and profound and multiple learning disabilities) (264 / 24.4% combined). Most children and young people with EHCPs (616 / 56.8%) are educated in mainstream schools and colleges, with the majority of the remainder (410 / 37.8%) educated in designated Special Schools and post 16 settings.

The majority of children and young people (678 / 62.6%) are educated in the borough, with the remainder educated out of borough (377 / 34.8%). Conversely, 61% of top-up spend (£7.3m) is on children and young people educated out of borough (with £4.8m / 39% on children in borough).

Since 2015 the number of EHCPs has risen from 728 to 1083. Numbers of EHCPs held by young people of age 19 and above are less in this period (81/ 7.5%). However, the number of children and young people placed in special schools has increased significantly over this period, with the greatest increase (228) seen in the primary sector.

In March 2019, Ofsted and the Care Quality Commission conducted a joint inspection of the local area of Wokingham to judge the effectiveness of the area in implementing the disability and special educational needs reforms set out in the Children and Families Act 2014.

The result of this inspection identified a number of areas of improvement in a written statement of action. We are committed to working together as a partnership to address these areas and ensure that service and system improvements across the Wokingham Partnership are effective. The CYPP will govern the work to ensure that all system leaders remain accountable for driving forward the actions necessary to drive real change.

Areas of improvement:

- There needs to be a clearly communicated co-produced strategy and accompanying action plans that are shared and understood across education, health and care in the local area and sharply focussed on improving outcomes for children and young people with SEND
- The timeliness and quality of EHC Plans needs improving
- There needs to be co-production at a strategic level to inform effective co-production at all levels
- The quality of management information to inform accurate evaluation and energise service improvement across the local area
- There needs to be a well-coordinated and effective joined up work across education, health and social care
- The underdeveloped pathway to enable young people with SEND to make a successful transition to adulthood

Most of Wokingham's educational achievement results are significantly better than the national figures. 72% of pupils in Wokingham Primary Schools are meeting the expected standard comparing favourably to England (64%).

Wokingham Secondary schools perform better than England in relation to the attainment score pertaining to how well pupils have performed in up to 8 qualifications. In this area Wokingham has a score of 50.8 compared to the National score of 44.5 (2017/18).

However we know that this isn't necessarily the case for our children with SEND. Our children with an EHCP at KS1 are not doing as well in Reading and Science as children with an EHCP nationally, or when compared to statistical neighbours. At KS2 in Reading, Writing and Maths; performance is better nationally, and in our statistical neighbours, than in Wokingham.

Pupil absence rates in Wokingham Schools are generally good when compared against the National figures. Pupil absence rates is 3.4% in primary schools (3.7% nationally) and 4.6% in secondary schools (4.9% nationally). The proportion of persistent absentees is 5.9% in primary (8.7% nationally), 12% in secondary (13.9% nationally) and 31.3% in special schools (29.6% nationally) (2018).

However, this is not the case for our children with SEND. We know that we need to improve the persistent absence rate for our children with an EHCP and those with SEND support. This is also the case for permanent and fixed exclusions which is higher than the national average and is an identified area of improvement.

4.4.3 Where do we want to be?

- A co-produced SEND strategy that is owned, shared and delivered through the SEND Improvement Board
- A SEND strategy which focuses sharply on identifying joint priorities to improve children and young people's outcomes across education, health and social care
- A SEND action plan, setting out *"improvements needed across education, health and care in a coherent joined-up approach"*
- All EHCPs are issued within 20 weeks as per the SEND Code of Practice
- EHCPs are person-centred, holistic and outcome focused
- Have an agreed definition of 'co-production' across the local area
- There will be a clearly defined pathway of governance, accountability and decision making
- Effective strategic co-production and accountability which is embedded to ensure that SEND priorities are owned across education, health and care
- Routine and early involvement of parents in the strategic developments, design, monitoring and evaluation of SEND and services
- A clear and accurate picture to inform planning and improve services to meet current and future needs of CYP with SEND
- An increased number of CYP have their SEND needs being met locally
- A joint LA and Health shared dataset that is used to inform strategic decisions.
- Agreed and embedded standard operating procedures across education, health and social care

- Graduated response is understood and used as standard practice across the local area
- There is a multi-disciplinary decision-making SEND panel
- A clearly defined and co-produced transitions pathway detailing Preparations for Adulthood (PFA)
- We want to improve the school attendance for children with an EHCP and SEN support who attend our Wokingham Schools and those Wokingham children who are educated outside of the borough
- We want to improve the attainment score for Children with an EHCP at KS1 in Reading and Science
- We want to improve the attainment score for Children with an EHCP at KS2 in Reading, Writing and Maths

4.4.4 How will we get there?

Special Educational Needs and Disabilities	
<p>To ensure we prioritise the needs of children and young people with SEND and their families and carers, so they receive quality care and support in a timely manner</p>	<ul style="list-style-type: none"> ❖ Development of a co-produced SEND strategy and action plan which is owned by the partnership across the borough ❖ We will ensure that the action plan has effective governance via the Send Improvement Board which is accountable and monitored by the CYPP ❖ We will carry out deep dive audits to ensure quality and timeliness of EHCPs and act on the findings ❖ We will develop a shared SEND induction and training programme and ensure that all local area induction programmes include SEND specific training ❖ We will ensure that there is appropriate multi-agency representation at strategic and operational forums in relation to EHCPs ❖ Development of co-production agreements with partners and stakeholders ❖ Ensure that co-production is well embedded in the culture and practice of the partnership ❖ We will ensure we gain a better understanding of need through improved consultation and the development and analysis of a Berkshire West SEND database. ❖ We will ensure local school based provision matches current community needs through review and changes to support and funding arrangements. ❖ We will ensure that more children with SEND are educated locally through the expansion of Addington and SEND provision reviews ❖ We will strengthen partnership arrangements with neighbouring local authorities and local health commissioners and service providers. ❖ We will ensure the smooth transition to adulthood through better management and reporting arrangements, better post 16 education opportunities and reformed support arrangements for Children in Care.

	<ul style="list-style-type: none"> ❖ We will build capacity in universal services by reviewing the current service offer ❖ Through our work with partners, children, young people and families we will build confidence in our local provision so that fewer CYP are placed out of area.in specialist provision
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4.4.5 How will we measure success?

A large proportion of our improvement activity is being driven through the partnership SEND improvement board reporting back to the Children’s and Young People’s Partnership. This board is chaired by a senior manager within the local authority but engages a broad range of partners, providers, and our parent and carer forum. It will deliver against the 6 key areas identified within the written statement of action through its task and finish groups.

The 6 keys area within the written statement of action include:

Work Area 1: There needs to be a clearly communicated co-produced strategy and accompanying action plans that are shared and understood across education, health and care in the local area and sharply focussed on improving outcomes for children and young people with SEND

Work Area 2: The timeliness and quality of EHC Plans needs improving

Work Area 3: There needs to be co-production at a strategic level to inform effective co-production at all levels

Work Area 4: The quality of management information to inform accurate evaluation and energise service improvement across the local area

Work Area 5: There needs to be a well-coordinated and effective joined up work across education, health and social care

Work Area 6: The underdeveloped pathway to enable young people with SEND to make a successful transition to adulthood

In addition to this work we propose to measure and monitor the following measures of success:

INDICATORS: Special Education Needs and Disabilities	
1	Increased percentage of parents reporting that they have been involved in annual reviews
2	Reduction in percentage of persistent absences for children with an EHCP in Wokingham Schools
3	Reduction in percentage of persistent absences for children with SEN Support in Wokingham Schools
4	Reduction in percentage of children permanently excluded from mainstream schools
5	Reduction in percentage of children on a fixed term exclusion from mainstream schools
6	All EHCPs are issued within 20 weeks as per the SEND code of practice

7	Improved KS1 attainment for children with an EHCP in Reading
8	Improved KS1 attainment for children with an EHCP in Science
9	Improved KS2 attainment for children with an EHCP in Reading
10	Improved KS2 attainment for children with an EHCP in Writing
11	Improved KS2 attainment for children with an EHCP in Maths
12	Fewer children and young people with EHCPs being placed in out of area schools or independent and non-maintained special schools
13	Increased number of children engaged with transitions support from school Year 9
14	Increased number of post 16 students with SEND accessing apprenticeships, employment opportunities and a wider range of educational courses

6. Governance and reporting process

Delivering and measuring progress against this CYPPP will be through the existing CYP Partnership. This Board will oversee the delivery of this Plan as part of a collaborative and shared leadership approach.

The CYPP recognises that it cannot work in isolation and commits to maintain strong links with other boards, including: Wellbeing Board, Berkshire West Safeguarding Children Partnership, Community Safety Partnership, SEND Improvement Board, WBC's Continuous Improvement Board, and Future in Mind.

A suite of performance indicators have been compiled which will help to monitor progress to achieve our vision and are aligned to the objectives identified in the four priority areas above

7. Monitoring progress and performance

The commitments and actions set out in this plan will be monitored by the Children and Young People Partnership through the CYP Action Plan set out below. The partnership will be held accountable by the Wellbeing Board and 6 monthly highlight reports will be presented to the CYPP Board.

A suite of performance indicators have been compiled which will support the partnership to monitor progress to achieve our vision and are aligned to the objectives identified in the four priority areas above. A highlight report, reporting on the progress against the indicators will be presented to the board every 6 months.

Progress against the action plan will be reported and recorded at each meeting

CYPP Action Plan

Priority Area	Action	By whom	By when
Early Intervention and Prevention	A co-produced partnership Early Intervention and Prevention Strategy	Lead: Strategy and Commissioning	April 2020
	Implementation of the recommendations from the Strategic Review of Early Help in March 2019 1) Review of current early help assessment activity , and ownership of assessments 2) Development of an outcomes framework 3) Establishment of a consistent recording system	Multi-agency approach Lead: Kelli Scott	April 2020
	Development of a co-produced offer of early intervention and prevention across the partnership.	Multi-agency approach Lead: Victoria Gibbs	April 2020
	Recommissioning of the 0-19 Healthy Child Programme	Lead: Public Health	April 2021
	Review of targeted youth provision across the borough	TBC following focused workshop	TBC following focused workshop
	Review commissioning arrangements of the drug and alcohol service in conjunction with the Youth Offending Team	Lead: Strategy and Commissioning	April 2021

	offer around substance misuse support		
	Healthy Schools review to inform service design and delivery	Lead: Public Health	February 2020
	Routine review of progress against set indicators	Lead: Impact and Intelligence	6 monthly intervals
Emotional Health and Wellbeing	Redesign of current 'Tier 2' emotional wellbeing offer in the Wokingham Borough.	Lead: Strategy and Commissioning & Children's Services	October 2020
	Implementation and mobilisation of the Mental Health Support Team Project, a sub group of the Emotional Wellbeing Task and Finish Group. This will be focussing on the implementation and mobilisation of the MHST project.	Lead: Strategy and Commissioning & Children's Services	October 2020
	Review of the Emotional Wellbeing offer for our Children in Care across Berkshire West with a view to identifying gaps and opportunities for service improvement	Partners to confirm	October 2020
	Wokingham Systems Leaders Project: Improving the emotional wellbeing offer across the Wokingham Borough to ensure that our children, young people and families have access to the right support at the right time	Partners to confirm	October 2020

	High Impact Project, the implementation of the high impact user project objectives, ensuring that support for Children and Young People in crisis is available when needed.	Lead: CCG	April 2021
	Routine review of progress against set indicators	Lead: Impact and Intelligence	6 monthly intervals
Contextual Safeguarding	Agreed definition of contextual safeguarding across the partnership	TBC following focused workshop	TBC following focused workshop
	Establish and co-design approach to contextual safeguarding in Wokingham, supported by a framework	TBC following focused workshop	TBC following focused workshop
	Establish pathways to support the local system i.e. established mechanisms around multi-agency identification, assessment and intervention	TBC following focused workshop	TBC following focused workshop
	Establish multi-agency forums to govern and support approach	TBC following focused workshop	TBC following focused workshop
	Development of a training and education programme for all partners across borough	TBC following focused workshop	TBC following focused workshop
	Development of an outcomes framework to measure performance and impact of the approach on both a system and individual level	TBC following focused workshop	TBC following focused workshop

	Routine review of progress against set indicators	Lead: Impact and Intelligence	6 monthly intervals
Special Educational Needs and Disabilities	Development of a clearly communicated co-produced SEND strategy	Lead: SEND Improvement Board	December 2020
	Improvement in the timeliness and quality of EHC Plans	Lead: SEND Improvement Board	April 2020
	Development and implementation of 'co-production' within the culture of work to ensure it represents 'business as usual'.	Lead: SEND Improvement Board	March 2020
	Development of quality management information to inform accurate evaluation and energise service improvement across the local area	Lead: SEND Improvement Board	March 2020
	Effective partnerships established to ensure joined up work across education, health and social care	Lead: SEND Improvement Board	March 2020
	Development of transitions pathway to ensure better post 16 opportunities and reformed support arrangements for children in care	Lead: SEND Improvement Board	March 2020
	Build confidence in local provision to fewer CYP are placed out of area in specialist provision	Lead: Sal Thirlway	April 2020

	Review of current service offer in order to build capacity in the universal offer	Lead: SEND Improvement Board	Partners to confirm
	Review of local school based provision to ensure it matches local needs	Lead: SEND Improvement Board	Partners to confirm
	Development of a needs analysis across Berkshire West to gain a better understanding of need	Lead: SEND Improvement Board	Partners to confirm
	Development of a shared SEND induction and training programme	Lead: SEND Improvement Board	Partners to confirm
	Routine review of progress against set indicators	Lead: Impact and Intelligence	6 monthly intervals