



Special Educational Needs and/or Disabilities (SEND)

Draft Strategy 2019-2022

 Croydon Clinical Commissioning Group

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Special Educational Needs and/or Disabilities (SEND) Draft Strategy 2019-2022 for Children & Young People in the London Borough of Croydon

Our vision is:

‘Children and young people in Croydon will be safe, healthy and happy, and will aspire to be the best they can be. The future is theirs’.

INTRODUCTION

This is Croydon Council's and Croydon Clinical Commissioning Group's (CCG) draft strategy for improving outcomes and life chances for all children and young people with Special Educational Needs and/or Disabilities (SEND).

The strategy sets out our aspirations for children and young people with SEND and the approach to meeting their needs and addressing barriers to learning, in partnership with parents and local education settings. Croydon's strategy focuses on young people's well-being and attainment, building on young people's strengths with a focus on local education, health and care pathways to adulthood.

OUR AIM

Children with Special Educational Needs and/or Disabilities will achieve independence and employment, whenever possible, in or near their local community so that they can live fulfilled lives and be active contributors to Croydon's future. Croydon has high aspirations for children and young people with SEND.

PRIORITIES

We asked parents and young people with SEND what they wanted and what was important to them going forward – these are some of the things that they said:

Parents have had varied experiences early on when their child's needs were being identified, there was too much variability:

One parent said:

My son had fantastic early intervention. What made it great for us was them coming to us. I couldn't take on the special needs label, I wasn't ready for it. Having people come to the home where he could play, and I could talk was incredible.

Another parent said:

We had to wait a lot, there was never a sense it was going anywhere or that it was linked up – it felt like it was all on me and what if I don't make the right connections in the right place.

Parents would like better communication and a clear sense of what to expect:

I don't want a Rolls Royce, I'm happy with a bike but it has to be going in the right direction...

Young people want to be included in planning for adulthood, they are thinking about transition:

You can't leave this school and not know what you're doing in life, you need to sort out what you're doing.

Parents have mixed experiences of different educational provision, both compared to other parents and at different points of their children's journey:

Present year great so far but last year awful – dependent on staffing.

To be fair my Croydon primary was excellent.

It is a small school so not too overwhelming. SENCO is brilliant, and some teachers are very proactive in finding ways to support my child.

Although parents had strong views about which individual school would be appropriate for their child, this was personalised, and there was no consensus on the best sort of provision (e.g. mainstream vs special).

In general, there was a shared view between parents and head teachers about areas for development over the next three years, they were keen to see:

1. Improved early identification.
2. Improved joint working with health, social care and education.
3. Better graduated response, so that children have their needs met in the right way at the right time and, if and when, a child's needs are met through an Education Health and Care (EHC) Plan, the EHC Plan is co-produced and accurately reflects a child's needs and provision.
4. Improved post 16 opportunities and outcomes with a greater number of young people with SEND gaining employment and having choices about how they achieve independence to stay in or near their family and local community.
5. Workforce development – so that children are supported by practitioners who have the skills and knowledge to meet their needs and parents have the information they need.

Key to achieving priorities is shared information about the children in Croydon with special educational, care and health needs. This information allows us to work with the right families to meet the specific needs of children; this is done by joint planning, commissioning and targeting of resources. Outcomes for young people are tracked so that there is a continuous cycle of improvement that has a positive impact on children's lives.

THE CROYDON CONTEXT

In Croydon we have made a commitment to providing effective support for our children and families, working in partnership with others. Our aim is to provide the right support at the right time.

Nationally and in Croydon, about 93% of children are educated in the state-funded school system without the need for help or support beyond that which a mainstream school can provide. The January 2018 Census indicates that 15% (9750) of the 65,029 Croydon school age children had a special educational need, compared to an outer London average of 13.6%. Of these, between 12-13% had been identified as needing SEN Support, additional support to address a learning need for varying periods of time.

This help comes from the skills, expertise and resources available in the child's mainstream school and is co-ordinated by the school's Special Educational Needs Co-ordinator (SENCO).

Croydon Council maintains an EHC Plan for approximately 3% of school age children, these are young people with long-term complex special needs such that additional and different provision is needed.

The Children & Families Act 2014 raised expectations and extended the age range for which an EHC Plan can be maintained. Nationally there has been an increase in the number of EHC Plans maintained by Local Authorities; the increase in the number of EHC Plans maintained by Croydon mirrors that of other Local Authorities.

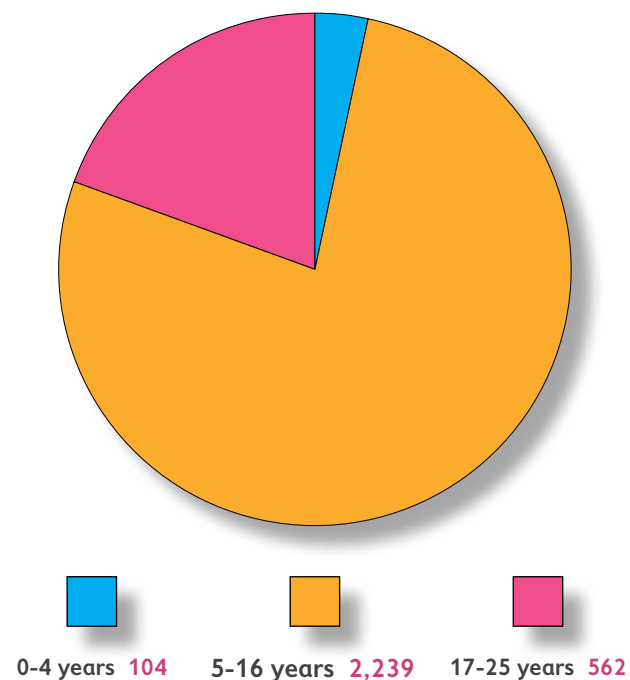
The London Borough of Croydon maintains 2900 EHC Plans (September 2018) and has seen an increase in demand such that more than 300 new EHC Plans have been issued and less than 50 ceased during the period January 2018 to October 2018. The funding allocated to Croydon through the Dedicated Schools Grant is set to increase by 2.2% over three years. There is an assumption that as schools find the financial climate increasingly challenging, this has driven demand for funding through EHC Plans. Croydon has historically placed a number of children and young people out of the borough and in the independent/non-maintained sector, in particular those in the older age range, due to a lack of suitable education and care provision pathways locally. In the academic year 2018/19 55% of young people with an

EHC Plan 16 years old and over are placed in schools and colleges outside of Croydon; this compares with 15% of under 16 year olds. Placement outside of the borough has financial implications with increased transport costs and does not support the long-term outcome of independence in or near a young person's local community.

While legislation endorses inclusion for children with SEND in mainstream schools, national drivers in the school system have led to increased demand for special school places and, in particular at secondary age young people with learning difficulties have told us that they have not felt that their needs were understood or met (PPL 2017).

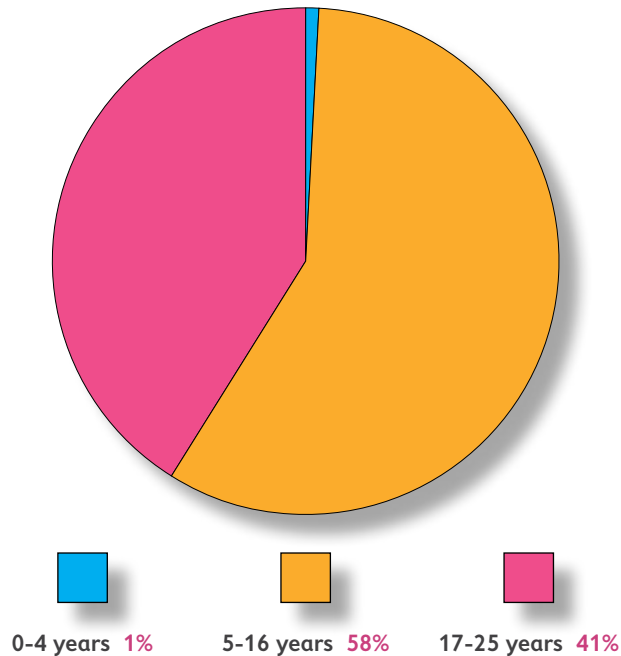
By age range the number of EHC Plans maintained by Croydon (October 2018) is:

EHCP Ages of children and young people



The percentage of High Needs Funding that is spent by age group (October 2018) is:

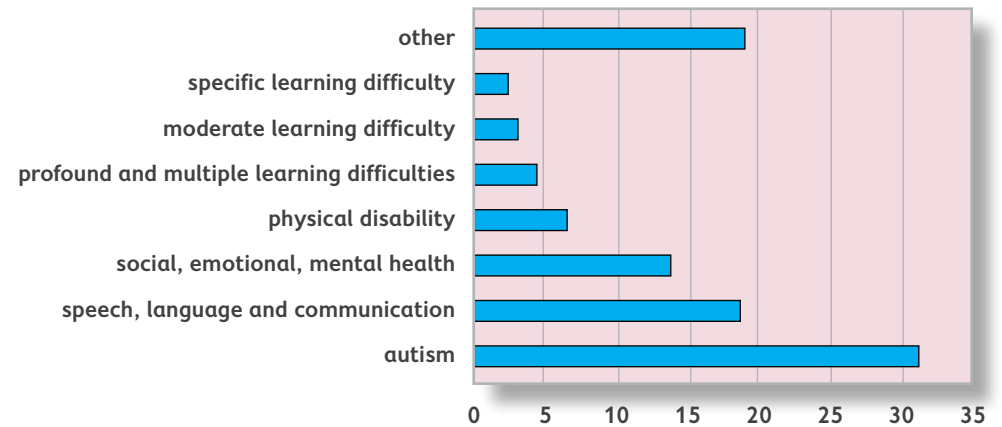
High needs funding by age



In terms of improving outcomes and life chances, Croydon had the second highest rate of 16/17 year olds, 10.5%; nearly double that for the whole of London at 5.3%. in 2016. The percentage of adults with learning disabilities in employment is lower than the national and London average.

By type of need for children with an EHC Plan (School Census 2017):

Children with an EHC Plan by type of need (%)



Looking to the future, the numbers of children needing SEND support will most probably be affected by the overall numbers of children and young people in the population. There are an estimated 131,493 0-25 years olds living in Croydon in 2018, with this figure set to rise by 7.5% by 2026. However, this rise is not equal across the age groups which needs to borne in mind when planning services. For example, by 2026:

- the 0 to 1 group is predicted to decrease by -2%. The number of live births in Croydon decreased for example between 2016 and 2017
- the 0 to 4 group is predicted to grow by 2.2% (621 children)
- the 5 to 11s are predicted to increase by 6% (2385 children)
- the 12 to 19s are predicted to increase by 22.3% (8148 children)
- the 20 to 25 group is predicted to increase by 3.4%.

Research (Frank Field, 2011, EPPE: 1997-2003, Taggart, B.) indicates that early intervention makes a difference for children and young people with SEND. The current financial constraints on public services make it important that resources are used effectively and that there is a joined-up approach to meeting children's special educational needs earlier.

What our current provision looks like

So that young people with SEND live fulfilled lives in or near their community this strategy sets out to enable children and young people's special educational and developmental needs to be identified early; to ensure children with SEND attending local early years settings, state-funded schools and colleges which can meet their needs and a pathway to adulthood which is effective in enabling a young person to achieve the outcome of living independently. This will take the commitment of the Council, the Clinical Commissioning Group (CCG), parents, young people, education settings, health and care practitioners to work together better to support young people with SEND achieve in Croydon.

Croydon has a range of state-funded mainstream and special education provision. Mainstream schools have a special educational needs co-ordinator (SENCO) who is responsible for organising provision for children with SEND. The SENCO is the key point of contact for parents and professionals. Croydon mainstream schools provide support through quality teaching which differentiates the curriculum to meet children's needs and carefully tracks children's progress.

For children with a need for SEND support, mainstream schools provide access to individual or group interventions to address key areas of need, including access to support from staff with additional training and expertise. SEND support in mainstream schools may include precision teaching and will often be informed by expert advice from a specialist. For all children in mainstream schools with SEND support, parents/carers can expect termly review of a child's progress with a record of intervention and future support recorded in a SEND support plan.

There is a range of state-funded special school and resource base special education provision in Croydon:

- special schools (two primary, two secondary and two all through) all of which have been judged good or outstanding by Ofsted.
- primary (11) and secondary (6) enhanced learning provisions (resource bases), which provide specialist teaching alongside and in mainstream school lessons. All specialist education provides a personalised curriculum matched to a child's needs and to support progress.
- specialist nursery classes (3).

Additionally, alternative provision for children educated other than at school.

PRINCIPLES

Croydon's strategy for children with SEND has been informed by legislative duties, the views of young people and parents, schools and practitioners.

The principles that will form the basis of the proposed SEND Strategy are:

- **Inclusion** – schools and colleges increase participation of young people and make accessible the curriculum and facilities which enable engagement in everyday life. Schools and colleges respond to the diversity of students in their locality. Young people feel safe and are included in their community.
- **Dignity and independence** – so that children with SEND and their families feel welcomed. They have the right information and the right services at the right time so that they and their families can live a dignified life, as independently as possible, the same as any other child.
- **Choice** – children, young people and parents are supported in participating fully in decisions that promote young people's aspirations.
- **Best Value** – effective use of resources for better outcomes, with pooled resources and integrated health, care and education pathways. Better partnership work across education, health and care, and with other partners e.g. housing and the voluntary sector. Increasing provision and places for children with SEND in state-funded mainstream and special education in Croydon, so that there are local pathways for young people, without the need to travel outside the borough.
- **Better outcomes** – young people with SEND achieve sustained employment, entering supported internships and/or living independently in their community in Croydon.



CROYDON'S SEND STRATEGY – KEY AREAS FOR DEVELOPMENT ARE SET OUT BELOW

Improve early identification of need

- 1. Through improved health visiting services.** The Health Visiting Service (HVS) leads on the delivery of the Healthy Child Programme for the 0 to 5's and plays an integral part in ensuring the young people of Croydon have the best possible start in life for good health and wellbeing later in life.

The Health Visiting Service is integral to early identification of developmental issues primarily through the one and two year developmental health checks. If developmental progress causes concern the child is then referred onto other services as appropriate. However, the levels of one and two year checks being carried out has been low.

To help address this and other issues, the Health Visiting Service has a transformation plan one of which aims is to create more capacity for the universal developmental checks; these are available for every child so that the state may know if the child needs extra provision. The integrated 2 years check with early years providers is being introduced across the borough. The aim is to improve the early identification, appropriate referral of children with developmental issues so that children's needs are met and parents have confidence and understand how to access support through services and provision within the community. This will be done by increasing antenatal, universal 1 and 2 years development checks. In particular, through the implementation of the three year SEND Strategy integrated health visitor and early years education setting assessment will be established with targeted early intervention for Early Years settings to support practitioners in meeting children's needs.

The service plan for Health Visiting Service 2019 -20, will incorporate improved reach for the 2, 2.5 year checks and improved completeness of the Ages and Stages Questionnaire (ASQ) information. Through the improved level of mandated checks and ASQ data, the early identification

and referral of children with developmental delay and potential SEND, will be improved. This will requirement will be ongoing in the services commissioned for 2020 onwards.

- 2. Through improved early help** there will be better co-ordinated support based in localities and matched to community needs. This will include provision of Early Support/Inclusion Co-ordinators who help families of children with SEND navigate social care, health and the universal offer. Support for families will help to maintain children's progress with access to universal and targeted support, including SEN Support in schools.
- 3. Improved timescales for diagnosis of autism.** The current diagnosis pathway in Croydon is fragmented with a long waiting list and waiting time for a diagnostic appointment. A new Autism Spectrum Disorder diagnostic pathway for children under 5 is being reviewed so that over the course of the 3 years strategy, Croydon CCG will provide more timely diagnoses and reduced waiting times (which are currently over 12 months).
 - Under 5s – (currently a wait time of 14-15 months)
 - 5s and over – (currently a wait time of 8 months).

Additional CCG funding has also been provided to South London and Maudsley NHS Foundation Trust to reduce wait times. Work with paediatricians is also planned around timely diagnoses.

The Clinical Commissioning Group's aspiration is to reduce the waiting times for both age groups to be in line with the National Institute for Health and Care Excellence (NICE) guidance standard which states that the diagnostic assessment should commence within 3 months of referral.

4. **Improved communication** - establishing an early years' passport for children with SEND which brings together developmental information, assessment and intervention information; is owned by the child's family and supports preparation for and start of school.
5. Improving communication through the Local Offer website, with a stakeholder user group including representation (champions) from across parent and young people groups, the Council, Health and the wider community, established to take forward communication about the offer for children and young people with SEND in Croydon so that families can be independent in accessing the right resource at the right time.
6. For children from one year old, provision of 'Portage' home-based learning to support the development of children with severe, profound and multiple needs early, before attendance at an early years setting. There will be robust annual reviews of these interventions; these reviews will inform the future model for home-based learning. Outcomes will be monitored and the programme adapted. A key outcome of the strategy will be improved developmental outcomes and better support for families through targeted referral for early help and the provision of parenting support. This provision will lead to effective planning for these children's start to education and transition into school. Details will be set out in an Action Plan.



Better graduated response

A continuum of provision to meet a continuum of need to ensure children and young people who have SEND needs, have their needs met whenever possible and they make best progress.

1. The introduction of guidance for schools and families about the support available in mainstream schools for children who have their needs met through SEND Support.
2. Development and publication of local eligibility guidance for children for whom the council undertakes an EHC needs assessment and maintains an EHC Plan.
3. Early years education settings supported to identify and meet children's needs and prepare children for school through the early years area Special Education Needs Co-Ordinators (SENCO) forum and early years support for inclusion. The introduction of high needs inclusion funding to the end of Foundation Stage (from birth to aged 5) to provide support for transition into school, and until the end of reception year in school for children with additional learning needs.
4. Groups of schools in the same area working together to apply high needs inclusion funding to include children with SEND Head teachers working collaboratively with the council to provide for a wider range of children and young people through mainstream SEN support and without the need for an EHC Plan. This will support effective transition from primary to secondary with reduced fixed term and permanent exclusion. The aim is for schools to be supported in providing mainstream education for children with SEND that live in their community and to support children with SEND to be included in their local community.
5. Improve the provision of local state-funded special education so that children with more complex needs have a special school place in state-funded education provision within Croydon. Increased special school places through the new free special school we are building for 2-19 year olds with Autism spectrum disorder (ASD) and increased places in existing special schools through capital investment. Alongside these developments will be the introduction and development of admission guidance for specialist education to support equity of access and transparent decision-making and resource allocation.
6. Through the three year SEND strategy there will be a commitment by the Council to maximise accessibility in public spaces and Council settings so young people with SEND feel included and welcomed. Improved access to universal services – there are numerous universal services offered in the borough for all children and young people. However, some need to be made more accessible for children and young people with SEND.

By way of example, in Croydon centre young people who are disabled there are no sign-posted disabled changing facilities. Additionally, a service that is targeted at improving health outcomes is the council commissioned children's weight management service. Accessibility for children with SEND and their families requires improvement.

Joint Working

1. For children with disabilities the SEND 3 year strategy will drive development of the short breaks offer so that there is equity in provision and families are better supported to live an ordinary life. It is recognised that currently some children access short breaks at the Council run short breaks and respite provision while others may struggle to find providers which can meet their child's needs and use their direct payments to do so. The aim is to support families and help them keep children in the community, reducing family breakdown and promoting child's right to family life through a short-breaks offer that is responsive to family needs.
2. The Council and CCG have widened a previously joint commissioned contract for solely speech and language therapy to include occupational therapy. Over the course of this 5 year contract it is intended that the joint commissioning of these services will lead to further improved quality, effectiveness and efficiency and build on the levels of integration. We will undertake a review of speech and language needs and therapy provision so that we are confident that the likely prevalence of speech, language and communication and occupational therapy needs – including across vulnerable populations (e.g. PRU attendees; CLA; Elective Education etc.) are identified, and jointly commissioned. And that SALT/OT services are adequate to address need for provision across – (Health, Care and Education) i.e. Virtual School/CLA; YOS; PRUs; CWD and SEN. The review will provide recommendation for a strategic, evidence-based and system-wide approach to improving speech, language and communication. Commissioning resources for SLT and OT to meet education needs are currently under review by Council.
3. For children for whom the Council is undertaking an Education, Health and Care needs assessment, the aim is that there will be better joined up assessment and review of a child's progress through the introduction of a new IT system with a portal to facilitate transparent and open sharing of communication.
4. Develop coherent pathways across health, education and care for children with autism, including diagnosis, support for education and mental health, support for parents and siblings, workforce development and pathways into employment. Make Croydon an autism-friendly borough.
5. South London and Maudsley NHS Foundation Trust are planning to put mechanism into place to be able to identify the number of EHCP assessments being conducted, that receive CAMHS assessments and treatments.
6. The 2018 Local Transformation Plan refresh references the changes to Children's and Families Act 2014 for children and young people with SEND and the need for joined up strategic working across health, education and social services in partnership with families. One of the top priorities in the plan is to review pathways and access to treatment ensuring referral processes are clear.



Improved post 16 opportunities and outcomes

1. Support for emotional wellbeing and mental health through the Local Transformation Plan and the commitment to improved transition planning and access to services for children with complex needs and multiple diagnoses including mental health needs. This support will be available for young people with or without an EHC Plan. Discussions with Adult Mental Health to ensure children aged 16 are picked up with transition plans put into place. Pathways for children to Adults Services with continuing health care needs are identified and addressed. Transitions are a priority in the Local Transformation Plan.
2. The development of local specialist college education provision, the post 16 SEN Centre of Excellence at Croydon FE College. This post 16 centre is due to open in September 2020 with 75 places. A key focus will be pathways into supported employment for those for whom this is an option and for others there will be support for transition to adult care services in the community. The college is expected to provide job coaches and to work with local employers to establish pathways into supported internships and employment.
3. The adult social care offer for young adults with SEND is being reviewed. During the coming three years there will be consultation and engagement with young adults and their carers so that sufficiency of provision can be established, and decision-making can be based on local pathways for local young people.
4. Improved pathways into supported accommodation. Croydon Council currently has a programme of work to deliver more units of 'settled accommodation' for people with a disability. This means increasing the amount of housing available for people to live in with the security of having their own tenancy. This housing stock is being developed by working with the Council's own property department, with registered social landlords/housing associations in the borough and with the private rental market.
5. For young people with an EHC Plan, transition planning to adulthood will start from age 13 years. The SEND Service has been re-organised with a new 12-25 SEND Team established. The outcome of better early planning is intended to be a clear pathway and progression post 19, improved outcomes of employment and better tracking of young people's destinations.
6. A clear pathway from children to adults' health services for young people with complex medical needs who have continuing healthcare needs.

Workforce Development

1. Establish a core training offer for all practitioners across agencies so that there is a shared understanding of legislative duties and children and young people's special educational needs.
2. Work in partnership with education settings and schools to develop evidence-based SEN Support for children in Croydon so that children's needs are identified; assessed; met and reviewed and parents have confidence that children and young people are making progress. Particular focus on meeting the needs of autism and social, emotional mental health needs in school.
3. In partnership with community organisations, the Council and health provide a core offer of training for parents – in particular regarding behaviour management at different ages and stages and autism.

Next Steps

This strategy has been informed by a wide-range of parents, young people and practitioners' views.

The SEND Strategy is being taken forward through an implementation plan led by Senior Officers from across the Council and Health. The Implementation Plan will be subject to Governance by the Children's Partnership Board.



APPENDIX ONE – FOCUS GROUPS

Autism Society consultation 16.1.19

Present: J Fitzpatrick Chair (JF)

3 councillors

6 parents

A Farmer, J Wright, T Butler (AF, JW, TB)

P = parents

AF: want feedback on the transition to adult social care and adulthood

P: do parents see the next version before it goes to Cabinet?

AF: will be putting together a small group of representatives, a sense check is useful but speed is of the essence

JF: it would be good for a group to feedback but keep expectations low in changing the strategy.

JF: is travel training customised?

JW: yes

P: I have been on the bus day, it is great, good role-playing

P: can young people who attend be trainers in the future?

JW: yes, there are two student internships, we are planning offering apprenticeships to develop accredited travel trainers.

P: would it be at Croydon?

JW: yes

P: are there other apprenticeships in Croydon?

JW: yes

JF: I'm interested in workforce, education and partners.

P: my son is struggling with education, the biggest factor is the environment not being looked at i.e. Croydon itself is an "exclusion zone"

Cllr: here to listen, my focus is to ensure more opportunities for young people to work in the borough.

P: my one thing is mental health

P: my one thing is; son has complex medical needs, what about the post 16 transition? adult world, pathways, choice and how complex the world is?

P: my child has been a Chaffinch for eight years with ASD; focus must be to improve early identification and health visiting for siblings' needs.

Cllr: my focus is earlier EHCPs, quicker diagnosis and parents need help more quickly.

Cllr: there is cross-party support, document should be fluid focusing on joint relationship between NHS and the borough, despite separate outcomes. The government and the budgets are not aligned and it is the user who is left with difficulties.

P: no one has mentioned social care, Croydon does not recognise autism as a disability.

JF: governance is a problem Health are not accountable to the public and this is an issue for the community

P: NHS do have EHCP obligations?

JF: how can we persuade the NHS to respond?

AF: once agreed there will be an implementation plan with governance and milestones. Rob Henderson, DCS, is keen to link Family Partnership to the HWB as well as Autism Board.

JF: start with the 4 priorities, any thoughts to siblings?

AF: this is the first time that broader needs of the family have been raised, we will take this back and may reference this in the implementation plan.

P: particularly in girls who tend to mask and are therefore missed.

AF: workforce awareness and understanding should be the fifth priority

JF: and GPs and health visitors

P: when I was a nurse, I sent a crib sheet to all

P: this links to an early identification and support for siblings, also MH. The effect of behaviour on siblings. The service needs look at history of family. Families buckle under pressure. Services are not here

JF: there is an impact on all the Family and there's a lack of support

P: this was mentioned at the parent forum meeting for 0-5, with David Garrett in the NHS

P: we designed it.

P: we need more portage and health visiting

P: early identification may not be early years

JF: cannot identify unless parents are ready, we need improved awareness, is this partly workforce development and parental education?

P: what about the other surrounding issues?

Improved joint working

P: it should all be under MH to me, EHCPs have so little traction from social care and NHS. The idea was to work together but it does not happen.

P: Health had no place in the plan and there is lots of misunderstanding

P: my son is now out of education so the EHCP was not reviewed

P: if they did work together my son would have a better chance, it was a waste of time.

P: we need clinical psychology reports and input from CAMHS- must be part of the plan

AF: in complete agreement. The law says EP only, the rest as required. Mental health should have a clinical psychologists Report but this is not legislated. LBC depend on resources which are accessed via the Designated Medical Officer. And there are probably resource issues in Occupational Therapy.

P: EHCP is a passport for life, how will services support me to run a life?

CIr: what is the ASD proportion of the cohort?

AF: approximately 33%

P: they may not have a plan

CIr: if diagnosed earlier may there be less uptake later, but cannot say?

P: School refer to CAMHS, who refer to autism Society as health refuse.

AF: this must be clear to mental health services

- CIlr:** can the process being improved
- P:** we must look at all angles: MH, counselling, Place to Be etc
- CIlr:** is the lack of resources?
- CIlr:** yes
- P:** kids are stuck in the middle
- CIlr:** we need to refocus all agencies, like a passport. The plan can change over time. Parents hit a brick wall at transition. They need updates on their plans. We must push on the HWB.
- AF:** no mental health representation is here so we cannot respond directly. However we must address mental health earlier.
- CIlr:** there are lots of families in crisis that should be dealt with earlier
- P:** families are in crisis; can we have in house mental-health resource? Particularly for teens.
- AF:** we do need practitioners on the ground
- CIlr:** HWB is the way forward for joint commissioning and hospitals are looking at resourcing at the direct point of need
- AF:** particularly for transitions where the passport would help.
- P:** In the parent rep training that we held in PIP we focused on common issues and one that always came up was mainstream v specialist provision, the outcome was always that both were needed and wanted by families. I noticed this was mentioned on the draft. Awareness in mainstream is vital

Transitions and Transport and provision

- JF:** transitions are meant to start at year nine and this should include health and social care
- P:** year nine is a critical year for GCSEs choices
- AF:** year 11 is challenging because the majority of EHCP pupils then go out of borough, hence post 16 is a priority
- CIlr:** there is work going on around the offer in the borough, all CYP should have the opportunity to learn in the borough i.e. the new preschool and Croydon FE development. Currently there is no provision.
- P:** if someone prefers to go out of borough, would transport not being met? This would be removing family choice and therefore discriminatory.
- CIlr:** the provision will be of quality, we are doing our best however it would be a family choice. It will not be enough.
- P:** special schools are very large so out of Borough may be a better choice
- P:** yet to see a school for high functioning autism
- P:** 15 years ago there was a discussion about a special school
- P:** kids are very vulnerable to bullying or are sent to PRU's
- P:** MH and behaviour deteriorates
- AF:** currently there is no provision but things are in the strategy response i.e. ELPS which don't always work.

- CIlr:** it is important to remember that needs are not being understood nor met. What about inclusivity for high functioning autistics? A lot to do with resource, some should be in mainstream but mainstream can fail them.
- P:** High Functioning Autism needs not met anywhere
- CIlr:** we do not have enough money
- P:** mainstreams are inflexible and kids go on detention
- P:** is it knowledge? With the passport help?
- P:** A unit would be a good idea but some kids do not want to be in the unit they want to be treated normally.
- JF:** the headline is that particular needs require customised provision. This rigidity in treatment. Needs workforce development.
- AF:** adults' transition across different ages in education, health, and care (the latter 2 start earlier). We want to give CYP voice, and plan to promote independence. There will be less uncertainty with new schools.
- JF:** would we have EHCP's into their twenties?
- AF:** yes
- JF:** the numbers of 25-year-olds will increase, would plans not stand because they are no longer in education?
- CIlr:** E could be for employment
- AF:** the plans would be about pathways to employment, supported employment and adult hood

- CIlr:** why there is such a focus on Croydon college is because it provides links to long-term employment, apprenticeships etc
- AF:** CROYDON FE is working better with LBC, there is a very good new management team driving employability
- JF:** autism is not recognised as a disability?
- AF:** that is too big a topic we want to incentivise inclusion i.e. inclusion marks and recognition have value
- P:** There is recognition for autism. It is sad to talk about inclusion in mainstream schools, ranging from very difficult. There is discriminatory language just like racism.
- P:** social care do not recognise autism disability, 9/10 do not get a social care assessment

Last points

- AF:** joint strategy
- JF:** give us feedback
- CIlr:** very useful, it would be nice to meet young people, are easy read documents fit for purpose?
- JF:** workforce development, more YP included, preparing for life.

SEND Consultation, Community Health Team meeting

17.12.18

A Farmer, J Wright, T Butler (AF, JW, TB)

13 practitioners

SEND

- Are the adults in the CCG involved? Continuing care is required.
- What are the main differences in this document from the earlier version?
- AF explained the situation with the SEND inspection and that the EHCP is really across all services now, the Health Visiting figures are poor and so is the narrative from parents there is not enough provision. It may take eight more practitioners.
- There are not enough therapies on offer
- An ambition is to devolve money to school clusters to help bring down the number of EHCPs
- Pathways to adults is very poor, we will need to offer eligibility guidance
- DMO was not asked about health, and the autism school is confusing, autism at aged 2 – not many but could be included in broader outreach from aged 2, focusing on social and communication skills. Paediatrics could recommend outreach. She also suggested that the autism school could just have a school name, instead of being called school for autism. We need to engage parents with the right language.
- Waiting times too long, teams must be resourced to manage caseloads which are double what they should be. NHS is doing its best to cope with the demand; it is simply struggling with 60 HVs. There has to be recognition and a large part is based on resources

- Autism diagnosis timescales far longer than they should be and wait times must be reduced, there's a huge increase in referrals
- AF: do give us better health data and do please send to public-health, these are the aspirations versus resource and it is not just the council who is responsible.
- We cannot just increase the diagnosis and not treat them
- The targets in the document do need to stand and this will link to the HWB.
- “the future is theirs” was not liked but this is the borough vision and there is no dispute
- Aspirations are good but how do we achieve this for children with complex needs
- It is great to see the early years review as part of the strategy, fortunate. Now supporting practice within education.
- Speech and language therapy is commissioned as a balanced model, but not enough money for training and less ring-fenced money. Parents want one-to-one therapy. Some Tribunal judges do understand the group sessions can be good.

What are your concerns?

- How will communication change to help plan the provision across schools?
- This will be in an action plan i.e. a communication strategy
- Joint working come together and talk about ideas, the right people at the right time
- The action plan will be sponsored by Alison Farmer, Stephen Warren, Amanda Tuke, Suzanne Toomer

- A business case is to be put together to help the DMO i.e. a designated clinical officer
- DMO's role needs to be clarified as per the code of practice and reviewed against capacity, what is missing?

Transitions

- Transition endings do not synchronise across services, nor with adult services. There are gaps in management and we need to map all this out. For a lot of services there is nothing often it is a 'hole'. Or sometimes wait up to 12 months, no join, no link.
- Action: to form a transition group, where is the old transition strategy?
- There is a disproportionate spend on 16 to 24.

SEND STRATEGY CONSULTATION

24.1.19

Our Vision

- Easy read should have the current provision
- Other booklet should be more attractive like the easy read (pix)
- Both papers give us relevant information
- The easy read contains a minority of statistics meanwhile the harder read has a vast majority of stats.
- The harder read has parents comments on SEND

- Both provisions should contain how they are going to help young people with mental health (SEND)
- Easy read contains more relevant information
- Students should be given a card to give them a few minutes of time out.
- Teachers get more training and awareness about SEND
- Educate all children about different Special needs
- People with a diagnosis should have chance to meet others with the same diagnosis
- List of what support people get
- Not much saying how they are going to achieve goals
- Teachers help student feel less isolated and make friends
- EHCP? What is it?
- Page 7 explain how
- CAMHS- what CAMHS is and how they're going to work together.

Missing Key facts/spelling errors

1. P4 State how you going to improve for the children Post 16 and how the strategy is going to be achieved
2. How are they going to be supported? It doesn't state what funding goes towards
3. Check specialist in each school who can be trusted to speak with student.
4. Different range of teachers at different school

5. Overlook safeguarding at each school
6. What is going to take place in the post 16 centre

Additional information

Include how teachers are understanding

How to help certain students and specific time.

SEND Consultation

Waddon youth club, 18-24. Date 7.1.19

18 Young people

D Cooper, J Wright, T Butler, P Cullen (plus 3 staff) and K Sinclair.
(DC, JW, TB, PC)

YP = Young People

SEND Strategy

DC: As young adults what could Croydon do better? Or is not doing at the moment?

- YP:**
- You don't get responses from work people
 - Social media needs to be better
 - College does not give enough help to find work, it is No, No
 - They don't help us
 - They forget us (most YP put their hand up to this)

DC: How does working effect benefits and money?

- YP:**
- Not good (refer to SENDIASS)
 - College goes too fast for us, we want to live independently, more leisure and more clubs

SENDIASS SEND STRATEGY CONSULTATION

24.1.19

12 parents

Plus: A Farmer, R Henderson, J Wright, S Wadsworth, R Tilford, T Butler
(AF, RH, JW, SW, RT, TB)

P = PARENTS

AF: we will add workforce development, training for practitioners and parents will be part of the implementation.

P: can we see revised draft strategy before Cabinet?

AF: yes

AT: we do not change the document until all consultation is complete

P: it should link to Post 16 Travel and Transition plan, and the links should be clear

P: where is the carers' strategy/

AF: this is not the Carers' strategy

RH: will work to link the 3

P: parents want a manual, "it is s a minefield", where to they go?

AF: we want parents to work with us, it will be on the implementation plan. Jane Speller will be involved and link to PiP.

P: joint working is appalling, it is an aspiration but need to make savings. I had to take LBC to Tribunal, letters were ignored. Lots of arguments. Should have had health consultation around a kidney transplant. My son was moved to Yr 6 without talking to us and the NHS were not consulted. LBC ignores us for financial reasons.

RH: we are now working together

P: YP does not need 2:1 support, though it is a great aspiration, suits them to ignore the situation. Parents get a brick wall from AF.

- AF:** can we please talk outside of the meeting
- P:** good intentions but practically will it happen. I have been waiting a year for a place. YP now in Lambeth because no school in LBC. Bensham School did not work out and not in school. YP went to mainstream and was excluded. Waiting list huge for CAMHS. Social worker was very bad and said YP's needs were not specific enough. SEND request more reports. Now suspended from Lambeth mainstream as no support.
- AF:** RH is commissioning research about the schools
- P:** they don't understand autism, the sensory needs are not met in mainstream
- AF:** there is a theme
- P:** new school will not accommodate high functioning autism
- AF:** Oasis are developing more capability
- P:** demand is too great for the good schools, what about N Croydon?
- P:** mental health and challenging behaviour. YP are impacted in settings. Referral process to CAMHS is v difficult. Siblings are affected. Schools do not know how many vulnerable kids there are. The process is so arduous to get SEN provision. Siblings are casualties waiting to happen. What happens at 18 and transition to adulthood? 16- 18 yr olds sometime have capacity of kids. Must protect our children with MH problems.
- SW NHS:** we are reviewing access to CAMHS, very aware that we are not doing enough. And reviewing pathways to Autism
- P:** soon, soon... youngest kid copying the oldest. His brain is different. Been waiting over a year for initial consultation. Being abused by kids. Impact on family.
- P:** delivering non-violent support for parents has been a success.
- P:** 16 yr old daughter has had no help since nursery. Struggle to raise her domestic violence. She has been excluded, and in PRU. Begging for an assessment at Archbishop Tennyson. Bounced from Croydon to Lambeth and location of GP. No support from CAMHS nor social care. School says it is bad behaviour. No help.
- AF:** we understand the boundary issue and difficult to access CAMHS.
- P:** Lambeth are quicker to respond.
- SW NHS:** we need to learn to work across borders
- AF:** and same issues with SLT
- P:** joint working with EP: parent not consulted. Suicidal aged 8. EP did not consult with CAMHS. Younger child wants to die too, parents forced to tribunal. LBC should look at desperate situations and conflict resolution.
- AF:** we are currently getting involved
- P:** 4 years waiting for ASD diagnosis. He is running away from school
- P:** refer to a named GP to get a referral to ASD assessment
- P:** diagnosis helps but still v hard, getting no education at school, they give him lego and shut him up. He was taken from ELP to mainstream but cannot read nor write.
- P:** tell the school what to do and get an EHCP, the Head said you can 'cure' anxiety.
- RH:** Gov is planning health provision for schools and waiting for guidance

P: I have 2 kid and nowhere to go and play. On swimming lesson wait list for over 1 yr.

RH: these are evolving needs and the plan will not be set in stone, we will work together and continue to lobby gov for more money.

SEND Consultation, 5.12.18 SLAM – Alexander House, Croydon

AF – Alison Farmer (Service Lead SEN 0-25)
JW – Jackie Wright (Travel Assistance Commissioner)
TB – Tom Butler (Programme Lead)
P – Professionals
CC – Minute Taker
13 Attendees

AF: Croydon Council and CCG are consulting on a 3 year strategy. In order to implement we are consulting on 4 key areas. Improved early identification, improved health, improved post 16 employment and opportunities.

This is especially important regarding information sharing across agencies.

TB: It's important that the survey is distributed so that we get a wide range of feedback. There is an online survey to be completed. Also on the Croydon Council website go to the 'Get involved' link.

Parents /Carers/Professionals can comment on strategy – Leaflets/Surveys to be left in reception. Consultation is taking place until 31st Jan 2019. Any feedback is most welcome.

St Giles School, 17.1.19 SEND Strategy Consultation

7 parents
D. Cooper, J. Wright, T. Butler (DC, JW)
P = PARENTS

p: EHCP has taken over a year and still not final

P: it is over a year and it overlaps the annual review

P: back and forward

DC: College opens 2020, some 19-year-olds in pilot, build is in initial stages. Hoping to open special ASD school 2020/2021

P: what age group?

JW: starting at 2

P: who are you talking to regarding the college design especially for complex needs.

DC: there is a whole team?

P: will they be talking to school such as St Giles? What are they going to put in the room? Who are they speaking to?

DC: Croydon is talking to specialists I'm sure they will be talking to people have the experience. LBC have planning team

P: re 0-25, how long would PM LD transition be if he was to go to college at 19? Would you be there until 25?

DC: it would be adjusted to individual plan and needs, and it may not be five days a week

P: would it just be about education?

DC: for CWD there would be other activities

P: biggest worry is constant about the Young person's future and who will care for them

DC: early identification could help

P: I don't want them in a room with television

P: it sounds brilliant, kids are near 19 to 25. I don't know what to do I cannot cope, I can't keep up with the care.

P: facilities are not there, changing is hard, we are made to feel guilty. Once they are out of borough they are gone.

P: there's no respite and no after-school support

DC: the strategy is long-term

P: do you think there's other day-care? Have you looked at day centre facilities?

DC: strategy is to get it right i.e. by working with social care

P: 19 to 25, may not be in education, they are in no man's land

P: my son would always need education

DC: that would be part of the plan

P: it feels like there's nothing after 19

DC: we want to get it right

P: the young people are not really adult even at 19

DC: we are improving joint working and talking with social care in the NHS

P: disappointing

P: do professionals live in another person shoes i.e. our shoes?

DC: it is about co-production

P: you cannot reach everybody, just get first-hand experience

DC: we should be talking to families

P: with CWD team, we have to fight to every single thing, the worst scenario. Constantly filling in forms no one tells us what we can have.

P: a cynical crowd

DC: our vision must be Right - must have joint working

P: how many disabled people are in the SEND team?

P: come into the school to see the needs

P: get hands-on experience for a day- getting the kids up at 5 o'clock for 7:30 bus- otherwise never ready if kids don't cooperate.

P: we don't feel listened to, you don't walk the talk

DC: co-production will work with families

P: Heard it before

P: our children -my kids cannot do that, what about adult hood?

P: I want half day respite, social worker gave me direct payment, and I need to ensure the babysitter. It was made so hard and convoluted; filling out forms. Just to get service. "it is a joke that you offered it because you know how hard it is to get"

P: LBC have get out clauses with health and safety. No one wants to work with disabled schools. Transport. discrimination in public. How can we help YP who must be sheltered? they cannot be in mainstream.

P: seen unbelievable mainstream examples i.e. kid was left in the wrong school

DC: we are increasing special schools

P: some kid staying home all weekend between schools because there is no supervision. Family shut themselves away!

P: the biggest thing- we need changing rooms

P: changing in a public toilet cannot be done there is no disabled toilet in Croydon Centre- Will there be one in Westfield?

P: what council has a good stance all another country?

P: 25 years ago, most of these kids would not have survived; we need more

P: School closes at 3:30 and holidays

P: there is no after-school provision of the kids who have nursing needs. And cannot get into Saturday clubs

P: respite!!

P: EHCPs were delayed not accurate, medical information was missing. You can't even do an EHCP.

P: does LBC have the right people because you don't live it

P: not trying to find a way out

P: parents are down in the dumps and losing their confidence

P: red tape, might get results? 40 pages for each condition!

P: how do you access a place in the new special school with only 75 places?

P: how to get information? Is not the one place

P: it is too hard to apply for things

P: there is nothing in the school holidays

P: costs? So much more, I had respite in Sutton but it will be closing. This is not inclusive. it is discrimination.

St Nicholas School Consultation, 29.1.19

6 parents

3 SEN team

Saskia Van Vliet (SVV), Ronny Burfield, Tom Butler

P = parents

- P:** are we talking about GPs? A&E is very good for kids with autism now with the new department Croydon U Hospital. it is amazing and with separated rooms. Old unit was crap. Cancellation means you only wait for 12 weeks
- P:** portage was very helpful, it gave us a strategy and happy it is coming back. The team was very SEN focussed, even SLT came.
- P:** it was v difficult during the assessment, but we got lucky and got SLT at 2 years old- it made such a difference to his communication.
- P:** early ID quite good
- P:** how would you get portage?
- P:** mainstream very difficult.
- P:** is the autism school primary?
- No parents knew about the local offer.

Respite:

- P:** we don't get respite and don't know where to go? Maybe get vouchers for carers? Go to Young Carers group, her son is only 4.
- P:** we want to enter information online
- P:** will the autism school promote independent living?
- P:** what happens as he grows up? Where does he go? He can hear but does not have words, is there a specific school for non-verbal?

P: where does the funding go when it is for a unit? There is different provision in each setting, how about enrichment? Otherwise it is basic learning. How is this addressed?

SVV: contact your co-ordinator

P: there is a mismatch between ability and the lesson,

P: what are my rights?

P: need a smaller class.

P: will portal be linked to GPs

SVV: GDPR means we have to be asked to share information and therefore information may not be shared.

P: every time you go to a GP you have to explain your situation, paediatrics should know.

P: it would be ideal to share via the portal

P: the link should be between GP and paediatrician but it is NOT

P: my daughter was seen in Great Ormond and at GP. I asked them to email me all docs and got them.

P: I want to my child to be reassessed. They are not listening to me, he has not been assessed for 4 years. I don't know the process, I do what the school tells me.

P: home schooling is very different and getting more anxious.

P: St Nicks is brilliant

P: go to Carers Centre to get help in writing the EHCP, you will get a better understanding of a child's needs and how to work with teachers. And complete the EHCP in a good way.

P: EY passport is a very good thing

Everyone understands the strategy

- P:** liked the portal, the Post 16 -25, the reduced waiting times for autism diagnosis and portage
- P:** what is missing: pre16 travel, more infor re portage, a post 16 passport (not visible), when portage was too late, identified too late. "I did not know".
- P:** how do you access portage?
- P:** what about a compass card for all SEND... like a discount card, from CWD
- P:** should have priority paediatric service and not made to wait.
- P:** after school activities, I have not seen activities, after school clubs.
- P:** are there support groups, no NHS support, given a pack
- P:** too many papers, no post diagnosis meeting! Which is required.

Waddon Youth Centre SEND Strategy Consultation 16.1.19

Present:

Children and young People x 34
David Cooper – SEN Business Relations Manager
Jackie Wright – Travel Assistance Commissioner
Cheryl Cordwell – Minute Taker

- DC –** SEN strategy
- DC –** Would like to talk to you about how Special Education Needs can deliver our support to you in a better way. Part of the strategy would be to identify your specific needs sooner so that we can give you better support as soon as possible.

We would like to work alongside your parents, teachers, social workers, carers and doctors. Getting everyone involved in the assessment process ensuring all your needs are met fully.

First of all we would like to make sure that school is a safe environment for you. This is also about preparing you for life after school/college. Developing a strategy so that better opportunities exist in Croydon. We will also discuss these ideas/plans with your parents to get more feedback.

This would be about making your lives better.

- What is good about your schools now?

Reaction:

- 7 said they love the school they currently attend.
- 1 asked if they could get more help with lessons.
- 9 think there should be more leisure activities and Youth Clubs.
- Who wants to get a job when they finish school/college?
 - 7 children raised their hand.
- When you're grown up who would like to earn money?
 - 7 children raise their hand immediately.

We are aiming to provide a good sound college base for to ensure you have a bright future.

Thanks for taking part today.

Waddon Youth Centre, 7.12.18 SEND Consultation Notes

6 parents present

J. Wright, D. Cooper, T. Butler (JW, DC, TB)

P = parents

SEND

- P:** Are there any colleges for boarding?
- P:** I have a 19 year old at Priory and want him to be independent, I want to keep him in the borough?
- P:** Are there housing associations or respite?
- P:** We have a 19 year old at university, his allowance has stopped and does not have job yet. We have to top up. However he is not really independent and struggles with his speech; employers are not sure.
- P:** He is unsure about travelling from Portsmouth. He does not have local support at university. He did get assessed at college through student loans.
- P:** What are Post 16 Options? Croydon and Carshalton. Schools should advise
- P:** Few go from Bensham to Carshalton. Croydon is taking a long time. Difficult to get to NESOT
- P:** Do they get transport and courses may not be available in LBC.
- P:** Do they still get prioritised to get onto courses? Yes and internships etc
- P:** What age does EHCP go to? Answer: it depends on progress and needs.

- P:** LBC explained the increase of EHCPs and overspend: the strategy was played back.
- P:** How many mainstream schools and maintained have SEND pupils?

SEND Strategic Board 21.1.19

9 practitioners and many

What do we like?

The 4 priorities – but could there be a 5th? (Communication and the Local Offer)

The inclusion aim

Speech bubbles for quotes – make it more visual

Put Croydon context first

What are we worried about?

Needs to set out why improvement is needed and what impact will be like

Add partnership with parents

Success measures – KPIs, CYP & parents feedback

More integrated working include HWB

Transitions at all ages 0-25

Clear table at the end showing how we will know change has happened

Accessibility – how certain are we that everyone will have a voice?

More family engagement

Aim = 0-25 less adult focussed

Nothing on local offer for post 16 cohort of young people

Integration and prevention

Best practice and upskill workforce including school staff to better meet needs at SEN support and before

Data underpinning strategy & knowing our children and young people

PEPs low processing and take up, align with EHCP reviews

Keeping up with the pace of change (project management); implementation (keeping momentum) evidencing impact

Parents report Local Offer still hard to use

Silo working & better joint working between SEND & CWD

Tier 2 CAMHS offer is poor

More DMO time needed and carry through post 16

Do we need a DCO?



APPENDIX TWO:

EQUALITY ANALYSIS: INITIAL EQUALITY ANALYSIS

Stage 1: Initial Equality Analysis

The council has an important role in creating a fair society through the services we provide, the people we employ and the money we spend. Equality is integral to everything the council does. We are committed to making Croydon a stronger, fairer borough where no community or individual is held back.

The Initial Equality Analysis helps to determine if the proposed change will have no impact, a positive or negative impact on groups that share a protected characteristic and ascertain if you will need to undertake a full equality analysis.

An Equality analysis enables us to target our services, and our budgets, more effectively as well as understand how they affect all our communities. It also helps us comply with the Equalities Act 2010.

Please note that an equality analysis must be completed as early as possible during the planning stages to ensure information gained from the process is incorporated in any decisions made. [If you are not at the beginning stage of your decision making process, you must inform your Director and the Equalities Manager that you have not yet completed an equality analysis.](#)

In practice, the term 'proposed change' broadly covers the following:

- Policies, strategies and plans;
- Projects and programmes;
- Commissioning (including re-commissioning and de-commissioning);
- Service Review;
- Budgets;
- Staff restructures (including outsourcing);
- Business transformation programmes;
- Organisational change programmes;
- Processes (for example thresholds, eligibility, entitlements, and access criteria).

Directorate: **Children, Families and Education**
Title of project or proposed change: **SEND Strategy**
Officer responsible for assessment: **Alison Farmer**
Date assessment completed: **15th February 2019**

1.1.1 Information about the proposed change

Brief outline of proposed change (see above for examples of proposed changes). Please provide a brief outline of the proposed change, why it is being considered. Please also state if it is an existing, new/proposed or revised change.

SEND Strategy

The London Borough of Croydon Special Educational Needs and Disabilities Strategy 2018 to 2021 (SEND Strategy) sets out to improve the outcomes and life chances for children and young people with Special Educational Needs and Disabilities. It is a new Strategy.

The SEND strategy sets out the Council's approach to meeting the needs of children and young people with SEND, with a focus on developing ways of working together with families, early years settings, schools, FE colleges and health providers over the next three years to support positive outcomes for young people. The strategy addresses Croydon's need for long-term provision for children with SEND ensuring an efficient use of public resources, sustainable and effective.

The Send Strategy provides an umbrella document that sets the direction of travel for all policies and criteria that link underneath it. This includes specifically, the following two new documents:

Eligibility Criteria

Local authorities are required to ensure that there is an offer for children and young people with SEND, including a graduated response in schools and other education settings; that they undertake EHC needs assessment and issue and maintain an EHC Plan for those children who have the most complex learning difficulties and need additional and different provision and provide or co-ordinate and jointly commission the provision of services to meet the assessed needs of children and young people with disabilities where it is deemed necessary to so. (Children and Families Act 2014)

The overall aim of the SEND strategy and the supporting criteria and policies is to improve and make enhancements to the service for all children and young adults with SEND in Croydon through effective identification, assessment, planning and review of children and young people's progress. The goal is for children and young people and their families to be actively involved in planning a future independent life in Croydon. For children and young people to be safe, healthy, and happy and aspire to be the best they can be.

This strategy is for all children and young people with SEND and their families, this includes children and young people 0-25 who have a learning need or disability that is identified and met through SEN support, an EHC Plan and/or a Care Plan.

The only impact is related to age as the services are different for children and adults. This is dictated by the different legislation relating to children and adults (Children and Families Act 2014 and the Care Act 2014). The probability and impact is reflected below in the scoring.

1.2 Who could be affected by the change and how?

Scoring your adverse impact

You will need to score impact on service users, community groups and/or staff and record this in your Action Plan.

Deciding whether the impact could be positive or negative

You must gather evidence to help you decide how each of the protected groups could be affected. This evidence must be of two types:

- about people (quantitative) – for example, statistics, borough and ward profiles on the Croydon Observatory (<http://www.croydonobservatory.org/>), national research
- from people (qualitative) – for example, consultation results, complaints, surveys, information from relevant voluntary or community organisations

You will find it useful to discuss sources of information with the equalities manager. They may be able point you towards relevant information from another equality analysis or concerns about equality matters from inspections or audits.

However, you can make reasonable assumptions where impact is likely to be minimal. For example, changes to the school admissions policy are likely to have minimal impact on older people. Negative impacts can often be identified by the concerns that stakeholders raise about whether a change will work or not.

Ranking the potential impact

You have to act to eliminate any potential negative impact that, if it was to be realised, would breach the law (perhaps by abandoning your proposed change). However, you may not be able to take action to minimise all your potential negative impacts or maximise all your potential positive ones. You must be realistic and proportionate about how many actions you can resource.

When you act to reduce the negative impact or maximise the positive impact, you must be sure that this does not create a negative impact on another group. If this is unavoidable, it can only be justified if it is done to eliminate discrimination.

1.2.1 PROBABILITY

What is the likelihood of the service, policy or function having an impact on service users, community groups and/or staff?

Use table below to assign the proposed change a category code for each protected group.

IMPACT ON PROTECTED GROUP(S)									
Category Code	Race	Age	Gender	Disability	Religion or Belief	Sexual Orientation	Gender Reassignment	Pregnancy Or Maternity	Marriage or Civil Partnership
1 Rare	1		1	1	1	1	1	1	1
2 Unlikely		2							
3 Possible									
4 Likely									
5 Almost Certain									

1.2.2. SEVERITY OF IMPACT

Identify the highest possible impact on the service, policy or function.

Use this table as a general guide

Probability	Potential Impact on Protected Group(s)	The Potential for Complaint Litigation	Potential Impact on Organisation
1	No impact or adverse outcome	Unlikely to cause complaint/litigation	No risk at all to organisation
2	Short term impact	<ul style="list-style-type: none"> • Complaint possible • Litigation 	Minimal risk to organisation
3	Semi-Permanent Impact	<ul style="list-style-type: none"> • Litigation possible not certain • High potential for complaint 	<ul style="list-style-type: none"> • Need careful PR • Reportable to EHRC • External Investigation
4	Permanent Impact	<ul style="list-style-type: none"> • Litigation certain expected to be settled for <£1M 	<ul style="list-style-type: none"> • Service closure • Threat to Divisional/Directorate objectives/priorities • Local Publicity
5	Permanent and Severe Impact	<ul style="list-style-type: none"> • Litigation certain expected to be settled for >£1M 	<ul style="list-style-type: none"> • National adverse publicity • Threat to Trust objectives/priorities

1.2.3 Equality Impact Score

Use the table in 1.2.2 and matrix below to calculate the equality impact score by using the formula:

Impact x Likelihood = Equality Impact Score

I M P A C T	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		LIKELIHOOD				



Risk index	Risk Magnitude
20-25	Maximum
15-19	High risk
10-14	Medium Risk
5-9	Low Risk
1-4	Minimum Risk

Example

If we are going to reduce parking provision in a particular location, officers will need to assess the equality impact as follows;

1. Determine the severity of the impact. You can do this by using the table in 1.2.2 as a guide, for the purpose of this example as 3 Semi-Permanent Impact
2. Estimate the Likelihood of this impact. You can use the category codes in the table in 1.2.1 to, for the purpose of this example as 5 Almost Certain

3. Calculate the equality impact score using the formula above and record it in the space provided below, for the purpose of this example - **Impact (3) x Likelihood (5) = 15 Red**

Calculate and enter the Equality Impact Score in the space provided (2)

A full Equality Analysis will be required if the proposed change has been graded as scoring 10 or above (orange or red in the above table) as this will help you detail how you are going to address any negative impact.

1.2.2. Please state if the proposed change will adversely impact the Council's ability to meet one or more of the Public Sector Duties set out in the Equality Act 2010 below:

Please tick the relevant box(es) and provide a brief explanation

Advancing equality of opportunity between people who belong to protected groups

The strategy will have a positive effect on equality and opportunity for people with SEND

Eliminating unlawful discrimination, harassment and victimisation

The strategy will have a positive impact and therefore we do not envisage any unlawful discrimination, harassment and victimisation

Fostering good relations between people who belong to protected characteristic groups

The aim of the strategy is to have a positive effect on the lives of people with SEND due to integration into the community and mainstream schools.

A full Equality Analysis will be required if the proposed change will adversely impact the Council's ability to meet one or more of the Public Sector Duties set out above.



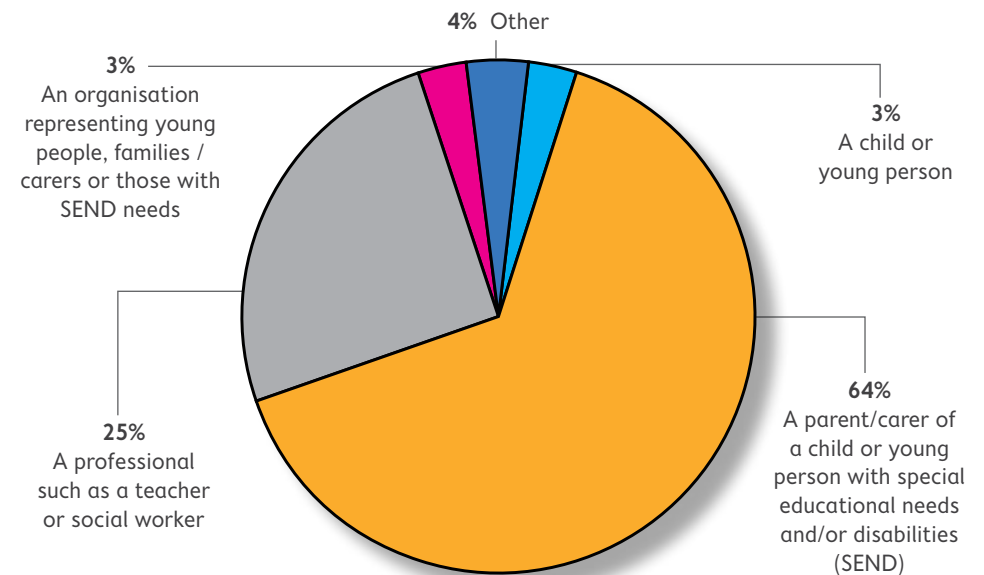
APPENDIX THREE – SURVEY RESULTS

SEND Strategy 2019-2022, Survey Consultation Results

Q1:

To help us get a good idea of who is completing the survey, please indicate in what capacity you are responding	Count of Completing the survey - 1 Who completion	%
A child or young person	3	3%
A parent/carer of a child or young person with special educational needs and/or disabilities (SEND)	61	64%
A professional such as a teacher or social worker	24	25%
An organisation representing young people, families / carers or those with SEND needs	3	3%
Other	4	4%
Grand Total	95	100%

Please indicate in what capacity you are responding (%)



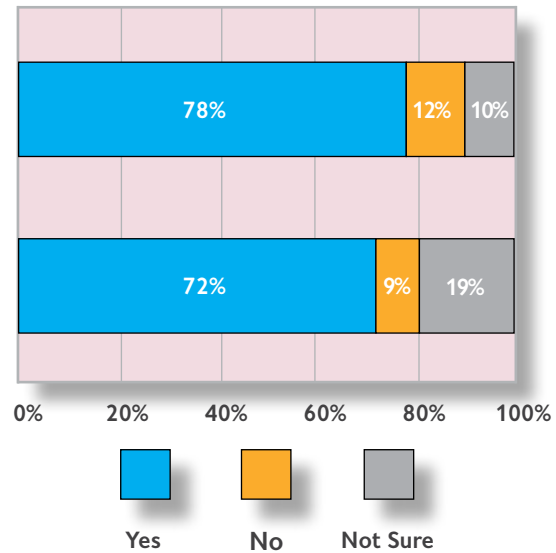
Other:
Resident
Disabled person, Professional disability practitioner and representative of professional organisation for staff working with disabled students.
Volunteer involvement with a college and Croydon Drop In
Someone who cares

Q2 & 3

Do you agree the strategy aim and principles? (%)

Do you agree with our aim: “Children with SEN and/or disabilities will achieve independence and employment, whenever possible, in our near their local community so that they can live fulfilled lives and be active contributors to Croydon’s future...”

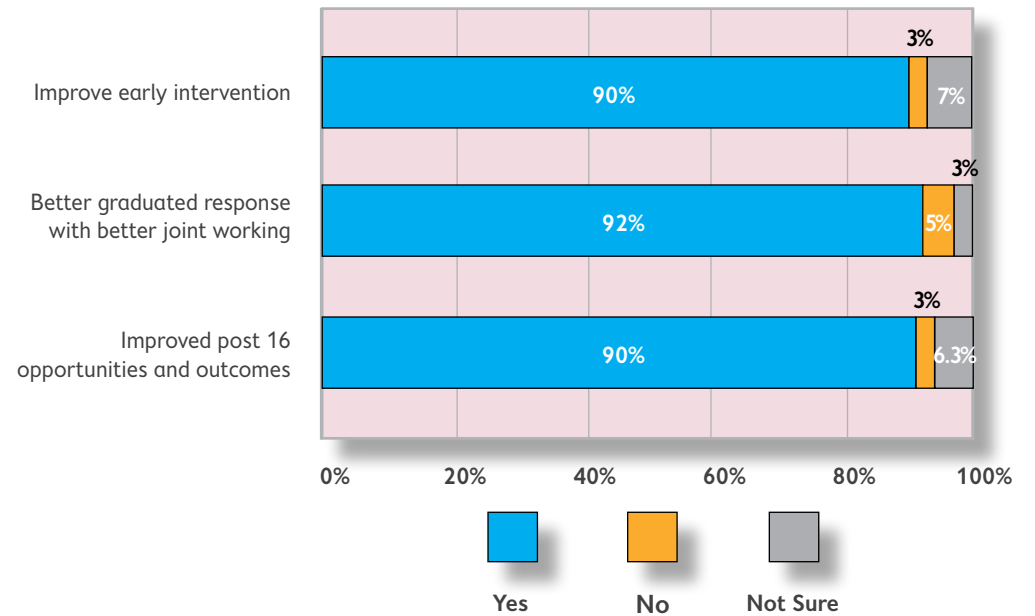
Do you support the principles that form the basis of the SEND strategy?



Q4 combined:

Do you support the area of development?		Yes	No	Not sure	Grand total
Improve early intervention	Count	57	3	4	63
	%	90%	3.2%	6.3%	100%
Better graduated response with better joint working	Count	57	3	2	62
	%	92%	5%	3%	100%
Improved post 16 opportunities and outcomes	Count	54	2	4	60
	%	90%	3%	7%	100%

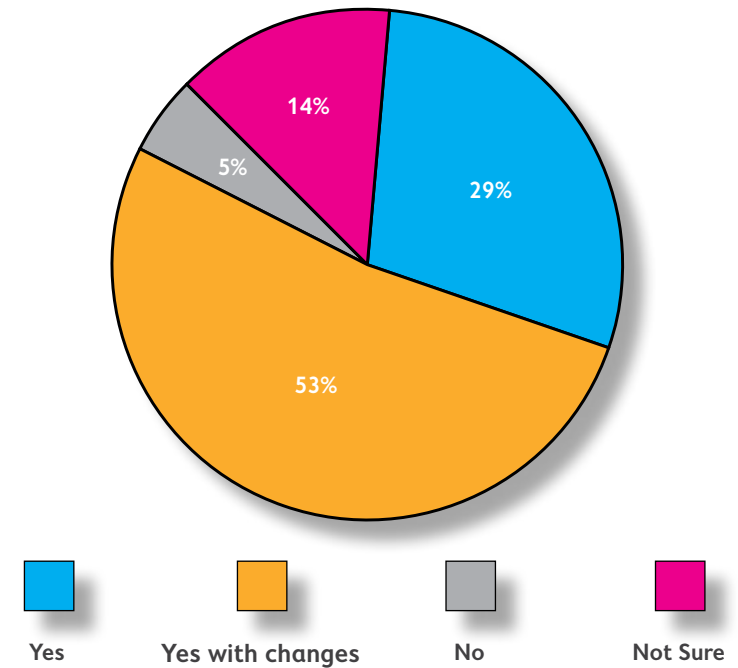
Do you support the following areas of development? (%)



Q5:

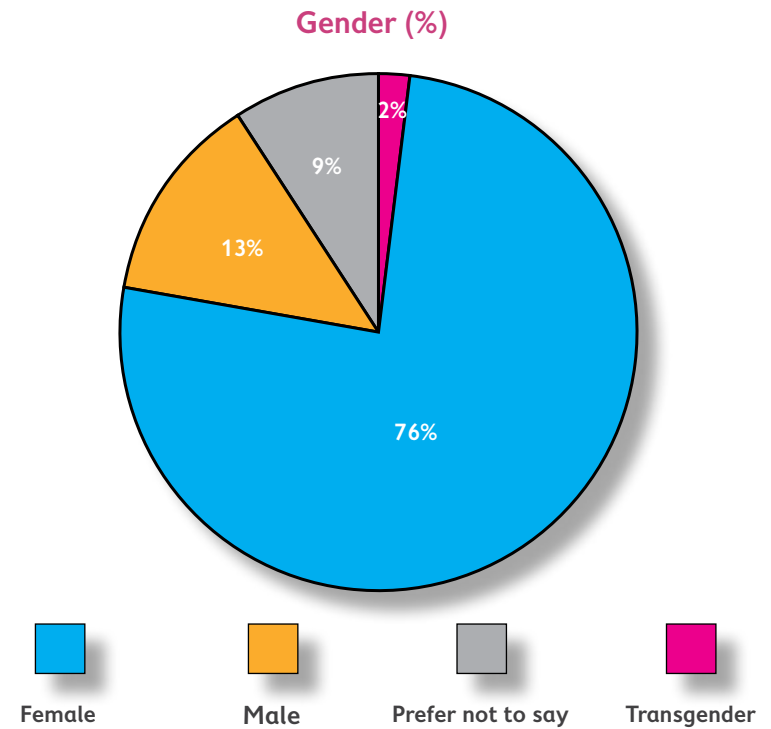
Do you think we should adopt the SEND Strategy?	Count	%
Yes	17	29%
Yes with changes	30	52%
No	3	5%
Not sure	8	14%
Grand total	58	100%

Do you think we should adopt the SEND Strategy?



Q6a:

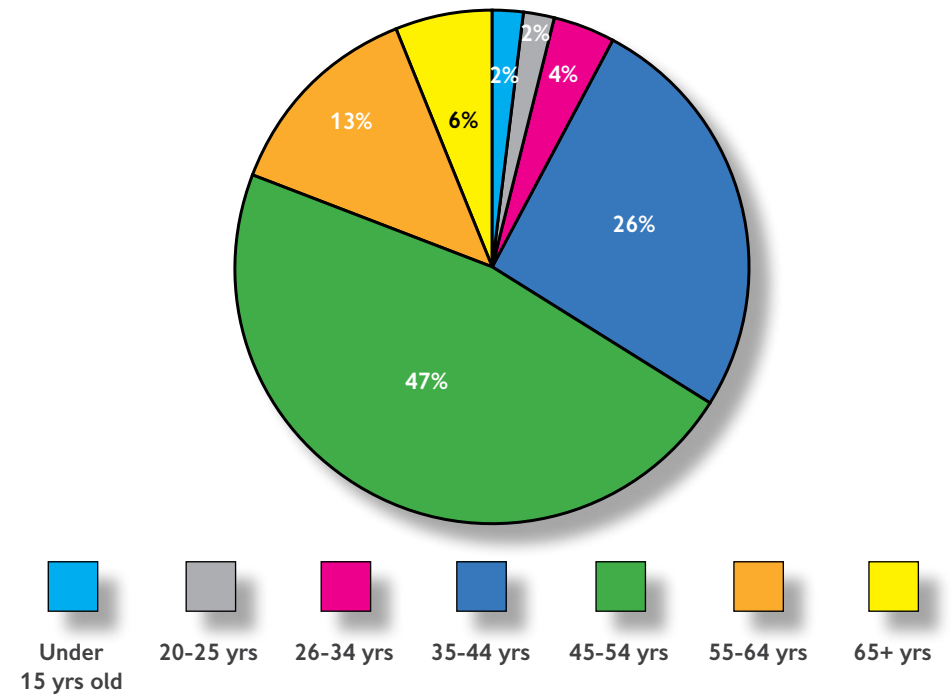
Gender	Count	%
Female	41	76%
Male	7	13%
Prefer not to say	5	9%
Transgender	1	2%
Grand total	54	100%



Q6b:

Please tell us how old you are	Count	%
Under 15 years old	1	2%
16-19 years	0	0%
20-25 years	1	2%
26-34 years	2	4%
35-44 years	14	26%
45-54 years	25	47%
55-64 years	7	13%
65+ years	3	6%
Grand Total	53	100%

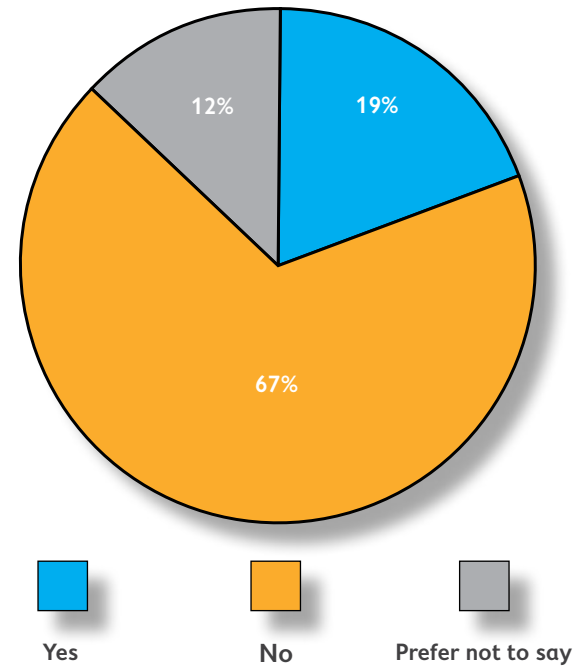
Please tell us how old you are (%)



Q6c:

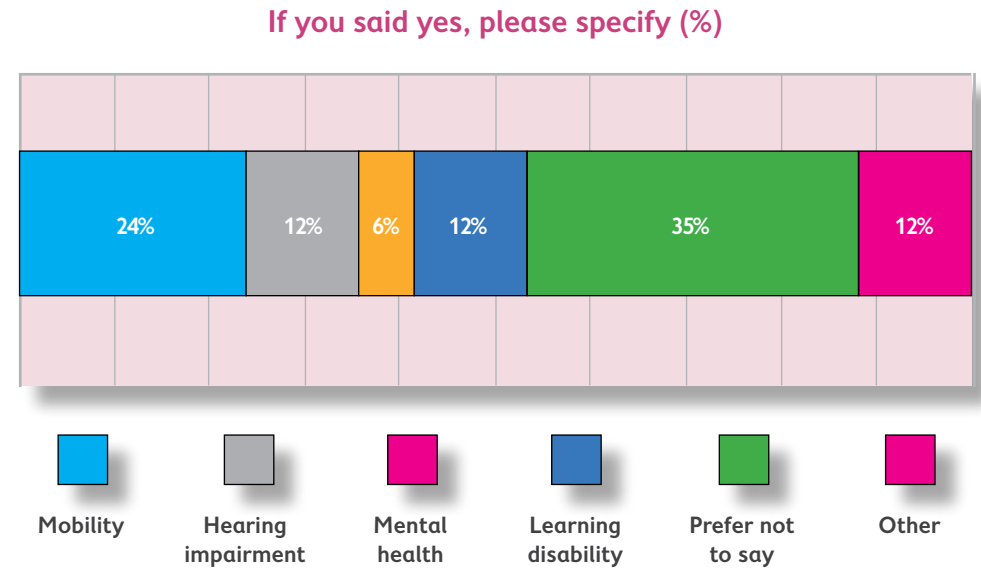
Do you consider yourself to have a disability	Count	%
Yes	10	19%
No	35	67%
Prefer not to say	7	13%
Grand total	52	100%

Do you consider yourself to have a disability (%)



Q6d:

If you said yes, please specify	Count	%
Mobility	4	24%
Visual impairment	0	0%
Hearing impairment	2	12%
Mental health	1	6%
Learning disability	2	12%
Prefer not to say	6	35%
Other	2	12%
Grand total	17	100%



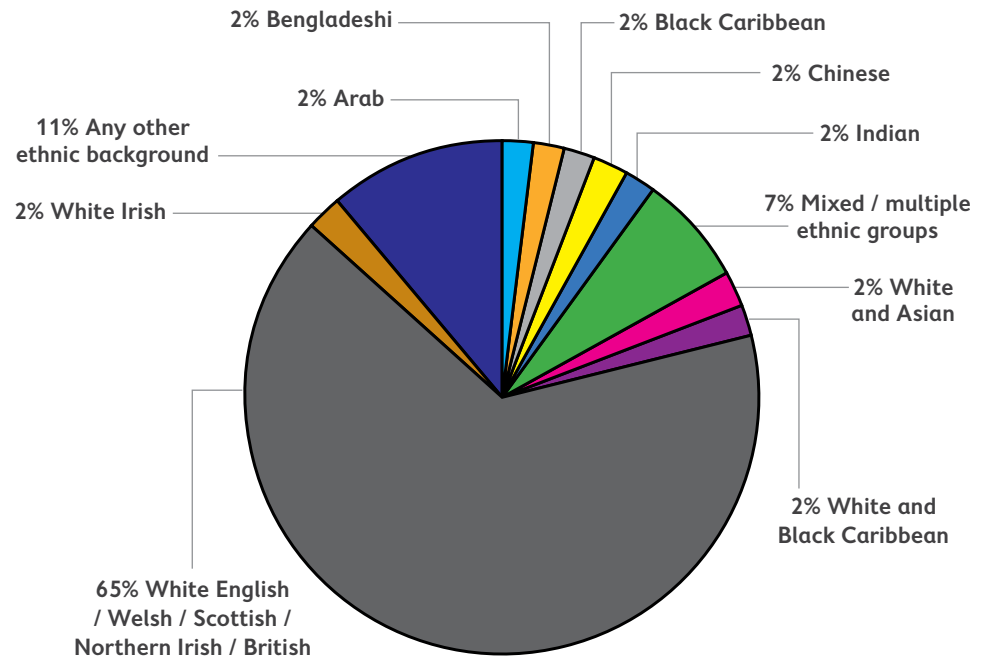
Q6e:

Other, please specify	Count
dyslexia and ASC	1
None	1
Grand total	2

Q6f:

What describes your ethnic group	Count	%
Arab	1	2%
Bangladeshi	1	2%
Black Caribbean	1	2%
Chinese	1	2%
Indian	1	2%
Mixed / multiple ethnic groups	3	7%
White and Asian	1	2%
White and Black Caribbean	1	2%
White English / Welsh / Scottish / Northern Irish / British	30	65%
White Irish	1	2%
Any other ethnic background	5	11%
Grand total	46	100%

What best describes your ethnic group? (%)



Q6g:

Any other background (Specify)	Total
British Asian	1
British Mauritian	1
Bulgariq	1
Mixed family with several ethnic groups	1
Prefer not to say	1
Grand total	5



APPENDIX FOUR – SURVEY RESPONSES

If you would like to read the full SEND Strategy Consultation Survey Responses, Dec 2018 to Jan 2019 you can view the findings by visiting: www.croydon.gov.uk/localoffer

or simply clicking [here](#):



SEND Strategy Consultation Survey Responses, Dec 18 to Jan 19	
Completing the survey - 1 Who completion	Completing the survey - 1 Please specify
A child or young person	
A parent/carer of a child or young person with special educational needs and/or disabilities (SEND)	
A professional such as a teacher or social worker	
A parent/carer of a child or young person with special educational needs and/or disabilities (SEND)	
A parent/carer of a child or young person with special educational needs and/or disabilities (SEND)	
A parent/carer of a child or young person with special educational needs and/or disabilities (SEND)	
A parent/carer of a child or young person with special educational needs and/or disabilities (SEND)	
An organisation representing young people, families/carers or those with SEND needs	
A professional such as a teacher or social worker	Resident
Other	
A professional such as a teacher or social worker	
A parent/carer of a child or young person with special educational needs and/or disabilities (SEND)	
A professional such as a teacher or social worker	
A professional such as a teacher or social worker	



Croydon Clinical Commissioning Group **NHS**

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