

## Sheffield Inclusion Strategy 2020-25 (including SEND) Update

### Governing Body meeting

6 February 2020

<b>Author(s)</b>	Sapphire Johnson, Head of Commissioning – Children, Young People & Maternity Portfolio Ali Bishop, Children's Commissioning Manager
<b>Sponsor Director</b>	Brian Hughes, Director of Commissioning and Performance
<b>Purpose of Paper</b>	
To provide Governing Body with feedback and data from the Sheffield Inclusion Strategy consultation.	
<b>Key Issues</b>	
<p>We have worked with partners including Sheffield City Council and Sheffield Parent Carer Forum to co-produce a vision and strategy for inclusion, including Special Educational Needs and Disabilities (SEND).</p> <p>The strategy was published publicly for consultation from 11<sup>th</sup> November 2019 until 26<sup>th</sup> January 2020 (11 weeks). This report details feedback received during the consultation period. This includes feedback from:</p> <ul style="list-style-type: none"> <li>• 160 online responses (63 parent/carer/family member of child aged 0-25 with SEND, 1 child/young person, 36 leaders from education, health and care, 38 frontline professionals, 21 people who classed themselves as 'other' to these categories)</li> <li>• 2 focus groups with young people</li> <li>• Trustees from the Sheffield Parent Carer Forum</li> <li>• A number of meetings and discussion groups across the city, including Sheffield Clinical Commissioning Group Governing Body, Sheffield City Council Portfolio Leadership Team, Overview and Scrutiny Committee and Sheffield MPs</li> </ul>	
<b>Is your report for Approval/Consideration/Noting</b>	
Consideration	
<b>Recommendations/Action Required by Governing Body</b>	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>• Accept the Consultation feedback report</li> <li>• Note the need to reflect on the feedback from the consultation</li> <li>• Agree to receive a final version of the strategy in March 2020</li> </ul>	
<b>What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?</b>	
<b>Which of the CCG's Objectives does this paper support?</b>	
<ol style="list-style-type: none"> <li>1. To improve patient experience and access to care</li> <li>2. To improve the quality and equality of healthcare in Sheffield</li> </ol>	

<p>3. To work with Sheffield City Council and other organisations to reduce health inequalities in Sheffield</p>
<p><b>Description of Assurances for Governing Body</b></p> <p>1.1 Will ensure patients and the public are consulted with as part of development of the SEND strategy and delivery of the action plan</p> <p>2.1 Will support delivery of high quality, equitable services</p> <p>3.1 Will support joint working between SCC and SCCG to deliver required improvements</p>
<p><b>Are there any Resource Implications (including Financial, Staffing etc)?</b></p>
<p>None directly as a result of this paper. Requests for any additional resources to support improvement will be requested through the appropriate processes.</p>
<p><b>Have you carried out an Equality Impact Assessment and is it attached?</b></p>
<p>Has been completed as part of the consultation plan.</p>
<p><b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b></p>
<p>Not in the preparation of this report but patients, carers and the public have been involved with development of the strategy.</p>

## **Sheffield Inclusion Strategy 2020-25 (including SEND) Update**

### **Governing Body meeting**

**9<sup>th</sup> January 2019**

#### **1 Introduction**

- 1.1 Sheffield CCG has worked with partners including Sheffield City Council and Sheffield Parent Carer Forum to co-produce a vision and strategy for inclusion, including Special Educational Needs and Disabilities (SEND). This was reviewed and discussed at the Governing Body meeting in January 2020.
- 1.2 A joint consultation on the draft strategy was opened on 11<sup>th</sup> November 2019. It was originally planned to end on 8<sup>th</sup> December 2019 but the decision was taken to extend the consultation by a further 7 weeks and it closed on 26<sup>th</sup> January 2020 (11 weeks in total). This was in response to feedback from the public and key stakeholders and because of the impact of pre-election restrictions on the consultation activities the CCG could undertake during November and early December.
- 1.3 This paper summarises the key themes arising from the consultation and includes the detailed consultation report as Appendix B. The paper also outlines the next steps to ensure that the feedback is considered and reflected on appropriately.

#### **2 Consultation Process**

- 2.1 The consultation aimed to raise awareness of the proposed strategy and to offer people a variety of opportunities to give their views on it. A full involvement plan, including details of key stakeholders that have been consulted with, can be found in Appendices A and B.
- 2.2 In addition to following Sheffield City Council processes, the consultation was also monitored and assured by the Strategic Patient Engagement, Experience and Equalities Committee (SPEEEC) to ensure a high quality approach was taken that met the CCG's statutory duties regarding consultation and equalities. A brief summary of feedback from the consultation was taken to SPEEEC on 28<sup>th</sup> January 2020 following the closure of the consultation period.
- 2.3 Based on review of the involvement plan, feedback on the consultation and discussion with SPEEEC on 28<sup>th</sup> January, there are still several gaps and limitations within the engagement activity that we would like to address going forwards, despite concerted efforts to address them throughout the consultation period. These include:
  - Limited number of responses from parents, carers and families of children and young people with SEND in the postcode areas S2, S3, S4, S5 and S9.
  - Limited number of responses from parents, carers and families of children and young people with SEND from BAMER backgrounds.
  - Limited engagement with children and young people – we talked to small numbers but would have liked wider engagement activity
  - Inability to translate the draft strategy and consultation material into different languages and formats (e.g. braille, sign language).

- 2.4 Recognising the importance of publishing a strategy in a timely manner in order to start planning and delivering required improvements as quickly as possible, SPEEEC agreed that the final strategy development could continue but with the caveat that ongoing work would continue to help address gaps identified in engagement to help support the future development and delivery of the strategy. This will include actions such as:
- Explore the potential for the final version of the strategy to be translated into different languages and formats.
  - Offer to undertake further work and discussion with certain community groups and postcode areas to ensure that under-represented groups have further opportunity to have their voice heard and can contribute to the ongoing improvement work to deliver the priorities within the strategy.
  - Consider further opportunities for children and young people to get involved in the commissioning process.
- 2.5 It should be noted that this is a consultation on a strategy, as opposed to a major change to services, and therefore the consultation activity should be proportionate to reflect this.

### **3 Summary of Feedback Received**

- 3.1 There were 160 responses to the online survey, 63 (39.6%) of which were from a parent/carer/family member of a child or young person with Special Educational Needs and/or Disabilities.
- 3.2 Focus groups were run with two groups of young people (15 individuals in total) and with one group of front line professionals (only 3 staff attended, all of whom were from NHS organisations).
- 3.3 The draft strategy was taken to a number of boards and committees, including CCG Governing Body, Sheffield City Council cabinet, senior and portfolio leadership teams and the Children's Health and Wellbeing Transformation Board.
- 3.4 A summary of responses received to the online consultation and the full breakdown of raw data received as part of the consultation can be found in the consultation report, Appendix B of this document. Please note that demographic information for each stakeholder group can be provided on request.
- 3.5 Main themes that emerged in feedback were:
- Strong support for the vision statement – the majority of respondents (83.6%) felt it clearly described what we aim to achieve and reflected what we should be working towards (84.2%).
  - The majority of respondents (84%) felt the strategy had correctly identified what needs to be done to improve inclusion within the city.
  - Under every commitment, the majority of respondents (i.e. consistently over 50%) either agreed or strongly agreed with the statements about our challenges, what it looks like now, our priorities, what we will change and the impact, as set out in the table below.
  - Language: there were a significant number of comments at the start of the consultation period regarding the language being complicated, unclear and containing too much jargon. In response to this, we published plain English

versions of the commitments during the consultation period. We have had no further comments regarding issues with complexity of language since the plain English versions were published.

- **Content:** this is quite a broad ranging area but covers comments in relation to issues such as the specificity and level of detail within the strategy, the lack of clearly described actions and information about how the strategy and the aspirations within it will actually be delivered and turned into reality.
- **Resourcing:** there were lots of comments and questions about how we plan to resource the commitments in the strategy in terms of funding, staffing, equipment and estate.
- **Provision:** a consistent theme emerged around wanting us to be more specific about what current provision is available, any gaps and what we will be doing to plan future provision and address any gaps.
- **Timescales:** there was a significant amount of feedback regarding the need to explain what timescales we would be working to and when we expected improvements to be delivered.

	% who strongly agree or agree
<b>Commitment 1: Identification and assessment of need</b>	
Our challenge	78.3%
What it looks like now	58.4%
Our priorities	69.6%
What we will change	53.6%
The impact	55.1%
<b>Commitment 2: Provision to Meet Need</b>	
Our challenge	72.7%
What it looks like now	58.6%
Our priorities	68.7%
What we will change	53.4%
The impact	54.5%
<b>Commitment 3: Effective Transition</b>	
Our challenge	71.5%
What it looks like now	50.7%
Our priorities	66.9%
What we will change	52.4%
The impact	52.7%
<b>Commitment 4: Communication and Engagement</b>	
Our challenge	74.5%
What it looks like now	56.9%
Our priorities	69.7%
What we will change	55.7%
The impact	56.1%
<b>Commitment 5: Developing the Workforce</b>	
Our challenge	70.7%
What it looks like now	51.8%
Our priorities	66.5%
What we will change	52.8%
The impact	52.5%

The following provides a summary of where individual stakeholder group responses differed from the overall trend of combined feedback.

## **Children/young people**

- Only 1 response received

## **Frontline professionals**

- Less agreement that we have identified the challenges in provision
- Less agreement that we have identified what transitions looks like now
- Significant comments expressed that there isn't enough funding to achieve the commitments and concerned in lack of reference to early Years

## **Leaders**

- Significant number of comments around need for funding

## **Others**

- Less happy with the vision – only 57.1% felt it reflected what needed to as opposed to 84.2% overall – many felt it was too long
- Overall they are less happy with the tone of the commitments 45% as opposed to 69% overall
- Less happy that the commitments reflect what we need to do 39% vs 57.7% overall
- Less happy with what we are saying we will change and the impact of those changes in assessment commitment

## **Parents, carers, families**

- Less happy with all of the sections in all of the commitments by on average 10% than overall
- More significant difference in saying what will change in assessment commitment 33% vs 53%
- More significant difference in saying what our priorities will be in transitions commitment 49% vs 67%
- Significant comments about the language being baffling or waffly

## **4 Next Steps**

- 4.1 The CCG, Sheffield City Council and the Parent Carers Forum need to analyse the feedback in detail to gain a clear understanding of the views of people in Sheffield and our stakeholders.
- 4.2 A revised and final version of the strategy will be developed following this analysis. Sheffield City Council cabinet will be asked to approve this in February 2020 and Sheffield CCG Governing Body will receive a final version for approval on 5<sup>th</sup> March 2020.
- 4.3 A summary of themes from all of the feedback and how these have been addressed in the final version of the strategy will be produced in the format of a 'you said, we did' report to sit alongside the strategy document.

## **5 Recommendations**

The Governing Body is asked to:

- Accept the Consultation feedback report
- Note the need to reflect on the feedback from the consultation
- Agree to receive a final version of the strategy in March 2020

## **Appendices**

### **Appendix A Consultation Plan**

### **Appendix B Consultation Report including;**

- B i Method, stakeholder analysis and involvement plan**
- B ii Analysis of demographics**
- B iii Results of online survey**
- B iv Results of online survey by stakeholder group**
- B v Free Text Comments from the Online Survey**
- B vi Feedback from different groups**
  - B vi - 1 Feedback from Sheffield PCF Trustees**
  - B vi – 2 Feedback from Focus Groups with Young People**
  - B vi – 3 Feedback from other meetings**



## Appendix A Consultation Plan

### 1. Introduction

In Sheffield, around 12,000 individuals receive Special Educational Needs support. This equates to just over 14% of the school population.

Sheffield does not currently have a published city-wide Strategy which sets out the Local Area's vision and priorities in relation to SEND and Inclusion. This is something that NHS Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council were jointly aware of and taking steps to put in place. However, a CQC and Ofsted inspection of SEND services in Sheffield in November 2018 highlighted the lack of Strategy as a weakness and this has therefore increased the pace at which this document is being developed and published. Whilst acknowledging the challenging timeframes we are working within, we want to ensure that we are undertaking robust and proportionate involvement with patients and the public in the development of the Strategy and meeting the statutory duties of both the CCG and Local Authority.

Extensive involvement activity has taken place and a significant amount of feedback has been received in relation to SEND dating back several years. Since 2017, the Sheffield Parent Carer Forum 'State of Sheffield' survey has been used as a baseline for engagement, alongside the Equality Impact Assessment analysis of who should be involved in the strategy development. These were used as the starting point for the draft Strategy, both in terms of who had contributed to date and any gaps in demographics, alongside the emerging key themes.

Further involvement activity was undertaken in early 2019 and co-production sessions were held in September 2019 to further shape the themes of the draft strategy. During this extensive pre-consultation engagement, five key themes were identified:

1. Identification and Assessment of needs
2. Provision to meet needs
3. Effective transition between stages and particularly to adult life
4. Communication and engagement
5. Developing the workforce

A formal consultation began on 11 November 2019 but, due to restrictions faced by NHS Sheffield CCG due to the pre-election period, communication and involvement activity has been limited. As a response to this, the consultation period has been extended until 26<sup>th</sup> January 2020.

The plan in appendix 3 sets out the consultation activity proposed for the draft Sheffield SEND & Inclusion Strategy during January 2020. Demographic data from people who contributed to all the pre-consultation engagement is included in appendix 1 as this has formed the basis for the plan, which aims to reach those who haven't been involved to date.

## 2. Purpose

The purpose of the consultation is to:

- Raise awareness of the draft Strategy.
- Target identified audiences who have higher prevalence of usage of SEND support or who have so far been under represented in previous involvement activity.
- Set priorities for delivery in the first two years of the Strategy.

## 3. Objectives

The objectives of the consultation are to:

- Facilitate genuine and meaningful involvement with individuals with SEND, carers, families, the public and professionals.
- Target young people and families who are directly affected by SEND and the professionals who work with them whilst encouraging the wider public to contribute.
- Ensure involvement with all sectors of our communities, including groups traditionally classed as 'hard to reach' or 'seldom heard'.
- Generate discussion and feedback from stakeholders to help inform the final Strategy.

## 4. Target Audiences

There are five key groups that we are keen to hear from. They are:

- Children and young people
- Frontline professionals
- Leaders (in education, health or care)
- Parent / carer or family member of children aged 0-25 with SEND
- Other interested groups

A detailed stakeholder analysis of these groups is included in Appendix 2.

## 5. Methods

The following is an overview of the methods and activities proposed.

### 5.1 Involvement activities

#### Existing activities and groups

Officers from the partner organisations will engage with a number of existing activities and groups to raise awareness of the draft Strategy and give people the opportunity to ask questions and share their views. Existing activities will be used, where possible, to target individuals affected as they are more likely to engage in this environment.

#### Surveys

A survey has been produced to allow feedback about the draft Strategy. The survey will be available as a paper and online version and distributed through the networks that people already engage with.

The activities, groups and distribution channels identified by the partner organisations are detailed in Appendix 3.

## 5.2 Communications activities

### Accessible information

Early consultation activity that has taken place has highlighted that some people find the language used in the Strategy difficult to understand. This is a helpful insight that will be addressed before publication but there is also a concern that this could affect the quality of engagement during the consultation. To address this concern and allow consultees to fully engage with the process, alternative messages have been developed to describe the draft Strategy in a more accessible and informative way.

### Media relations

Media relations will be a part of work to raise awareness and explain the key points of the draft Strategy and the opportunities to get involved and have their say.

### Website

There will be dedicated sections on the NHS Sheffield CCG and Local Authorities websites which will act as the central hubs for all information relating to the involvement activity, a vital link for people to find out what's happening, how they can get involved and have their say. As well as information about the process and key documents, it will hold links to an involvement pack of materials. The webpages can be found at <https://www.sheffieldccg.nhs.uk/get-involved/Your-Views.htm> and <http://www.sheffield.gov.uk/home/schools-childcare/inclusion-consultation.html>

### Social media

Existing social media accounts will be used to support the process and, wherever possible, we shall try to extend reach via other organisations' social media channels.

### Partner organisation communications

Communications aimed specifically at individuals affected will be used to reach people, alongside mechanisms from organisations with wider reach such as Healthwatch, Citizenspace and Trust memberships.

The large workforces of each partner organisation will also be targeted through staff communications. This will serve to raise awareness of the consultation activity for them as professionals but also as individuals who may be affected.

## 5.3 Materials, Support and Resources

A consultation pack has been produced to support the process of consulting with stakeholders. This has been added to and refined, based on feedback from people during the first phase of the consultation in November and December 2019. The pack consists of:

- Draft Strategy
- Summary version of the draft Strategy

- Easy read version of the draft Strategy
- Online survey
- Presentation slides
- Group feedback form
- Media release
- Social media content

## **5.4 Influence and governance**

The relevant information will be presented to NHS Sheffield CCG's and Sheffield City Council's Children, Young People and Family Support Scrutiny Committee.

Following the consultation the Strategy will be reviewed and re-drafted based on the feedback received.

A report of the activity and findings will be presented to the Strategic Public Engagement, Experience and Equality Committee with an updated Equality Impact Assessment to:

- gain assurance that the activity has been carried out in line with statutory requirements and to a high standard
- gain assurance that information from this activity has been used appropriately to influence the Strategy re-draft
- assure activity has been effectively joined up with partners

If assurance has been gained, the feedback received will then be taken into consideration by Governing Body on 6 February before making a final decision on 5 March 2020.

## Appendix B Consultation Report

### B i Method, Stakeholder Analysis and Involvement Plan

#### Method

The consultation aimed to raise awareness of the proposed strategy and to offer people a variety of opportunities to give their views on it.

We have carried out the following activities;

1. Produced a full Consultation Plan including details of stakeholder analysis and involvement plan.
2. Captured all promotions on Feedback and promotional routes spreadsheet including;
  - Pre-October 2019 research
  - Co-production sessions during October 2019 – PCF/ Leaders, professionals and parents / cabinet and Scrutiny Committee
  - Consultation Nov 19 – Jan 20 including Young People, parent Groups, leaders and service providers
  - Focus Group details
3. Undertaken extensive and proactive engagement with a number of individuals, groups and organisations, including;

Date	Group Targeted	Date	Group Targeted
12/11/19	Faithstar LLP	13/01/20	Darnall well-being
	Firvale communities		Sharrow Shipshape
	Pakistani Muslim Centre		PACA
	Roma Network		Carers Centre
	SCC Equalities Hub		Manor & Castle
			Terminus Initiative
			Disability Sheffield
			SAYIT [LGBTQ+ Youth]

This engagement included asking if it would be possible to run focus groups with members of the community and offering to facilitate those sessions.

4. We have analysed online consultation responses to the strategy throughout the consultation period and acted on the feedback. For example, there were a number of comments in early responses that talked about jargon and lack of clarity. In line with the 'you said, we did' approach, we produced a 'plain English' version and posted this version online on 23/12/19. Previous to this version, 14 out of 130 respondents had talked about use of jargon and difficulty in understanding – after the plain English versions were uploaded only 4 out of 30 respondents mentioned it.
5. Carried out repeat promotions through social media including press releases, twitter and Facebook.

#### Suggested future actions:

- Explore the potential for the final version of the strategy to be translated into different languages and formats.
- Offer to undertake further work and discussion with certain community groups and postcode areas to ensure that under-represented groups have further opportunity to have their voice heard and can contribute to the ongoing improvement work to deliver the priorities within the strategy.
- Consider further opportunities for children and young people to get involved in the commissioning process.

## Stakeholder Analysis

I N T E R E S T	<b>Involve and engage (3)</b>	<b>Key players</b>
	Take their needs into account and provide opportunities for involvement	The most important stakeholders
	<p>Local independent and voluntary sector groups and organisations, including:</p> <ul style="list-style-type: none"> <li>• Aspergers Children and Carers Together</li> <li>• Autism Hope</li> <li>• Children in Care Council</li> <li>• CHILYPEP</li> <li>• CitizenSpace</li> <li>• Darnall Wellbeing</li> <li>• Disability Sheffield</li> <li>• Dyspraxia Foundation Sheffield</li> <li>• Epilepsy Action</li> <li>• Fable</li> <li>• Fir Vale Community Hub</li> <li>• HealthWatch</li> <li>• Paces Family Support Group</li> <li>• PDA Support Group</li> <li>• Ray of Hope</li> <li>• Saylt</li> <li>• Sheffield Autistic Society</li> <li>• Sheffield Care Leavers Union</li> <li>• Sheffield Deaf Children's Society</li> <li>• Sheffield Down Syndrome Support Group</li> <li>• Sheffield Family Support Group</li> <li>• Sheffield Futures</li> <li>• Sheffield Royal Society for the Blind</li> <li>• Sheffield Small Talk</li> <li>• Sheffield Young Carers</li> <li>• Shipshape (Sharrow)</li> <li>• Sparkle Sheffield</li> <li>• SPLASH (ADHD)</li> <li>• Spina Bifida and Hydrocephalus</li> <li>• Syeda</li> <li>• The Terminus Initiative (Lowedges)</li> </ul>	<p>Children, Young People and Families Children's Health and Wellbeing Transformation Board CCG Health provider organisations – SCH, STH, SHSC Inclusion Board Learn Sheffield Local Authority Schools and colleges SENDIASS (SEND Information Advice and Support Service) Sheffield Parent Carer Forum</p>
	<b>Inform (4)</b>	<b>Consult and listen (2)</b>
	Keep these stakeholders informed	Give opportunity to raise points and listen

	Frontline workers in education, health and social care General public	Accountable Care Partnership CCG Governing Body Commissioning, Inclusion and Learning Local Authority Senior Leadership Team MPs Sheffield City Councillors, including Children, Young People and Families Scrutiny Committee Sheffield Children's Health and Wellbeing Transformation Board Sheffield Health and Wellbeing Board
INFLUENCE		

## Involvement Plan

Gap in previous involvement activity – people affected by the strategy outputs (including children, young people, families, staff, city leaders etc)		Suggested involvement	Methods	Rag rating for SUGGESTED INVOLVEMENT (RED = no contact as yet, AMBER = contact made and response received, GREEN = They’ve agreed to participate and plan is in place)	RAG rating for GAP identified (RED = not attempted to address, AMBER = attempts made but gap not fully addressed, GREEN = attempts made and gap fully addressed)
<b>Postcodes</b>  schools, special schools, youth groups, clubs with specific provision, leisure centres with specific provision, support groups, health and social care services etc  Specific links could include: SENCOs, Learning Support teams in schools, GPs, co-ordinators of specific provision in local organisations etc  List of organisations with contact details (from 2018): <a href="https://www.sheffield.gov.uk/content/dam/sheffield/docs/schools-">https://www.sheffield.gov.uk/content/dam/sheffield/docs/schools-</a>	S2	Seven Hills School Norfolk Community Primary Wybourn Community Primary Arbourthorne Community Primary Anns Grove Primary Sheffield Park Academy Emmaus Catholic and C of E Primary School All Saints Primary Lowfield Primary St Theresa’s Catholic Primary Norfolk Park School Pipworth Community Primary Prince Edward Primary Manor Lodge Primary Heritage Park Community School Wybourn Childrens’ Centre Sheffield Inclusion Centre Sheffield Springs Academy Grace Owen Nursery School Manor and Castle	Email contact with lead person (e.g. SENCO & Headteacher, practice manager, inclusive leisure provision co-ordinator etc).  Text to be included in newsletters / emails to parents encouraging them to participate with link to	Response received to say consultation details would be circulated through school newsletters. Learn Sheffield also circulated through member schools.	Made several attempts to contact groups in this postcode but response rate for families from this area still low, despite high representation within the SEND cohort

<a href="#">and-childcare/school-and-education-information/Schools%20List%202017-18%20Issue%20No%203%20March%202018.pdf</a>	S3	Porter Croft C of E primary St Catherine's Catholic Academy Sharrow Nursery, Infant and Junior School Springfield Primary Byron Wood Abbeyfield Primary Whiteways Primary Lowfield Community Primary St Mary's C of E Primary Netherthorpe Primary Pye Bank C of E Primary Astrea Academy Bethany Independent School Burngreave Children's Centre	online survey  Offer of 1-2-1 or group sessions with parents/ carers / family members  Offer of 1-2-1 or group sessions with children and young people  Offer of 1-2-1 or group session with staff e.g. SENCO, Learning Support teams, Senior leadership teams etc  Share information to include on their social media platforms	As above	Made several attempts to contact groups in this postcode but response rate for families from this area still low, despite high representation within the SEND cohort
	S4	Oasis Academy Fir Vale School		As above	Made several attempts to contact groups in this postcode but response rate for families from this area still low, despite high representation within the SEND cohort
	S5	Holgate Meadows School Woolley Wood School Concord Sports Centre Firth Park Community Arts College Hinde House Chaucer School Early Day's Children's Centre Sure Start Children's Centre (Firth Park) The Meadow Children's Centre Bent's Green Specialist Secondary at Sheaf Training*		As above	Made several attempts to contact groups in this postcode but response rate for families from this area still low, despite high representation within the SEND cohort
	S6	Corner House Nursery Ltd Forge Valley School Primrose Children's Centre Shooters Grove Children's Centre Nook Lane Junior School		As above	Good representation from this area
	S8	Mossbrook School Newfield Secondary School Meadowhead School Chancet Wood Children's Centre Talbot School		As above	



	S9	Brightside Children's Centre Darnall Children's Centre		As above	Made several attempts to contact groups in this postcode but response rate for families from this area still low, despite high representation within the SEND cohort
	S12	Birley Spa Primary School Birley Academy		As above	
	S13	Handsworth Grange Community Sports College The City School Woodthorpe Children's Centre		As above	
	S35	Ecclesfield School Bradfield School Yewlands School Technology College Angram Bank Children's Centre		As above	
Members of the Pakistani community		Darnall Wellbeing* Fir Vale Community Hub* Pakistani Advice and Community Association (PACA) Pakistan Muslim Centre Pakistani Society – Uni of Sheffield	Contact via email and offer 1-2-1 sessions or group sessions with appropriate community members	Contacted via e-mail	Made several attempts to contact groups in this community but response rate still relatively low
Members of the gypsy and community		Sheffield Roma Network Fir Vale Community Hub* Darnall Wellbeing* Tinsley Community Centre Shiregreen & District Community Association	As above	Contacted via e-mail	Made several attempts to contact groups in this community but response rate still relatively low
People who are dual heritage		Darnall Wellbeing* Terminus Initiative (Lowedges) ZEST Manor and Castle Development Trust SOAR	As above	As above	Made several attempts to contact groups in this community but response rate still relatively low
People of black Caribbean heritage		SADACCA Uni of Sheffield – African Caribbean	As above	As above	Made several attempts to

	Society			contact groups in this community but response rate still relatively low
People who speak English as a second language	Broomhill Infant School	At this stage we have not translated any communications into different languages but this is something we would like to explore with the final version of the strategy.	Not able to translate strategy or communication into other languages	Explored all possible options within existing timeframes and resources
Families/ carers of children aged 0-5	Information via SNIPS team - <a href="mailto:SNIPSBusinessSupport@sheffield.gov.uk">SNIPSBusinessSupport@sheffield.gov.uk</a> Sheffield Parent Carer Forum	Contact via email and offer 1-2-1 sessions or group sessions with appropriate community members	Contacted all groups listed, Sheffield PCF offered to run focus group for parents of children aged 0-5	Contacted all groups listed, Sheffield PCF offered to run focus group for parents of children aged 0-5
Young people aged 16-25	Bent's Green Specialist School at Sheaf Training* Burton Street Children in Care Council School Point Sheffield Care Leavers Union Sheffield College Youth Forum at Sheffield Children's Hospital	As above and also ran 2x focus groups, one with Hi 5s LDD and one with S Club 5 – The Lodge Youth Centre. 15 people attended, age ranges 13 – 28	Contacted all groups listed and ran some focus groups with young people	Contacted all groups listed and ran some focus groups with young people

Children and young people who are non-verbal	Rowan School in S17 Focus Group with Hi 5s LDD Youth Group – young people with cerebral palsy, autism, aspergers and social, emotional and mental health difficulties.	Approach based on needs of individuals – advice from specialists has been sought and they have explained that they do not think it is feasible to prepare any additional engagement activity (to the focus groups) for this cohort within the timeframes or resources available to this consultation.	Unable to undertake any consultation / communication with young people who are non-verbal and those with very complex needs	Explored all possible options within existing timeframes and resources
Men who could be impacted by the SEND strategy	Families Need Fathers Sheffield Branch Disabled Parents Network Contact A Family	Contact via email and offer 1-2-1 sessions or group sessions with appropriate community members	Contacted all groups listed	Improved response rate from men who are parents/carers / family of CYP with SEND
Children, young people and families who require SEND support who are LGBTQ+	SCC LGBTQ+ Equalities Hub SayIt	As above	Contacted all groups	Improved response rate from LGBTQ group
Parents, carers, family members and children / young people who may require SEND support for a child, or are currently utilising SEND support	Disability Sheffield Manor and Castle Terminus Initiative SENDIASS Team Sheffield Carers Centre	As above	Contacted all groups listed	63 responses (out of 160) received from parents / carers /families
Front line workers	Teachers, Teaching Assistants and SENCOs Teams at Sheffield Children's Hospital, Sheffield Teaching Hospitals and Sheffield Health and Social Care Trust	As above	Contacted all groups listed and had response from a number of individuals in	Improved response rate from front line workers

			these groups	
City leaders in education, health and social care	Accountable Care Partnership Sheffield Health and Wellbeing Board Members Sheffield Children's Health and Wellbeing Transformation Board Members	As above	Contacted all groups listed and had response from a number of individuals in these groups	Improved response rate from front line workers

## **B ii Analysis of demographic data**

### Equality Impact Assessment:

An Equality Impact Assessment was carried out and identified people who share the following protected characteristics as being particularly affected by SEND:

- Age
- Disability
- Race
- Carers
- Sexual orientation
- Gender reassignment

Statistical analysis suggests that prevalence of people who could access SEND services but are underrepresented in support being implemented, are in the following groups:

- Those of Pakistani, Gypsy Roma, dual heritage and black Caribbean heritage
- Those who speak English as a second language

In addition, prevalence data suggests that families living in the following postcodes are more likely to access SEND support:

- S2, S4, S5, S6, S8, S9, S12, S13, S35

### Involvement activity 2017-19

This included receiving feedback using a variety of fora and settings, including in schools, in colleges, online surveys and via local organisations such as Chilypep. More than 1500 people directly contributed about a range of issues affecting young people, including SEND.

Gaps following extensive involvement activity:

- Postcode areas of Sheffield - S3, S4, S5 and S9
- Families and carers of children aged 0-5 and young people 16+
- Children and young people who are non-verbal
- Men
- Black or minority ethnic communities
- Children and young people with SEND and who are LGBTQ+

### Co-production Workshops in September 2019

Two workshops were held in September for people who are affected by SEND – including parents, carers and family members as well as health, social care and education professionals. The aim of these workshops was to provide a space for considering what is working well and what could be improved, with the aim of testing out the emerging themes for the draft strategy.

## Gaps:

Gaps following Co-production workshops:

- Children and young people with SEND

## Early consultation Feedback –

The first consultation phase was held between 11<sup>th</sup> November and 8<sup>th</sup> December 2019, after which the team analysed the feedback. There had been 90 online responses from the target groups:

- 20 responses from frontline professionals
- 19 responses from leaders
- 39 responses from parent / carer or family member of child with SEND
- 1 from a child or young person
- 11 from other groups

In addition, there had been two face to face sessions held with 15 young people aged between 13-28 who had special educational needs including cerebral palsy, autism and Asperger's.

Gaps: Based on the demographic data from the parent / carer or family friend whose children require SEND services and are aged between 0-25, the following gaps were identified:

- All postcodes
- Men
- LGBTQ+ communities
- Black and minority communities

### Biii Results of Survey

#### Overall view on vision:

##### Does our vision statement...

	Yes	No	I am not sure
Clearly describe what we aim to achieve?	127 (83.6%)	9 (5.9%)	16 (10.5%)
Reflect what you think we should be working towards?	123 (84.2%)	6 (4.1%)	17 (11.6%)

#### Overall, how would you rate the following aspects of the strategy?

	Excellent	Good	OK	Not very good	Poor	Not sure
Clear and easy to understand	30 (19.0%)	86 (54.4%)	31 (19.6%)	5 (3.2%)	5 (3.2%)	1 (0.6%)
Length	23 (14.8%)	76 (49.0%)	43 (27.7%)	10 (6.5%)	3 (1.9%)	0 (0.0%)
Tone	24 (15.5%)	83 (53.5%)	35 (22.6%)	6 (3.9%)	7 (4.5%)	0 (0.0%)
Reflects what should be done to improve inclusion	25 (16.0%)	65 (41.7%)	41 (26.3%)	10 (6.4%)	11 (7.1%)	4 (2.6%)

#### Commitment 1: Identification and assessment of need

##### What are your views on the content of each of the following sections under Commitment 1?

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	I don't wish to comment on this
Our challenge	41 (27.0%)	78 (51.3%)	23 (15.1%)	2 (1.3%)	2 (1.3%)	6 (3.9%)
What it looks like now	20 (13.4%)	67 (45.0%)	41 (27.5%)	11 (7.4%)	4 (2.7%)	6 (4.0%)
Our priorities	30 (19.9%)	75 (49.7%)	31 (20.5%)	7 (4.6%)	1 (0.7%)	7 (4.6%)
What we will change	26 (17.2%)	55 (36.4%)	50 (33.1%)	7 (4.6%)	5 (3.3%)	8 (5.3%)
The impact	22 (14.8%)	60 (40.3%)	48 (32.2%)	7 (4.7%)	5 (3.4%)	7 (4.7%)

### Commitment 2: Provision to meet need

**What are your views on the content of each of the following sections under Commitment 2?**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Not sure</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't wish to comment on this</b>
Our challenge	43 (29.5%)	63 (43.2%)	24 (16.4%)	7 (4.8%)	5 (3.4%)	4 (2.7%)
What it looks like now	19 (13.1%)	66 (45.5%)	36 (24.8%)	12 (8.3%)	7 (4.8%)	5 (3.4%)
Our priorities	29 (20.1%)	70 (48.6%)	29 (20.1%)	7 (4.9%)	5 (3.5%)	4 (2.8%)
What we will change	25 (17.1%)	53 (36.3%)	46 (31.5%)	8 (5.5%)	8 (5.5%)	6 (4.1%)
The impact	22 (15.2%)	57 (39.3%)	45 (31.0%)	8 (5.5%)	7 (4.8%)	6 (4.1%)

### Commitment 3: Effective transition between stages and particularly to adult life

**What are your views on the content of each of the following sections under Commitment 3?**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Not sure</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't wish to comment on this</b>
Our challenge	38 (26.4%)	65 (45.1%)	27 (18.8%)	2 (1.4%)	3 (2.1%)	9 (6.3%)
What it looks like now	18 (12.7%)	54 (38.0%)	40 (28.2%)	14 (9.9%)	5 (3.5%)	11 (7.7%)
Our priorities	25 (17.6%)	70 (49.3%)	27 (19.0%)	7 (4.9%)	4 (2.8%)	9 (6.3%)
What we will change	17 (12.1%)	55 (39.3%)	44 (31.4%)	7 (5.0%)	6 (4.3%)	11 (7.9%)
The impact	19 (13.4%)	56 (39.4%)	45 (31.7%)	6 (4.2%)	5 (3.5%)	11 (7.7%)

### Commitment 4: Communication and engagement

**What are your views on the content of each of the following sections under Commitment 4?**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Not sure</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't wish to comment on this</b>
Our challenge	41 (29.1%)	64 (45.4%)	22 (15.6%)	3 (2.1%)	4 (2.8%)	7 (5.0%)
What it looks like now	24 (17.3%)	55 (39.6%)	39 (28.1%)	7 (5.0%)	6 (4.3%)	8 (5.8%)
Our priorities	28 (20.1%)	69 (49.6%)	27 (19.4%)	4 (2.9%)	5 (3.6%)	6 (4.3%)
What we will change	23 (16.4%)	55 (39.3%)	43 (30.7%)	7 (5.0%)	4 (2.9%)	8 (5.7%)
The impact	23 (16.5%)	55 (39.6%)	43 (30.9%)	7 (5.0%)	5 (3.6%)	6 (4.3%)



## Commitment 5: Developing the workforce

**What are your views on the content of each of the following sections under Commitment 5?**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Not sure</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't wish to comment on this</b>
Our challenge	40 (28.0%)	61 (42.7%)	30 (21.0%)	1 (0.7%)	3 (2.1%)	8 (5.6%)
What it looks like now	21 (14.7%)	53 (37.1%)	42 (29.4%)	11 (7.7%)	5 (3.5%)	11 (7.7%)
Our priorities	33 (23.1%)	62 (43.4%)	30 (21.0%)	3 (2.1%)	6 (4.2%)	9 (6.3%)
What we will change	24 (16.7%)	52 (36.1%)	48 (33.3%)	5 (3.5%)	5 (3.5%)	10 (6.9%)
The impact	23 (16.1%)	52 (36.4%)	49 (34.3%)	5 (3.5%)	5 (3.5%)	9 (6.3%)

## B iv Results of Survey by Stakeholder Group

Please note that text **in red** indicates where there is a difference from the overall average feedback score for the particular stakeholder group.

### Child/ Young Person

1 response [0.6% of all responses]

Everything was poor or strongly disagreed and all comments were 'labour are scum'

### Frontline professionals

38 responses [23.75% of all responses]

#### **Vision**

Agree describes what needs to

35/38 [92% compared to overall 84%]

Say it reflects what it needs to

35/38 [92% compared to overall 84%]

#### **Comment Themes;**

Not realistic/ Achievable

3

Add in families/ carers

2

Impact in wider world

1

Not ambitious enough

1

Need the right staff to achieve

1

There are lack of resources and SEN placements

1

#### **5 commitments of the strategy**

	Excellent	Good	OK	Not very good	Poor
<b>Is it clear and easy to understand?</b>	12 [32%]	19 [50%]	8 [21%]	0	1 [3%]
<b>Length?</b>	9 [23%]	19 [50%]	8 [21%]	1 [3%]	1 [3%]
<b>Tone?</b>	10 [26%]	19 [50%]	7 [18%]	0	2 [5%]
<b>Reflects what should be done?</b>	7 [18%]	18 [47%]	7 [18%]	4 [11%]	2 [5%]

Generally reflects overall average scores although more agreement that it is clear, the right length, the right tone and reflects what should be done.

	Assessment	Provision	Transition	Comms	Workforce
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	SA /A	D/SD	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD
<b>A Challenge</b>	34 89%	0	26 68%	3 8%	29 76%	0	28 74%	1 3%	28 74%	1 3%
<b>B What look like now</b>	22 58%	1 3%	21 55%	4 11%	16 42%	4 11%	21 55%	1 3%	19 50%	3 9%
<b>C Our priorities</b>	29 76%	1 3%	27 71%	2 5%	28 74%	0	25 66%	1 3%	25 66%	1 3%
<b>D What will change</b>	22 58%	1 3%	20 53%	2 5%	19 50%	1 3%	20 53%	1 3%	20 55%	1 3%
<b>E The impact</b>	21 55%	0	20 53%	2 5%	19 50%	0	21 55%	1 3%	21 55%	1 3%

Slightly more agreement with assessment section; slightly less agreement with provision especially challenge section; less agreement with transition section; comparative to communication and workforce sections.

### Comment themes [and number of times mentioned]

Won't work – not enough info/funding/resources	10
Need focus on Early Years incl. staff	4
Stronger relationship with external councils/ options	2
Focus on developing the workforce in a timely way	3
Need more commissioning of S&LT services	2
Lack of/poor services for aged 16-25 years	3
Need more support staff/training in schools	2
NHS, care and Education need to work together	2
Joined up communication is important & takes time	2
There is a gap for children not with EHCPs	
Need more places in schools	
Need shared recording systems	
General public awareness should be higher	
Assessment needs to be timely	2
Is it actually going to be followed through?	
Settings also need a lot more support	
Constantly changing systems and processes unhelpful	
Recruitment and retention is an issue	
Poor IT	
It needs to be person-centred	
Transitions is an issue at all levels – need to build trust with families	

### What have we missed?

1. **Educational nurseries** should be the order of the day. Too many families have to battle to get **assessment** which should be easily accessible before school age
2. Having **electronic data gathering and storing systems** which are fit for purpose

3. If parents /professionals feel that their child is not getting the support they need, there needs to be a **quicker way** to address this, including children seen as low level need.
4. It does not address **support where both children and parents have learning difficulties**. Too many nurseries and primaries are limiting attendance of children with SEND because EHCPs are not in place. There are too many irrelevant organisations on local offer. Many families don't have access to the internet and if they do it is on their phones and not a computer so local offer is hard to navigate on a mobile
5. I am not sure if this is relevant but I feel that there are **gaps from when people leave their day centres**. Many of the young adults/children are learning daily living skills (such as cookery/bakery) but then don't seem to be developing/using these skills in their own homes. The day service to support families to apply for **community transport** so that people do not rely on families, meaning independent travel where possible. There needs to be **better transition** and some preparation from when people enter adulthood.
6. **Early Years**
7. **Wider world impact** and issue analysis.
8. Whether you intend to continue to implement the **Locality model**? From an education perspective this has worked really well. What are your plans to increase capacity to implement the strategy?
9. **Joint commissioning** and how services are going to work together.
10. In terms of provision I feel we need **more special school placements** and there is a massive need for a **language / communication resource** in this city.
11. targeting money at school age in a fire fighting reactive way does not replace the **targeted support and intervention of skilled professionals** and the trust it can build that children's needs can be met
12. **Managing expectation** for all parties involved. Of course we should always be ambitious and work towards the child/young person reaching high expectations but a better understanding across professionals and families of the graduated response and what is reasonable provision for the level of need - the SSG is a useful tool for this.
13. I would also recommend that **ongoing training of staff** in working with additional needs (particularly during the transition to adulthood) is invested in.

**Leader [education, health or care]**

26 responses [19.4% of responses]

**Vision**

Agree describes what needs to

22/27 [81% compared to overall 82%]

Say it reflects what it needs to

21/27 [78% compared to overall 84%]

**Comment Themes;**

Too long 1

Inclusion is more than SEND 1

Need to include 'all' children 1

Not enough detail 1

Not realistic 3

**5 commitments of the strategy**

	Excellent	Good	OK	Not very good	Poor
<b>Is it clear and easy to understand?</b>	2 [6%]	25 [69%]	8 [22%]	1 [3%]	1 [3%]
<b>Length?</b>	2 [6%]	22 [61%]	10 [28%]	2 [6%]	0
<b>Tone?</b>	3 [8%]	24 [67%]	8 [22%]	0	1 [3%]
<b>Reflects what should be done?</b>	4 [15%]	20 [56%]	10 [28%]	0	0

Not as happy overall – less excellent and good responses than overall percentages. But not as unhappy with tone or whether reflects what should be done.

	Assessment		Provision		Transition		Comms		Workforce	
	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD
<b>A Challenge</b>	26 72%	1 3%	28 78%	3 8%	26 72%	0	26 72%	0	24 67%	0
<b>B What look like now</b>	23 64%	3 8%	27 75%	4 11%	24 67%	2 6%	22 61%	2 6%	23 64%	3 8%
<b>C Our priorities</b>	24 67%	1 3%	27 75%	1 3%	23 64%	1 3%	26 72%	0	24 67%	1 3%
<b>D What will</b>	22	3	24	2	19	3	23	1	20	2

<b>change</b>	<b>61%</b>	8%	<b>67%</b>	6%	53%	8%	64%	3%	56%	6%
<b>E The impact</b>	21 58%	1 3%	22 <b>61%</b>	0	19 53%	1 3%	22 61%	0	20 56%	0

Similar agreement with overall scores for assessment section; happier that provision section reflects what looks like now, what we will change and the impact; happier that transition sections reflects where we are now; in agreement with communication sections; and happier that workforce section reflects what is looks like now.

### Comment themes [and number of times mentioned]

Joined up work with parents and carers 3  
 This is all dependent upon funding/ need resources 4  
 Overly long and ultimately undeliverable 2  
 Social care incl. workforce/ consistent social worker 2  
 Transitions is poor / start earlier than 16+ e.g. at Y10/ include care/ include university/enough service once adults 3  
 Workforce not valued/ training for school staff 2  
 Need identification processes refined (not just assessment)  
 It doesn't say HOW it will happen.  
 Flexibility and choice to the referral routes  
 Limited evidence-based research / assessments  
 Difficult to read because of terminology /don't understand 2  
 Early identification of need is required  
 No explicit focus on planning  
 Children getting support at lower levels of need  
 Identification, assessment and provision at Early Years  
 Time to be professionally assessed is too long  
 Provision of respite care, physiotherapy and SALT  
 The schools that are less inclusive need to be targeted individually  
 Not enough inter-disciplinary co-operation/ collaboration 2  
 Need a change to be better use of digital solutions  
 Can you add hyperlink to Sheffield Support Grid  
 Need to focus on the now more than transitions  
 Communication is key and needs lots of it

### What have we missed?

1. Whether you intend to continue to implement the **Locality model**? What are your plans to increase capacity to implement the strategy?
2. Not clear how these things will be made to happen. Are they **realistically achievable**?
3. Very little reference to the **role of carers / parents** and the VCS in delivery of SEND both to children at School and young adults post-transition - very health / social care focus.
4. We need to increase the inclusivity of mainstream settings, **supporting schools and services** to be successful and inclusive for all children within the current accountability framework, with a focus on early intervention
5. Considering the **SEND focus** which is as a result of the SEND Area Inspection (not the Inclusion Area Inspection) - where is the link to the Salamanca Statement

- (1994), or the UN Rights of Persons with Disabilities (2010) or even the Equalities Act (2010)?
6. Think it could be **stronger on transitions** into work and developing skills for work.
  7. There needs to be recognition within the strategy about **whole family support** - this needs to include other children in the family that often take on the role of sibling carer, alongside a parent carer. The strategy needs to understand how to hear their voices, to include them in developments and plans, and ensure that their needs are supported.
  8. Bringing Sheffield into line with our neighbours **Meeting the needs of learners equally** - so that a school doesn't have to put provision in place before they get funding or it will remain a postcode lottery
  9. **Engagement and communication.** From my own experience it is very difficult to find out who does what and what support is available. The council websites are difficult to navigate and this makes it difficult to find out information. Although the website is full it is difficult to find things like posters for information.
  10. **Make it manageable for all involved**- not overly bureaucratic. Consider the needs of EAL speakers- what should be a 30 minute meeting can often take over an hour when translation is required.
  11. There is rightly lots to talk about the work in schools but **transition to post 16 / work** in post is not featured as heavily as it should be (perhaps slightly under represented in the document)
  12. **Signposting** for the correct services and support. **Communication between services** so things aren't duplicated and information is shared between all stakeholders.
  13. Mentioning about transition points when there are in-year transfers, especially children with high level of need who need support with this transition to enable it to be effective. Currently sometimes get new high level of need children with **very little support/information/resources** to ensure a successful start to their new school.
  14. What are the **next steps/timescales for this work?** Which bits are going to happen first...which bits are likely to come at the end of the 5 years? Realise this would be high level at this stage but would be good to see. Would be good to see a link to the original SEND inspection report so can find more information /background if want to without having to hunt the internet for it. Can't see anywhere in the consultation document where it offers an email / **website to go to get involved or find out more** (apologies if it is there and I've missed it!).

**Other**

**21** responses [13.1% of all responses] including;

2 SEND team                      3 professionals                      1 family of professional                      2  
members of community  
4 parent/family                      1 Healthwatch                      2 retired professionals                      4  
unknown

**Vision**

Agree describes what needs to                      14/21 [66.6% compared to overall 83.6%]  
Say it reflects what it needs to                      12/21 [57.1% compared to overall 84.2%]

**Comment Themes;**

Too long and too vague/ not sure on meaning                      3  
Nothing new  
Not transparent about what the city will do less of  
I'd like to have had a link to the OFSTED and CQC report(s)

**5 commitments of the strategy**

	Excellent	Good	OK	Not very good	Poor
<b>Is it clear and easy to understand?</b>	3 [14%]	12 [57%]	4 [19%]	1 [5%]	0
<b>Length?</b>	2 [10%]	8 [38%]	8 [38%]	1 [5%]	0
<b>Tone?</b>	1 [5%]	9 [43%]	6 [29%]	3 [14%]	0
<b>Reflects what should be done?</b>	2 [10%]	6 [29%]	9 [43%]	0	1 [5%]

Less happy compared to overall percentages. Less agreement from Others with length, tone and whether it reflects what needs to be done

	Assessment		Provision		Transition		Comms		Workforce	
	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD
<b>A Challenge</b>	15 71%	0	13 62%	0	11 52%	0	11 52%	1 5%	12 57%	0
<b>B What look like now</b>	11 52%	3 14%	10 48%	2 10%	7 33%	3 14%	6 29%	2 10%	8 38%	3 14%
<b>C Our priorities</b>	14 67%	0	11 52%	0	7 33%	3 14%	11 52%	1 5%	12 57%	1 5%
<b>D What will</b>	8	0	8	1	7	2	6	1	8	1



	Assessment		Provision		Transition		Comms		Workforce	
	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD
<b>change</b>	38%		38%	6%	33%	10%	29%	5%	38%	5%
<b>E The impact</b>	7 33%	5 24%	7 33%	3 14%	6 29%	3 14%	5 24%	4 19%	6 29%	3 14%

Less happy with assessment section in what we will change and the impact; less agreement with provision section especially our priorities, what will change and the impact; less happy overall with transitions, communication and workforce sections.

### Comment themes

**Build more special schools** if the two new ones will be insufficient: maybe re-designate some existing schools to be 'Primarily SEND'.

Make sure every child is **assessed before starting school**.

Transition at age 2, 9, 14 misses other key points.

Strive to improve communications, but **do not make this a priority** for scarce resources, as it is unlikely that measurable improvements will be seen.

Not everyone has access to internet, local offer already difficult to find. It is improving though Lack of knowledge in council services let alone external professionals. Need to **engage with social media, radio, and community events**.

School are short on **funds and qualified SEN staff**. Outside of school system e.g. private day nurseries have lack of trained staff and understanding of EHCP graduated process. Cost of SENCO training - impact on school and individuals

We are bombarded daily with ambitions, visions and other promises of a new dawn, but alas, they are **too seldom realised**.

**How is the wider community going to be brought on board** - how will it be owned by the community?

There are **just 4 mentions of community** - where is the analysis of and relevant plan with respect to addressing community acceptability, and ongoing involvement?

The analysis seems to be in the main addressing departmental rules, practices and perceived short-comings. A limited stakeholder analysis. The **influence of the wider community** in both contributing to the present situation and contributing to the future vision is not clear.

Key worker is not the same as **key communities**

The EHC and other plans need to be additional to **FCAF** which should start as soon as any issue with an individual arises. Services appear unable to see how they can utilise the FCAF to their advantage.

Integrated practice and the use of good **Team Around the Families** can often provide solutions. However there is often strong resistance to using these which can result in families feeling misinformed or feeling that professionals do not talk to each other. The TAF process means people have all the information for effective working.

Using effective **TAF meetings** or multi agency meetings should allow for easier transitions or to identify a service that is needed. Should services use their own reviewing systems without the TAF process it will lead to families being allowed to drift and support not being identified.

The **TAF process** although focusing on the EHC plan needs to also identify ongoing family issues and draw in other professionals as required.

All professionals should have a sound **knowledge of child development**. This ensures that they are able to early identify the difference between normal and problematic behaviour. Multi agency training needs to continue to ensure individuals network and gain an understanding of others roles.

The **transition into adult services** is absolutely appalling. Almost non existent

### What Missed?

1. What about explaining the **impact that the proposed changes will have on the rest the class**. In early year's education, I'd personally recommend protecting the needs of the children who are struggling, because if they miss out on developing literacy and numeracy skills at age 6 and 7, they may never catch up. The Bigger Picture hasn't been explained properly: What will have to give? And what will the impact be?
2. Any information about **what the strategy is!**
3. **How it will be monitored** to show change has/ is occurring.
4. Assessment goals - To include Risk assessment empathy is very important to aim at maintenance of a continuous unbroken flow of **mental health support needs**. So the days when individual feels is more compromised, and vulnerable are unhindered and identification facilitated to improve and implement confidence and successful outcomes.
5. The concrete as opposed to the abstract.
6. Breakdown of **areas affected badly and ethnicity effects**
7. How you are going to (i) **resource** the strategy and action plans (ii) **set targets** (iii) **evaluate** and report on success, problems achieving results, further action needed (iv) make this **information clearly and easily available** on your website.

### Parent, carer or family member of a child aged 0-25 with SEND

63 responses [39.4% of all responses]

#### Vision

Agree describes what needs to	46/63 [73% compared to overall 83.6%]
Say it reflects what it needs to	47/63 [75% compared to overall 84.2%]

#### Comment themes [and number of times mentioned]

Don't believe it/ unachievable/ should be doing it now	3
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Meaningless, no detail	3
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Adding 'and their families'

The right support at the right time may require significant planning

Parents and pupils need TRANSPERENCY not collusion

Teachers should be state registered like health professionals

'Every child and every young person' rather than collective children/young people

It should be a given, without having to say it, that we are an inclusive city.

ACES as a starting point to identify children who will have additional educational needs.

Effective Behaviour management for all children with SEND, multiple ACES i.e. Trauma Informed Behaviour management. Secure effective communication and effective working relationships with health services - the services who assess and diagnose neurological and mental health conditions which impact directly of SEND. Consider the child in context of their daily home life. The triangle of Education, home life and mental health.

## 5 commitments of the strategy

	Excellent	Good	OK	Not very good	Poor
Is it clear and easy to understand?	13 [21%]	30 [48%]	13 [21%]	3 [5%]	1 [2%]
Length?	10 [16%]	27 [43%]	17 [27%]	6 [10%]	1 [2%]
Tone?	10 [16%]	31 [49%]	14 [22%]	3 [5%]	3 [5%]
Reflects what should be done?	12 [19%]	21 [33%]	15 [24%]	5 [8%]	6 [10%]

In line with average overall scores [but they form the majority]

	Assessment		Provision		Transition		Comms		Workforce	
	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD	SA/A	D/SD
A Challenge	43 68%	2 3%	35 56%	5 8%	38 60%	4 6%	39 62%	4 6%	37 59%	2 3%
B What look like now	31 49%	6 10%	28 44%	8 13%	25 40%	9 14%	31 49%	7 11%	25 40%	6 10%
C Our priorities	37 59%	5 8%	34 54%	8 13%	31 49%	7 11%	35 56%	6 10%	33 52%	5 8%
D What will change	21 33%	5 8%	26 41%	10 16%	26 41%	6 10%	27 43%	7 11%	27 43%	5 8%
E The impact	32 51%	5 8%	31 49%	9 14%	29 46%	6 10%	28 44%	6 10%	27 43%	5 8%

Less agreement with all of assessment, provision, transitions, communications and workforce sections overall.

## Comment themes [and number of times mentioned]

The **language is baffling** / industry-specific jargon /don't understand 8

**Waffly! Meaningless.** Looks good, no substance 4

Train teachers on autism so they understand it properly 2

Lack of time for **school senco** 2

The **language is aspirational rather than pragmatic** 2

### **Agility in effective intervention at an early age**

Parents want to know is that their child will receive a timely assessment, which will be used to create a plan for their child so that they receive the right services, both health and education.

Support **mainstream schools** so they are unable to refuse entry to a disabled child.

### **Need appropriate funding**

Limited recognition of the significant gaps in support - i.e. **nothing targeting KS1 currently.**

Early intervention important BUT more important to **get support when it's needed** e.g. adolescence.

**Schools** can give the impression that they are doing a good job with children with SEND while on the ground children and families are not getting the support needed. Perhaps families and children who are on the SEN register should be contacted regularly by another organisation for their views.

Provision across the city is very **poor for children with high functioning autism.**

There is an underlying view that funding can be shifted towards universal and away from specialist. The experience as a parent of being offered very basic parenting courses for complex mental health has been frustrating, patronising, and unhelpful - and I would have **concerns about further taking away from specialist support** which already has long waiting times.

### **Commitment of leadership, acceptance of legal and moral obligation and confirmation of resources**

There should be more of a focus on when children start school - a clear process for SEND pupils applying for school. There is currently little join up between the school application team, the SEND teams, EHCP assessment etc. It is currently a **complete maze and communication is very poor.**

The priorities focus exclusively on transition to adulthood. There is a real **need to improve transition between primary and secondary schooling**, especially for children with SEND or a history of trauma.

**Transition point between KS1 and KS2 is missing.** Whilst students do not always change school the nature of learning does change and there is a big gap between age 2 and age9.

There is no mention of **support around DLA/PIP** changes and this is a key transition point aged 16.

### **You don't listen.**

The communication strategy should **proactively engage families. Trust towards services is very poor!**

**People can't find/get information.** When people say they're not being heard about the support they need they often mean they can't access information about what they need to make decisions/access support. There seems to be an awful lot of gatekeeping and/or avoiding accountability in SEND at the moment. i.e. if I'm looking for a school who will be able to support my child I don't want to get fobbed off with "we can't make recommendations" or "I don't know" which are answers we had from SENCOs, LEA advisers, Ed Psychs. I want to be told "these are schools that can cater for your child's needs" preferably within my locality so that I can investigate/visit them etc.

All families need **brief, plain English, clear information about SEND systems/support**. The **communication from the school is generally really poor** (jargon) and we only have communications/ meetings when we push for it.

There seems to be a covert system where **parents and children are deliberately kept in the dark** when it comes to communication.

A range of tools and techniques will be used to allow **non-verbal children** and families with SEND to express themselves, this could include art, sign, photo-elicitation, gesture and non-verbal cues etc. This section could be much clearer that communication and help to understand what is available will improve for families - the problem as a parent is that there is a **whole language around SEND which is very difficult to understand** and which families may need to learn in addition to all the health specific language.

There is currently a huge amount of **staff turnover**. Expertise is lost and consistency is poor.

It still doesn't go far enough to **hold leaders to account** if strategies or not adhered to properly. It simply isn't good enough for schools to 'not be very good at SEND'. Someone needs to be able to be challenged when things are not put in place consistently and in a timely manner

This section seems to **over rely on leaders and boards to make the difference** when families have said that staff going the extra mile to help is what makes a difference. The emphasis should be on empowering staff to use their skills, be creative, be allowed to draw on additional resources and escalate when their skill level has been exceeded knowing they have someone/somewhere to refer to.

As a parent your **having to fight continuously for your child** at a time when what you really want is help and support.

Think you need to include **'timely' with the assessments** - this is the thing that annoys most parents - that assessments aren't undertaken in a timely way - once they are done there isn't such an issue.

**The Quality Framework needs to reflect individual needs**, rather than follow SEND Support Grid.

At the moment the **path to diagnosis is unclear** and complex.

The **LA needs to work closely with schools** to ensure that each child's EHCP gets implemented effectively, especially for children with EHCP but without funding.

Even when you have a diagnosis there is **no follow up** to ensure you are getting the support you need as a parent and a child. It's by luck and lots of pushing you get help. Everything is a long hard battle.

There should not be only one pot of **money** for a group of schools so that the heard teachers would have to fight over to get their own allocation - this is the current system which needs to be changed.

You **need skills and knowledge**. Currently teachers know nothing about SEN and they have no incentive to find out - nobody really cares. You need a complete change in the system and the training of teachers and how the schools get marked by Ofsted. The whole curriculum is against kids with SpLD - it's a national disgrace how the system works against Neurodivergent kids - your little document is pathetic and will amount to nothing. If the kids don't **get help early** why bother at adult stage - you've already messed up a generation

You can be as committed as you like but with **the current lack of knowledge** it's the blind leading us down false alleys

How the hell are you planning to do this - quite a few teachers next to be sacked as they are too old and set in their ways to even think about **Neurodiversity** from a social model of disability angle

**What have we missed?**

1. A **moral** compass appears to be missing
2. **Better support** for each child with SEND within school
3. It **lacks any specificity**. I am appalled and I trust Ofsted will see through this.
4. I would have liked to have seen an indication of **timescales** - it all sounds good on paper - but we've been waiting for change for years
5. There is mention on page 9, point 11 of ACES, but no further discussions of making organisations in Sheffield more **trauma-aware**.
6. **Meaningful engagement with parents and carers**, not just getting us to sit in meetings so you can say we are engaged
7. Strengthen the responsibilities and consistency of the **school approach** - Local Authority is the overarching body to set the tone but most parent interaction is directly with schools.
8. Not enough emphasis on **joining up Ryegate/CAMHS etc. with SEND**.
9. Are the right people going to get exactly what it is that they truly need to make this plan really work or **is it merely a placebo**
10. Could probably **benefit from a summary of** a few key things that need to change e.g. information/communication, CYP/family's needs/views at the forefront central etc.
11. There needs to be a greater **emphasis on specialist provision** and **reduced waiting times** rather than an assumption that early intervention and mainstream will be sufficient for need - this does not appear to be based on any evidence or needs analysis. There is no mention of DLA or PIP and supporting families to access and utilise these benefits to support independence. There should be greater emphasis under **transition** of housing and independent living and clarity on what the offer is and how this is accessed for young people who wish to live independently and this may include use of DFG to enable this to happen within the family home.
12. Please teach meditation in schools (non-religious), this could be **mindfulness** for 5mins in form time at the start and end of school. It is proven to reduce anxiety and help bad behaviour.
13. Where are the **pathways post 18** for those capable of employment who are unable to stay in education or access higher education?
14. How you intend to fix it if you don't **listen to the experts**
15. **Everything**
16. A chance for parents to say what is bad and needs improving but also the many good things about the service - as once you manage to get in and be seen the **staff are amazing**.
17. The vital information on survey
18. A good strategy would include the followings: 1) Timeline a) Vision - Should state by when Sheffield will be an inclusive city where xxxxxxxx. b) What we will change. Should state by when each provision or statement would get implemented. c) The impact. Should state by when, each of the impact from all the Commitments would be materialised. 2) Accompany by some kind of a framework for action which provides practical actions on how you would be delivering the strategy to the

- local area. 3) Measuring success. What are the critical success factors that could be evaluated if this strategy would make a success overall.
19. What will be your **consequences when you get this wrong** like you have done in the past will it just be another lifetime of meetings spending money on inquiries and still not ever holding your hands up for been rubbish at your jobs
  20. This **survey does not let people give an honest opinion** to services as it's structured in a way for people not to give honest opinions.
  21. 1. I disagree with there being the **Sheffield Grid/My Plan** & that in order to get an EHCP you have to go through the My Plan process first. It feels like this has been put in to stop you getting an EHCP earlier. I think the Sheffield Grid/My Plan should be removed 2. In terms of provision, there needs to be **more hands on support from MAST** & not just information. I want a worker to spend some time parenting with me through a meltdown, not just signpost me to books. I can find these myself 3. Re the services provided by Sheffield Children's Hospital - the **CCG needs to take more control of what SCH provide** both in terms of activity (addressing waiting list lengths of wait) and the quality of what provided from the neuro disability services. It feels as though the CCG just hands over the money & doesn't or can't influence what provided by SCH 4. Greater **resources are needed in schools** to support SEND children: additional TAs, increase in pastoral support (see Mrs Rembges role at Dobcroft Junior School), more schools have in house support units e.g. the Cornerstone provision at Dobcroft Junior School. 5. Additionally school staff need to be able to **draw on specialist therapeutic workers** for them to gain advice & strategies to manage children with challenging behaviours (so as for the children to achieve their potential). My child is a former Rotherham looked after child & as such there is no relationship between the post adoption therapeutic team in Rotherham (who support my child & us his parents) & school - other than the team, school & we have made this happen. It doesn't just happen automatically but I believe it should. There should be an automatic team around the child/family approach to SEND children. This doesn't happen & should. Missing from the team around us that school, Rotherham post adoption support & we have created, is health & it has proved impossible to pull in his Ryegate clinicians even though his diagnosis & management by Ryegate is crucial to future management/support.
  22. Perhaps consideration of a web page/contact Number for those people who have an emergency/**crisis situation**. For instance if family crisis or CYP breakdown; a simple 'flow' mechanism which takes the enquirer along varying sub-pages. For instance if Mental Health then one route, IF ASD then another, IF Physical Disability another option. All leading to appropriate help. In addition, all of which must be maintained with some relational database/tables. Such as, if contact A leaves/changes role, or a telephone number changes, then an updated, centrally controlled table cascades this information, to all relevant web pages, etc. A BIG ASK, but this (from a parent and professional viewpoint), is where things fall apart and then causes such mistrust by users in the system and of the staff.
  23. **Everything** - I've never read such a load of nonsense in my life - this document really needs more thought and fleshing out. This says nothing - you have repeated

the law as it is and made no attempt to even address how you might actually carry out these tasks. Go back to the drawing board and get some expertise in to look at this. I'm sick to death of dealing with mediocre people who know nothing about anything yet think they know everything- your ignorance is overwhelming.

24. Pathways need urgently developing for young people with SEN **post 18** who are unable to continue in education, but are very capable of employment.
25. Something about **ACEs/ adopted/ LAC children**.



## B v Free Text Comments from the Online Survey

**[Contains all responses and can be broken down by each stakeholder group if required]**

Labour are scum
Its a statement BUT actions speak louder.....
I feel there should be some reference to supporting carers to "know what is available"
I would expect that the previous vision statement would already have incorporated these elements.
It needs to include the impact it has on the wider world and children and young peoples relationship with the world and others.
I feel the statement should include 'families' (...ensure that children and young people and their families...)
Do we want to be aiming higher and looking at encouraging and supporting children and young people to reach their potential as well as happiness and wellbeing?
This is what we all aim to for but I feel Sheffield has a long way to go with this
This overarching statement will need an informed and coherent strategy behind it in order to achieve something which works for our service users and enables staff to deliver effectively. To do this we need managers who have the right skills and knowledge and experience in the areas they are delivering, which is not available in all areas. staff need the right support and an understanding of the needs of their service users and the network of disciplines which need to interact to achieve the best fit for individual needs
There are lack of resources and SEN placements
The aims in the vision are what all the professionals I have worked with are already trying very hard to achieve, what we need to know now is how this is going to happen.
I think there needs to be a further discussion / understanding about what inclusion means and what an inclusive city will look like. It is potentially harmful to conflate inclusion and SEND; inclusion is more than this but the narrative that is widely understood is contributing to the negative discourse which currently pervades the sector - and society as a whole. I also think that the vision statement is not just about living happy and fulfilled lives which can be seen to be tautological - but it should also be about all children and young people able to function as successful members of society.
I think you need to include 'all' children in your vision statement
Not enough detail. This is a woolly statement.
But it creates or perpetuates unreasonable expectations. Everything is not possible, and many parents, including those who independently request statutory assessment have an unrealistic view of what is 'right'.

You have been saying things like this for a long time but it has not been happening
This vision needs to be backed up with the RIGHT resources in order to meet the needs and demands placed on the city. Getting it RIGHT isn't necessarily the easiest or cheapest option. True inclusion is more than "Lets just get this child in school so we can see...." There needs to be an acceptance of the fact that the demand placed on the city is very high and it is hard to envisage this statement becoming a reality without a huge amount of investment, some of which needs to be financial.
Timing is important. Families don't seem to get support when they initially need it. They wait a long time and have to fight for it. I'm not sure what will change to make this happen.
Maybe mention early intervention.
Should include families in that support offer - not just children and young people.
I think it omits an explanation of where attention and focus will reduce, to increase focus and attention elsewhere. Its not transparent about what the city will do less of, and what the city will spend less time/resources on, so the Bigger Picture, the context, isn't clear.
Too long and too vague, sounds more like "political speak"
Yes but it should have been put in place when I was small and never was.
what do you mean by 'inclusive city'? Who is 'we'? 'ensure that children and young people' - 'ensure that every child and young person' 'right support at the right time' + 'in the right place' - 'maybe appropriate support at the optimal time in a suitable environment' 'can live a happy and fulfilled life' - can live a happy, fulfilling and purposeful life
Too abstract, and does not acknowledge that there have been failings (as you concede) which need to be addressed.
The statement is one that has always been at the fore front of what social care has promoted. Also to a lesser degree education and health.
Not sure whether this is achievable based on current SEND budgets.
I'd like to have had a link to the OFSTED and CQC report(s). Couldn't see one and had difficulty finding the report(s) on the Council, OFSTED and CQC website.
There's no point saying it if you're not going to do it. It would be lovely if the LA SEND dept really did put childrens needs first, rather than balancing their budget. Too many children with complex disabilities are being failed. Children need consistent & appropriately robust support, not endless pieces of paper.
I would like to have seen a clear explanation as to what is meant by meaningful activity (into adulthood)
It is an aspirational statement of the obvious. Of course we all want CYP to get the right support and to become happy and fulfilled. It does not speak to anything specifically about Sheffield or give any indication of how that vision might be approached. It does not add anything new or instructive to

the inclusion strategy.
More inspirational 'achieve their potential' or similar should be included.
What about adding 'and their families' (in brackets after CYP) as it is fundamental to CYP living a happy and fulfilled life?
It is a simple covering statement, with no specific detail and could be open to interpretation, because there are different opinions about is and the degree re inclusion, happy and fulfilled life, right support, right time, etc. What is good for one may not be for another.
I hope that these Vision statements are lived up to
Timely decisions are really important for children to receive the right support at the right time and not live with uncertainty about what happens next. There may be a long lead-in for certain interventions so the right support at the right time may require significant planning.
Sheffield will be an inclusive city where we work together to ensure that children and young people get the right support at the right time so that they can live a happy and fulfilled life by ensuring the leadership and resources required are in place to make this a reality.
Needs to be made a reality
School places for autistic kids or home ed.
Parents and pupils need TRANSPERENCY..not collusion ....If need cannot be met it needs to be stated . I ha e sat in so many meetings about politics and not my child. So much damage is done to families and the wider community by not being truthful about a child's abilities. Teachers should be state registered like health professionals .
I think statement should say 'every child and every young person' rather than collective children/young people
I would revise the wording slightly as below: "Sheffield will be an inclusive city where we work in equal partnership to ensure that children and young people get the right support at the right time so that they can live a happy and fulfilled life."
I think the statement is exactly where we need to be. The crucial thing from a parents perspective is knowing HOW we can access the help that is out there
What your statement says and what you do are two completely different things you have failed my son because from 16 to 21 he has had no support whatsoever and his anxiety his through the roof and he had had suicidal thoughts and there is no help just get him on universal credit and make him feel even more worthless
It clearly states the aims but the way organisations work, lack of funding, lack of staff training and long waiting list...it is unachievable.
This is very important to counter shortages of professionals workforce in the future. It will also enables this children to develop and be able to work and contribute to the society. Government can not do everything, by recognising those with education special need and given them the helping

hand needed to compete with their mate will go a long way to unite or society. Reduce too much dependence on public fund, reduce unemployment, reduce lack of professional and improve individual quality of life. More money to the government as we will have more people on employment, than the unemployed.
I don't see why we have to use the word the word inclusive - it should be a given, without having to say it, that we are an inclusive city.
You can and have said all this already - this is already the law so why can't you do it already
Putting this statement into action remains to be see. Talk is cheap action costs money!!!
It's so vague and all encompassing, which sounds great but can't really be pinned down.
ACES as a starting point to identify children who will have addicts educational needs. Effective Behaviour management for all children - for children with Additional Educational Needs, children with multiple ACES ie Trauma Informed Behaviour management. Secure effective communication and effective working relationships with health service - the services who assess and diagnose neurological and mental health conditions which impact directly of SEND. Consider the child in context of their daily home life. The triangle of Education, home life and mental health.

Under the heading of Assessment /Early Identification then the notion of drawing together a bank of tools is a ticklist way of gathering information that can then be carried out by anyone. What is required is for staff WITH WIDE EXPERIENCE AND KNOWLEDGE in assessing, working with and advising on children in the Early Years with significant SEND to carry out observation/ informal assessment of this cohort and thus support in the identifiication process. For example a young child who has language development issues which may be indicative of a pervasive communication disorder.
I don't feel confident that there is funding available to put the right services in place to assess a child's needs at the right time. Are you just talking about education needs here? Or health needs? The two are interlinked and it is not clear how you will work with health commissioners to achieve this.
There is no mention of the early years sector why?
There needs to be stronger relationship with external councils where they better meet the needs of the young people and vice versa, children placements shouldn't always have to be within local authority (ie surrounding authority may have a better provision for said young person) This should be assessed at the bigger transitional stages.
I am not sure that this is clear form the strategy. i work in Speech and Language Therapy and do not see reference to the work that is done or how the NHS and Education are going to work together.
I'm not quite clear what the scale / comments I am making here relate to?? I feel this commitment should also state that assessment needs to be timely.
I agree with what it is saying needs to be done but is it actually going to be followed through?

This question is not clear. Not enough info about Identification and assessment of need. No timescales
How this is going to happen and what changes will be implemented? Will health and social care work in more of a partnership with education professionals with practical help/support to overcome any challenges rather than creating any as can sometimes happen.
Also needs to be timely and help towards preventing breakdown (ie, not doing an assessment a year after the problems have been identified at which point the situation could have become significantly worse)
It doesn't say HOW it will happen. It is great to say what you want to do, but HOW will it be achieved? There is lots of 'we will..' but no 'we will do this BY...'
What we will change element is full of buzz words, overly long and ultimately undeliverable - what on earth - for example does "update our school locality processes to support a graduated approach". It is nonsense like this that results in confusion and inaction.
There is a need to ensure identification processes are refined - not the assessment processes - if you start with the assessment you are already assuming a specific type of need. There is also a need to be more open to wider identification of need and assessments - we are all struck by the funding cuts, particularly to SEND, but there should not be a blanket policy of assessment only being authorised with the input of an LA-appointed Educational Psychologist. You can standardise the process to ensure you don't get an influx of unnecessary requests but it is unhelpful to children if they are prevented from getting the support they need as a result of bureaucracy. Your priorities also need to include a commitment to joined up work with parents and carers who know their children and know their needs - the priority should also be to increase trust in the system so that parents and carers are assured that a child-centred approach is really at the heart of all actions. There needs to be a greater level of flexibility and choice to the referral routes - not just clarity about the current way you do things - which have been identified as not working. Point 2 and point 6 need changing to state that you will have the right resource in place, but that where that resource is not readily available you will look favourably on other sources, to ensure that identification and assessment of need is the priority. Budgets are going to be cut further so how can you say with confidence that you will have the right people, expertise and funding in place? For point 7 there is limited evidence-based research / assessments for SEND and so this is unlikely to be achieved - SEND is quite under-developed in research terms and perhaps it would be better to state that you will contribute to the development of an evidence-base which will provide better guidance to schools and will assist a wider understanding of SEND at a local and national level. How are you going to meet point 11 - this will require extensive training across all schools at a cost.
I don't really understand what you mean on this page.
Could you add something in in the 'what we will change' section to describe increased use of digital solutions
"A system of consistent, citywide training on processes and support has been developed and is being rolled out to support schools and services, particularly at locality level; however more needs to be done.' I think it would be more effective to concentrate expertise in a very small number of specialist centres, rather than make it city wide. In my view, from a Big Picture perspective ( i.e.

<p>considering everyone in the school, not just the SEND pupils) it would be better to build more special schools if the two new ones will be insufficient: maybe redesignate some existing schools to be 'Primarily SEND'. Also I believe it is better to bring peripatetic expertise into the mainstream schools to assess and process new SEND referrals, rather than give the responsibility to class teachers. Finally I have concerns about how realistic it is to aim for 'shared values' (as in: "We need to have a sufficient workforce that works together with shared values and trust..") There are many education professionals who went into teaching specifically to teach, i.e. to share their academic knowledge, to impart their specialist skills, in short, they want to educate. Many teachers do not want to spend hours filling in forms about SEND. Teachers will, of course, stop teaching and focus instead on the administration which the referral system demands (because a professional does what a professional must) but this doesn't mean they believe in the approach. It will be a necessary task, and a distraction from teaching. I think that the idea of everyone sharing the council's values on this topic, is unrealistic. This is one of the reasons why I believe it would be better to spread the expertise less thinly across the city: find a core group of professional whose hearts and minds have already been engaged, and concentrate the skill and expertise within that small core group. The the results will be so much better - not just for SEND children but for everyone.</p>
Insufficient information to comment
<p>Make sure every child is assessed for this before starting school. I should have gone to a special school but was put in mainstream school Which was to hard for me no help or support in place for children who need it's an absolutely disgraceful one of my children was also let down by the school system.</p>
I'm not sure that you will be effective
<p>The proof of the pudding.....These commitments are couched in such abstract terms that it is not easy to agree or disagree with them. Lofty ideals are all well and good, but surely even at this stage we should be getting down to brass tacks. It would have been helpful to see the comments from Ofsted, the CQC and any other relevant agencies so as to be able to assess how the proposed commitments look in "the cold light of day". We are bombarded daily with ambitions, visions and other promises of a new dawn, but alas, they are too seldom realised.</p>
<p>There has always been a process for the early identification. The EHC and other plans need to be additional to FCAF which should start as soon as any issue with an individual arises. The plan appears to reflect the processes that have been around for many years albeit not adhered to and used correctly to benefit either individuals, families or services.Services appear unable to see how they can utilise the FCAF to their advantage.</p>
Lofty aims, vague outcomes; just like a standard EHCP.
<p>Again, the language is aspirational rather than pragmatic, e.g., "We will have the right resource (people, expertise and funding) in place to identify and assess needs at the right time in a timely way" If this is so straightforward, why is it not being done now? What is stopping this from happening? How can spelling out an obvious aspiration make an improvement on the current situation? How will these changes be monitored, and by whom?</p>
there needs to be a recognition of agility in effective intervention at an early age; in our experience

by the time a EHCP has been approved the situation can already have changed markedly as support has or hasn't worked, a child has received a diagnosis/ started treatment which means that the needs may have changed and the outcomes and support are no longer appropriate.
While I strongly agree, there is no substantive detail mentioned and absolutely no mention of quality and quantity
This question doesn't really make sense.
The impact section is marginally more readable than the other sections which are full of professional jargon. Ironically, in our priorities 2 plans will both contain "a golden thread" and be written in plain English. It is very hard as a parent to understand what is being said or offered. The language is baffling even as someone with higher education (Masters level) as it is very industry-specific jargon. What parents may simply want to know is that their child will receive a timely assessment of their strengths and difficulties, which will be used to create a plan for their child so that they receive the right services, both health and education. What parents of SEND children currently experience is an array of different plans e.g. MyPlan, EHCP and unless the need is very clear cut and they have a very helpful professional navigating them through they are likely to become frustrated.
I am simply lost in your jargon
Train teachers on autism so they understand it properly at the moment they haven't got a clue how to deal with them
sorry I don't understand what you are asking. I agree with the commitment - and the identification and assessment of need should be made a priority and be properly resourced. So I agree with the challenge. At the moment this is an area that I feel as a parent that you are really struggling. The hoops you have to jump through and the battle with the system you have to have to get your child referred to Ryegate is draining. It shouldn't be battle it should be easy . As a parent your having to fight continuously for your child at a time when what yu really want is help and support . I appreciate that resources are the factor and so they should be a priority (but what box you tick to show this is a mystery to me) As for what you will change what are we agreeing or disagreeing with ?
Think you need to include 'timely' with the assessments - this is the thing that annoys most parents - that assessments aren't undertaken in a timely way - once they are done there isn't such an issue.
On the first challenge, it should be put as, "We need to ensure our assessment processes follow a 'person centred' approach rather than a 'clinical led' or 'funding lead' approaches". The Quality Framework ( point 9 under what we will change) needs to reflect individual needs, rather than strictly follow through SEND Support Grid. For example, a child with EHCP but no behaviour issues should not be left out without extra funding to support them progressing. There should be a distinction between a child with EHCP in a mainstream school and a child with EHCP in a special school: it is acceptable for a child in a special school to make no progress but the opposite should be true for a child in a mainstream school where we should expect this child to progress with EHCP. It is absurd to say that EHCP with a funding attached is only available for a child with zero progress - that is the wording came from my child's Educational Psychologist. If my child had behaviour issues on top of his learning problems, he would have had some extra money to help supporting his leanings - so it looks like a punishment for him for behaving well. About the impact, the outcomes would only

get materialised if all the changes get implemented well and effectively.
At the moment the path to diagnosis is unclear and complex.
You're just using words to repeat the law as it already is - how are you actually going to achieve these words - they mean nothing to Sheffield schools or the council

Many of the schools I work with are extremely committed to inclusion, however the resources available to them to support their inclusive practice are not sufficient. This has a negative impact on staff who have to support additional needs with less resource.
What will change very wordy and is not clear what actual change is going to be. Monitoring of children not at EHC level needs to be included.
Needs to be more places in SEN provision so agree with that part of this area of change The document talks about a focus on early intervention work and the recruitment and retention of experienced staff. I work in a team where the caseload over the past years has increased yet the number of staff to service this has been allowed to DECREASE, posts vacant due to staff leaving not being those people NOT being replaced. So more demand for the service delivered by our team but less people to do it. The spectre of less knowledgeable, less qualified, less experienced people being recruited to carry out my job and that being felt as being appropriate in being the right level of provision of staff who are working with increasing numbers of more complex needs children in Early Years is looming large as a key element in the so called 'major exciting developments within early years provision and subsequent early years SEND provision Further to this is the specifically stated commissioning of advisory services. This council needs to invest in staff who already perform early years SEN advisory services and commission an expansion of the team rather than outsourcing to private and often less experienced bodies that are established to make money rather than provide a service to benefit children.
Linking Family Centres and what services they offer more into the strategy would be good for families to understand they can access services well before school age, more emphasis on the early years partnerships that will enable early identification of need through early help. this will include early years SEND services for families
Same as previous comments. I'm concerned that there isn't a clear enough commitment to ensuring that the provision to meet health needs is in place, in terms of specialist medical advice and therapy support, which schools rely on to identify need and to skill them up to meet children's needs. This needs to be outlined much more clearly to give families confidence in this strategy.
Yet again the early years sector is not mentioned. Lots of references to school though WHY?
Quite often a specialist school while more expensive better meets the needs of some young people. External provision is a choice that the parents should be given it shouldn't be the council's priority to make it local.
There needs to be an acknowledgement of not only the value of effective communication but the workload it brings when done properly so it's not a lip service add on.



How will these actions be funded?
Yet again the early years sector is not mentioned. Lots of references to school though WHY?
I think this is vitally important. Joined up communication is really important. Communication /information needs to be at an appropriate level for the families to understand - clear, timely, not-too-medical advice.
There needs to be an acknowledgement of not only the value of effective communication but the workload it brings when done properly so it's not a lip service add on.
There needs to be an acknowledgement of not only the value of effective communication but the workload it brings when done properly so it's not a lip service add on.
Communication has always been poor between professionals in different disciplines. There is not enough inter disciplinary co-operation
Don't understand this layout. I think communication is key. Everything should be 'over communicated'. You can't do it enough in my experience. people are more positive in their outlook if they have more/information.
Not everyone has access to internet, local offer already difficult to find. It is improving though Lack of knowledge in council services let alone external professionals. Need to engage with social media, radio, community events
I used to work for a company Called IBK initiatives and feel that as a company that is involved with SEND, they are massively underqualified to participate in that role. as a company they do not have correct GDPR policies in place, do not meet many guidelines for policies of companies working with SCC and are not even registered with the ICO for complaints.
The analysis seems to be in the main addressing departmental rules, practices and perceived shortcomings. A limited stakeholder analysis. The influence of the wider community in both contributing to the present situation and contributing to the future vision is not clear.
The TAF process although focusing on the EHC plan needs to also identify ongoing family issues and draw in other professionals as required. The role of the lead professional needs to be used more effectively. Again the oceans is there but not used.
The communication strategy should proactively engage families. Families need to be listened to by staff who have some appreciation of the complexities of life with a child with SEND. When families approach services, of course the information has to be clear and easy to understand, but the system should not rely on the families themselves always making the first move. Links between services should help services to reach out to families, rather than the other way round. At the very least, all services should return phone calls and implement anything they have agreed to do, or else explain why this has not happened. Trust towards services is very poor!
Not sure why finding information needs to be interesting - it needs to be accessible and clear. The situation now is that people can't find/get information which is somewhat reflected here. However,

<p>the priorities/ changes seems to be more focussed on listening - which would imply that you're still not listening! When people say they're not being heard about the support they need they often mean they can't access information about what they need to make decisions/access support. There seems to be an awful lot of gatekeeping and/or avoiding accountability in SEND at the moment. i.e. if I'm looking for a school who will be able to support my child I don't want to get fobbed off with "we can't make recommendations" or "I don't know" which are answers we had from SENCOs, LEA advisers, Ed Psychs. I want to be told "these are schools that can cater for your child's needs" preferably within my locality so that I can investigate/visit them etc. I ended up looking at tens of schools websites (with a map in front of me!) in order to try and identify what could be good fits.</p>
<p>All families need brief, plain english, clear information about SEND systems/support. It is far too complicated and hard to understand (and that's if you even know where to look). Need leadership and clarity about who communicates with families. Since autism diagnosis we have not had communication about support/services from Ryegate or the council or GP etc. The communication from the school is generally really poor (jargon) and we only have communications/meetings when we push for it. There are so many different departments and services, it's a minefield for most people and only the most well-educated who have lots of time, or people with a support/social worker will be able to find out. Changing this is the thing that will probably make the most difference.</p>
<p>While I strongly agree, there is no substantive detail mentioned and absolutely no mention of quality and quantity</p>
<p>There seems to be a covert system where parents and children are deliberately kept in the dark when it comes to communication. Particularly between schools and outside agencies. Adequate paperwork is not used and the communication is certainly not with the child's best interests at heart. There needs to be more access to truly independent advocates for children with SEN and their families</p>
<p>The problem with this section is again that it is very hard to read due to professional jargon. "Tell us once" is used but explained so this is helpful but then a "family journey through SEND and Inclusion" comes into the same sentence with no explanation. This section also describes hearing the voice of the non-verbal which needs better phrasing and explanation so that it is understood that a range of tools and techniques will be used to allow non-verbal children and families with SEND to express themselves, this could include art, sign, photo-elicitation, gesture and non-verbal cues etc. This section could be much clearer that communication and help to understand what is available will improve for families - the problem as a parent is that there is a whole language around SEND which is very difficult to understand and which families may need to learn in addition to all the health specific language.</p>
<p>Commitment of leadership, acceptance of legal and moral obligation and confirmation of resource resources</p>
<p>Again I have no idea what your asking. This survey to me is bad communication/engagement - but does that me I am agreeing or disagreeing?? Its a challenge and clearly you could do better and it should be a priority. but what box do you tick to show this?</p>
<p>Really hope we can see the impact on this Commitment 4. My child is with EHCP and I don't know</p>

much from school about what else is available for him to help in supporting his learning and well-being. In the past, I found out other useful supports from a friend who is a teacher from another school and from a couple of mums who have children with disabilities in other schools.
What is commitment 5 !! I have lost track !! Are you really getting paid for this ? How many hours of meetings ,??
There should not be only one pot of money for a group of schools so that the heard teachers would have to fight over to get their own allocation - this is the current system which needs to be changed.
How the hell are you planning to do this - quite a few teachers need to be sacked as they are too old and set in their ways to even think about Neurodiversity from a social model of disability angle

Education begins from birth and children should be assessed before school age,as to their specific needs not pushing intervention back to see how they get on. Too many children fall through this net and then changes become time consuming,leaving the child to flounder and feel that they are failing,in the meantime. Educational nurseries should be the order of the day,not full time day care,as these are teacher led. Classroom assistants are used, too often in the classroom,to work with these young children,special needs need specially trained teachers. Promises are all well and good but as with all education,funding causes restriction in the availability of resources. Promises promises! Too many families have to battle to get assessment which should be easily accessible. There are many more children in need of help than the percentage you have given. It can be done and should be done before school age,I speak from long experience.
Having electronic data gathering and storing systems which are fit for purpose i.e. can be accessed by all SEND services to ensure joined up working is possible without having to wait for paper records and rely on phone calls/discussions with other services.
If parents /professionals feel that their child is not getting the support they need, there needs to be a quicker way to address this, including children seen as low level need.
Answer is NO really but nowhere else to add any other comments. This in itself is self-evident of my view that the form could have been better designed ! As well as the above I think; one of the first questions asked - if I was a parent/guardian, a front-line professional, etc. I would have liked multiple-choices here, as I fitted in to at least 2 categories. it would have been useful to keep the page with the 'commitments' visible on each page that the questions were asked. I found myself going back and forth to see what was specified. I also found some questions open-ended or not clear enough as to whether they were referring to current or proposed outcomes.
I am not sure this is relevant but I feel there are gaps where people do not rely on families to get them to and from day services, meaning independent travel where possible. There needs to be better transition and some preparation from when people enter adulthood. There needs to more more encouragement for people to use their own communities rather than focusing all their attention on the day service. More needs to be done so that people are not just going to the same place for year upon year as it becomes harder to remove that person or encourage them to do anything else that sits outside the comfort of the familiar day service. This would become very hard for someone entering adulthood if they are no longer allowed to go to the same day service they

went to as a child. For day services to observe people and pick up on any potential of volunteer or paid work based on the things people show an interest for. Providing support and encouraging people to join the Sheffield carers society. Encourage people to engage in sports/interests outside of the comfort of the day service so that the day service is not the centre of a persons world. Some people don't know what is available so a wider range of activities needs to be discussed with people and their families.
EARLY YEARS SECTOR
Wider world impact and issue analysis.
Joint commisioning and how services are going to work together.
In terms of provision I feel we need more special school placements and there is a massive need for a language / communication resource in this city.
Needs more info in the plan
Managing expectation for all parties involved. Of course we should always be ambitious and work towards the child/young person reaching high expectations but a better understanding across professionals and families of the graduated response and what is reasonable provision for the level of need - the SSG is a useful tool for this.
I have included it in the notes. I would also recommend that ongoing training of staff in working with additional needs (particularly during the transition to adulthood) is invested in.
Whether you intend to continue to implement the Locality model? From an education perspective this has worked really well. What are your plans to increase capacity to implement the strategy?
I have put 'not sure' because it is not clear how these things will be made to happen. Are they realistically achievable? If yes, then how?
Very little reference to the role of carers / parents and the VCS in delivery of SEND both to children at School and young adults post-transition - very health / social care focus (hence the very hard to decipher language)
We need to increase the inclusivity of mainstream settings, supporting schools and services to be successful and inclusive for all children within the current accountability framework, with a focus on early intervention. I feel that this sentence should say supporting and challenging schools and services
Considering the SEND focus which is as a result of the SEND Area Inspection (not the Inclusion Area Inspection) - where is the link to the Salamanca Statement (1994), or the UN Rights of Persons with Disabilities (2010) or even the Equalities Act (2010)?
Think it could be stronger on transitions into work and developing skills for work.
There needs to be recognition within the strategy about whole family support - this needs to include other children in the family that often take on the role of sibling carer, alongside a parent carer. The strategy needs to understand how to hear their voices, to include them in developments and plans,

and ensure that their needs are supported.
Bringing Sheffield into line with our neighbours Meeting the needs of learners equally - so that a school doesn't have to put provision in place before they get funding or it will remain a postcode lottery
Hopefully this is covered in previous sections
The details of provision, how things will change for children and families. What exactly will be delivered?
Make it manageable for all involved- not overly bureaucratic. Consider the needs of EAL speakers- what should be a 30 minute meeting can often take over an hour when translation is required. eg: format of paperwork for My Plan reviews are difficult for parents to understand.
Signposting for the correct services and support. Communication between services so things aren't duplicated and information is shared between all stakeholders.
Mentioning about transition points when there are in-year transfers, especially children with high level of need who need support with this transition to enable it to be effective. Currently sometimes get new high level of need children with very little support/information/resources to ensure a successful start to their new school.
What are the next steps/timescales for this work. Which bits are going to happen first...which bits are likely to come at the end of the 5 years? Realise this would be high level at this stage but would be good to see. Would be good to see a link to the original SEND inspection report so can find more information /background if want to without having to hunt the internet for it. Can't see anywhere in the consultation document where it offers an email / website to go to get involved or find out more (apologies if it is there and I've missed it!).
What about explaining the impact that the proposed changes will have on the rest the class, e.g. an appendix could bring the report to life, by describing how this will work in practice in a mainstream primary classroom? If more time and attention is to be given to SEND children (e.g. if teachers will be spending more time carrying out early assessments of potential special needs children) then something else will not be done, because teachers are already stretched. There are three options: option 1 is to reduce time for the brightest pupils, option 2 is to reduce time for the ones who are struggling to keep up, but who could, with more personal attention, do well academically. Option 3 is to reduce time for the children in the middle. In early years education, I'd personally recommend protecting the needs of the children who are struggling, because if they miss out on developing literacy and numeracy skills at age 6 and 7, they may never catch up. Of course, teachers in state schools are already having to make these choices on a daily basis, because while they are dealing with an urgent problem, or doing administrative tasks, something else isn't getting done. Why not establish a policy? So to sum up my feedback, the Bigger Picture hasn't been explained properly: What will have to give? And what will the impact be?
how it will be monitored to show change has/ is occurring
Assessment goals - To include Risk assessment empathy is very important to aim at maintainance of a continuous unbroken flow of mental health support needs. So the days when individual feels is

more compromised, and vulnerable are unhindered and identification facilitated to improve and implement confidence and successful outcomes. Team roles will be improved this way and team work will be effective and rewarding for the team.
The concrete as opposed to the abstract. See my previous remarks.
Breakdown of areas affected badly and ethnicity effects
How you are going to (i) resource the strategy and action plans (ii) set targets (iii) evaluate and report on success, problems achieving results, further action needed (iv) make this information clearly and easily available on your website
A moral compass appears to be missing from some of the LA decisions regarding SEND children. These children need support to grow in to the most capable adults they can be. They are not numbers on a spreadsheet, not just £s in a budget, but real life human beings who deserve to be treated as well as your own children.
Better support for each child with SEND within school making sure their funding is spent entirely on them and their needs as this is not the case at the minute
You have missed an opportunity to improve SEND. This document will contribute nothing to the lives of disabled children. It lacks any specificity. I am appalled and I trust ofsted will see through this.
I would have liked to have seen an indication of timescales - it all sounds good on paper - but we've been waiting for change for years. I attended one of the group discussions and was dismayed when the consultant facilitating the group said that it was too late for our young people - that we were on a burning bridge. Our experience since then only compounds this feeling.
There is mention on page 9, point 11 of ACES, but no further discussions of making organisations in Sheffield more trauma-aware. Trauma has an adverse effect on many children and their families and should have a more prominent role in the inclusion strategy. Overall, the document lacks practical details of how the worthy aspirations can be approached, let alone met.
Meaningful engagement with parents and carers, not just getting us to sit in meetings so you can say we are engaged, (provide information about what the meetings purpose is and paperwork in advance so we can actually have a meaningful role)
Strengthen the responsibilities and consistency of the school approach - Local Authority is the overarching body to set the tone but most parent interaction is directly with schools.
Not enough emphasis on joining up Ryegate/CAMHS etc with SEND.
Would you consider communication before transistion then after transistion follow through?
Are the right people going to get exactly what it is that they truly need to make this plan really work or is it merely a placebo?
I know it says there will be an action plan, as ever the devil is in the detail about what will happen in practice. The strategy is OK overall but could probably benefit from a summary of a few key things that need to change eg information/communication, CYP/families needs/views at the forefront

central etc
No substantive detail mentioned and absolutely no mention of quality and quantity
There needs to be a greater emphasis on specialist provision and reduced waiting times rather than an assumption that early intervention and mainstream will be sufficient for need - this does not appear to be based on any evidence or needs analysis. There is no mention of DLA or PIP and supporting families to access and utilise these benefits to support independence. There should be greater emphasis under transition of housing and independent living and clarity on what the offer is and how this is accessed for young people who wish to live independently and this may include use of DFG to enable this to happen within the family home.
Please teach meditation in schools (non religious), this could be mindfulness for 5mins in form time at the start and end of school. It is proven to reduce anxiety and help bad behaviour
Commitment of leadership, acceptance of legal and moral obligation and confirmation of resource
Yet another paper exercise to determine what we already know as parents. Where are the pathways post 18 for those capable of employment who are unable to stay in education or access higher education? Why is 19 years of age seemingly the absolute limit to have an EHCP? My young person is already being badgered by the SEN Team to tell them where he is going in September 2020, he does not know, I do not know and neither does the current provider of the Supported Internship. We pray he will be offered paid employment or an apprenticeship or after everything he has gone through to get this far he will be thrown on the scrap heap. Shame on you Sheffield City Council.
How you intend to fix it if you don't listen to the experts
Everything
A chance for parents to say what is bad and needs improving but also the many good things about the service - as once you manage to get in and be seen the staff are amazing.
A good strategy would include the followings: 1) Timeline: a) Vision. Should state by when Sheffield will be an inclusive city where xxxxxxx. b) What we will change. Should state by when each provision or statement would get implemented. c) The impact. Should state by when, each of the impact from all the Commitments would be materialised. 2) Accompany by some kind of a framework for action which provides practical actions on how you would be delivering the strategy to the local area. 3) Measuring success. What are the critical success factors that could be evaluated if this strategy would make a success overall.
What will be your consequences when you get this wrong like you have done in the past will it just be another lifetime of meetings spending money on inquiries and still not ever holding your hands up for been rubbish at your jobs
This survey does not let people give a honest opinion to services as its structured in a way for people not to give honest opinions. I've had to go private to get my son the help he needs as school were not interested in helping him and now they still wont help him as I have gone private and not through the NHS.....but the SENCO wouldn't fill in the form for Ryegate.....what was I supposed to do! My child is failing academically, emotionally and socially and the school wont help. You tell me

<p>how this strategy will help children like mine who are being failed every single day. Your strategy looks good on paper but it is impossible to implement, I used to work for MAST so I know there is no training, no funding, no resources, no communication between services, around 8 months for an assessment at Ryegate so people go private and it is not acknowledged by so called professionals.</p>
<p>Perhaps consideration of a web page/contact Number for those people who have an emergency/crisis situation. For instance if family crisis or CYP breakdown; a simple 'flow' mechanism which takes the enquirer along varying sub-pages. For instance if Mental Health then one route, IF ASD then another, IF Physical Disability another option. All leading to appropriate help. In addition, all of which must be maintained with some relational database/tables. Such as, if contact A leaves/changes role, or a telephone number changes, then an updated, centrally controlled table cascades this information, to all relevant web pages, etc. A BIG ASK, but this (from a parent and professional viewpoint), is where things fall apart and then causes such mistrust by users in the system and of the staff.</p>
<p>Everything - I've never read such a load of nonsense in my life - this document really needs more thought and fleshing out. This says nothing - you have repeated the law as it is and made no attempt to even address how you might actually carry out these tasks. Go back to the drawing board and get some expertise in to look at this. I'm sick to death of dealing with mediocre people who know nothing about anything yet think they know everything- your ignorance is overwhelming</p>
<p>Pathways need urgently developing for young people with SEN post 18 who are unable to continue in education, but are very capable of employment.</p>
<p>Something about ACEs/ adopted/ LAC children.</p>
<p>Please see my comments on page one of this snap survey</p>



## B vi Feedback from Different Groups

### B vi – 1 Feedback from Sheffield Parent Carer Forum Trustees

#### Suggested amendments/additions:

(Blue text indicates a suggested change/addition, *italic text* indicates a question/comment on a specific point in the strategy)

- We will be clear which services an assessment can give access to.
- Waiting times will not exceed national guidelines.
- We will provide advice and support to families who are waiting for their child's needs to be assessed. We will be transparent about waiting times.
- Services across education, health and care will work together with families *[this doesn't go far enough to addressing the problem of parents raising concerns about their child and not being listened to or believed, which causes added delays in the identification and assessment process]*
- Reviews should take place at least three times per year.
- We will review and publish decision making processes.
- We need to make sure we have sufficient services available to meet the needs of all children and young people ~~who need them~~.
- We need to make sure our systems and processes *[which systems and process does this refer to?]*
- We will analyse data to predict future need and create sufficient high quality local provision that meets local need.
- We will reduce waiting times so that they are in line with national and local targets as a minimum
- We are improving health services by prioritising SEND when we commission and review services *[What does "prioritising SEND" mean in practice?]*
- We are increasing local social care support *[Should this really say "increasing" [ref to social care]? It is likely that the new SNIPS charging policy will lead to FEWER children accessing short breaks.]*
- We will create funding models for provision that are clear and easy to understand *[What provision? Is this about mainstream schools?]*
- We will have a 'key worker' approach to supporting families who need it *[Not clear what that looks like in practice. Why not just provide families with a keyworker?]*
- We will review existing provision and analyse data to predict future demand. Where needed, we will increase provision that works well.
- We will improve support to access education so that all children and young people can have a full time and appropriate education placement *[Might be clearer to say we will reduce the number of fixed-term and permanent exclusions of learners with SEND, and improve support for children who struggle to attend school due to mental health issues.]*
- We will develop a flexible model of support in our localities so that needs can be met quickly when they arise. *[A lot was said about a lack of flexibility of education providers in the focus groups, which isn't really reflected in the strategy. This was about things like flexi-schooling, alternative qualifications, waiving access requirements for courses, facilitating dual placements, making it easier to move between types of provision etc.]*
- We will ~~move budgets~~ use any additional funding we receive to provide support as early as possible and ~~towards~~ to increase funding for mainstream settings.

- We will revise our post-16 offer with a focus on access to employment, life skills and community participation and [commission additional services to fill any gaps](#)
- We will review and further commission our short break and respite provision. *[What does this mean? Does this mean increase or continue to?]*
- We will develop a city wide approach to inclusion in schools that is led by the schools sector and supports whole school practice. *[Most parents won't understand what that means in practice. It needs to be described in more detail.]*
- We will monitor and quality assure the impact of services. [Where we identify issues with the quality or sufficiency of services, we will take action](#) to make sure that children and young people's needs are being met.
- We need to make sure that it is easy for children and young people to move [between through \(otherwise it sounds like you are offering them transport\)](#) different educational stages and into adult life.
- We need to make sure that [transition services, procedures and processes](#) across education, care, health and employment work well together.
- We need to [have more develop a wide range of high quality opportunities](#) for young people moving into adult life.
- Transition reviews are not joined up, [are not working well](#) and do not focus enough on what the next stage of adult life will be like.
- We are working with young people *[why just YP what about schools, social care, health, careers advisors, parent? Which YP are these? If this is based on a focus group or similar, it needs to say so]* to improve EHCP (Education and Health Care Plan) annual reviews and the pathways for moving to adult life.
- We have improved transition routes between [children's and adult health services providers](#) and are working on producing clearer pathways for social care services.
- We will have clear pathways [that provide positive outcomes or that work](#) for children and young people as they move through education stages and into adult life.
- We will have a clear plan to support young people [as they move into adulthood](#) that covers all parts of their life. This includes employment and/or meaningful activity, independence [et living](#), being a part of their community and managing their health. *[Could take this out here as it is repeated in point 4]*
- We will develop a clear governance structure around transition including a strategic multi-agency transition group [and a strategic lead](#).
- We will have clear roles and responsibilities around transitions, including who should be involved in transition reviews and how. *[This is not about completing reviews it is about people doing something/providing a service that actually makes a difference]*
- We will combine *[with what?]* health transition actions plans to improve the journey between children's and adult health services.
- [We will communicate early, proactively and clearly with parents and families](#)
- We will work with schools and colleges to review the curriculum [and qualifications offered](#) for those with complex needs, to ensure that it is fit for purpose in preparing young people for adult life.
- We will create a 5 year plan to ensure we have enough provision for young people including [education and training](#), health, care, community provision, and housing.
- We will use available data [and information from listening to young people and families](#) to inform commissioning so that we have the right provision in place that meets the needs of young people [and responds to their interests](#).
- [Better use of technology, 'smarter' meetings and central data systems](#)

- Need for Multi-Agency Transition Board to steer strategic direction and ensure resources are available as required
- We will work with employers to develop employment opportunities for young people with SEND including supported internships, work experience, volunteering and job coaching.
- Young people will have a good outcome at the end of the transition process.
- We need to build mutual trust and relationships between children, young people, families, schools and services across the city that is realistic. *[That sounds quite negative. Maybe better to say "that is based on openness and honesty".]*
- We need to make sure our services ~~are based on~~ designed to meet the needs of the children, young people and families we support.
- We have some good practice of communication but it is in pockets across the city, is dependent on individuals ~~SENCOs or officers~~ and is not consistent.
- A range of tools and techniques will be used to allow non-verbal children and families with SEND to express themselves *[What are families with SEND? Do you mean parents with learning disabilities and communication impairments?]*
- We will have clearly publicised service standards and measure our performance against these.
- Services will put in place systems to ensure that the communication they have with schools is also provided to families, and vice versa. *[Might be better to spell out what this means – letting parents know before anyone comes into school to assess or work with their child, the outcomes of this work, ensuring assessment reports are shared both with schools and parents.]*
- We will re-design our local offer website to make it easy to use so that everyone can find the information they need easily including what different education providers should offer. *[Not clear what this refers to. Is this about the SSG?]*
- We will ensure that our processes work even for those children whose parents are not able to engage with them. Our processes will not depend on parents advocating for their children.
- We will be clear about any eligibility criteria used.
- Communication and help to understand what is available for their child will improve for families *[this is repeating other points]*
- We need to develop shared values, language terminology and knowledge so that we can work together well.
- We will ~~use a keyworker approach~~ provide families with a keyworker to do this where possible.
- We will make sure we use data and feedback from families to tell us how many people need our services and what our services need to provide.
- We will use feedback from families to help us identify skills gaps.
- We will learn from mistakes and complaints. We will cascade this learning down to our workforce and enforce improvements.
- We will invite, publish and act on feedback from service users.
- We will include parents in training where possible, both as providers and as recipients of training.
- We will train our EHCP assessors and plan writers so that they have the skills to create high quality, accurate and specific plans.
- We will recognise and value parents and carers as equal partners in the workforce.
- We need to develop shared values, language terminology and knowledge so that we can work together well.

- We will ~~provide families with keyworkers~~ use a key worker approach to do this where possible. *[What does a keyworker approach look like in practice? Sounds very vague.]*
- We will ~~develop a key worker approach~~ provide families with trained keyworkers so that our most vulnerable and complex children, young people and families are well supported.
- Services will work well together ~~and with families~~, with shared values, ~~language terminology~~ and knowledge.
- By 'schools' we mean all education providers including ~~early years childminders, nurseryies~~, schools, colleges and training providers
- By 'assessments' we mean a wide range of assessments to ~~meet~~ identify needs across education, health and ~~social~~ care services, including diagnosis and co-ordinated plans such as EHC plans
- The SEND reforms introduced through the children and families act, 2014, created an aspiration that those with ~~additional needs~~ special educational needs and/or disabilities would be at the centre of all decision making and that services would be more able to meet needs in a timely and co-ordinated manner.
- A strategic joint commissioning approach to plan support and provision at all levels of need, including a focus on all age disabilities *[??? Do you mean supporting disabled people through all stages of life?]*
- Improving ~~integration of access to~~ health advice ~~to co-ordinated needs~~ through ~~commissions including~~ speech and language support via Primary Inclusion panel and pilots around addressing sensory needs
- Improving the use of data, policies and procedures to ~~ensure~~ monitor access to education for all young people, including around elective home education, partial timetables and agreeing school places
- While this has all driven forward improvement, there is a clear recognition that more needs to be done to reach the aspirations *[should this say commitment]* that the local area has for its ~~most vulnerable~~ young people with SEND, including where families feel change is not rapid enough.
- They have told us previously, and as part of developing our strategy, what we need to do differently. *[Need to say where this feedback has been published]*
- A priority for our strategy is to ~~better~~ listen to, and act on, the voice of children and young people
- Sheffield will be an inclusive city where we work together to ensure that children and young people get the right support at the right time so that they can live a happy, ~~healthy~~ and fulfilled life.
- Commitment 1: ~~We recognise the importance of early intervention and the need for effective~~ identification of needs with appropriate assessments (*Assessment*)
- Effective engagement ~~and communication where all parties are valued~~ – 'No decision about us, without us' *[have as separate bullet point]*
- ~~Transparency and~~ accountability
- All children and young people should be safe, settled and ready to learn *[Move this down to next section, as this is not really a value]*
- Increased ~~participation inclusion and attendance~~ at school for those with SEND
- Detailed action plans will be ~~developed~~ coproduced in line with this strategy but are not included within this document
- Families, services and schools tell us ~~that support should be provided based on a young person's needs, and not be dependent on a formal diagnosis. we need to be 'needs-led', understanding an individual's needs and not 'diagnosis-led' to best support young people.~~



- There is a desire to integrate services and improve locality based services. [??? whose desire is this, and what are locality based services?]
- Our compliance ~~around statutory processes in meeting the 20-week timescale for EHC needs assessments~~ has substantially improved, but a challenge remains over the quality of assessments and plans to ensure that they accurately reflect young people's aspirations and provision to meet their needs and ensuring successful implementation of plans. [Ensuring implementation needs to go into the provision section.]
- Plans contain a 'golden thread' that connects the young person's aspirations, achievable outcomes, needs and provision, written in plain English [Explain the concept of the "golden thread"]
- ~~Services and providers will not require a diagnosis as a prerequisite to providing support.~~
- We will have the right resource (people, expertise and funding) in place to identify and assess needs at the right time in a timely way, so that ~~pressures on the system are minimised~~ waiting times do not exceed national guidelines.
- Services will develop person-centred assessment processes that include the whole family – including considering the CYP views and aspirations, what's working/not working, the team around the child and understanding what the family feels ~~is both the challenge and the solution~~ so that we know the right information about the CYP.
- We will create, in easy to understand language and visuals, clarity about when and how a need should be assessed and reviewed ~~and~~, the process for this ~~and the support and services that an assessment can give access to.~~
- We will commission and develop integrated teams/hubs across the city so that we can ~~implement~~ carry out joint assessment at the right time
- We will revise decision making processes around assessment and provision to meet needs, including resource allocation panels, so that they are transparent and accountable ~~to families.~~
- We will embed a whole school approach to SEND and adverse childhood experiences (ACES) so that schools have the expertise to identify needs early -> [Move to workforce section]
- ~~We will provide advice and support to families who are waiting for their child's needs to be assessed. We will be transparent about waiting times.~~
- Young people will have their needs assessed at the right time to get the support they need to access education ~~and the community.~~
- Young people ~~and their families~~ will be at the centre of all assessments so that they are meaningful to their life.
- We need sufficient expertise, support and provision across ~~universal, targeted and specialist-all services~~ to meet demand, to make the most effective use of our existing resources.
- We need to increase the inclusivity of mainstream settings, supporting schools and services to be successful and inclusive for all children ~~within the current accountability framework~~, with a focus on early intervention.
- Service delivery is not person centred or joined up enough, leading to inconsistency ~~and a rigid service offer that young people are expected to slot into.~~
- We have a growing level of need and demand within the city, based on changing need and growing population [data?] and not enough funding to meet this need.
- Our schools tell us that they do not have the right resource and expertise to ~~manage meet~~ needs.
- ~~School~~ funding has increased this year

- Whilst we have a range of advisory services *[need to define these]* across Education, Health and Care.
- Our focus will be to ~~move~~ **better use** resources to provide support at the earliest point. ~~We will invest additional funding into and towards~~ mainstream settings.
- We will focus on early intervention, particularly in the early years, so that provision is in place as soon ~~as it's identified~~ **as a need is identified**.
- We will look to pool resources and further commission advisory services. *[??? More capacity in existing services, or new services? Which services does this refer to?]*
- We will systematically **analyse data to predict future need and** review provision to identify where resources could be more effectively used.
- We will develop a ~~school sector~~-led approach to supporting whole school practice which leads to more inclusive schools and a consistent approach to inclusion across the city. This will include approaches ~~to being flexible in how provision is put in place to meet need.~~ **developing more flexible approaches to placements, curriculum, timetabling and qualifications.**
- We will ensure there are enough suitable **and high quality** specialist school and integrated resource places and high quality alternative provision **for all young people with complex needs** ~~to support the needs of all young people~~ in the city so that all young people can access an education that is right for them.
- We will better support young people moving into adulthood, working with the ~~school~~ **education** sector, **VCF sector** and employers, by recommissioning our post-16 provision **to include a wider range of options based on young people's interests**, which so that it leads to access to employment **or meaningful activity**, developing life skills and improved educational **and life** outcomes.
- We will develop clearly defined and consistent funding models for provision so that schools and services ~~are clear about the resource requirements to implement appropriate support~~ **know who pays for what provision.**
- We will focus on effective key working as the approach to this *[Explain the approach – how will this work in practice?]*
- We will review and improve support to access education, **focussing on young people who are struggling to attend school full time and those at risk of exclusion**, ~~focused on attendance, exclusions and access to school~~, so that all young people get access to a full time and appropriate education placement
- There is a joint aspiration across partners to improve this, including a focus on supporting **all age disability disabled people at all stages of life.**
- All young people **with SEND** will have a clear plan to move to adult life that is focused on employment ~~and or~~ **meaningful activity**, **increasing** independence, access to their community and managing their health.
- Ensure sufficient and appropriate opportunities for young people with ~~additional needs~~ **SEND** that are focused on their whole life.
- We will ensure social care have transition plans and pathways embedded into over-arching plans *[they just need to do them in good time before the YP turns 18]*
- We will promote the employment of young people with SEND through the development of partnerships with employers, developing supported internships and employment and job coaching so that more CYP can earn a wage *[what about voluntary work??]*
- Services will be better equipped to support young people and families by fully understanding their **strengths and** needs and preferences for adult life.
- It should be easy **and interesting** for young people and families to find information.

- There is a real desire ~~by staff~~ to improve communication which is often hindered by lack of knowledge; feedback on new recorded processes and information put in place is good but does not go far enough. *[What does that mean?]*
- ~~We will not let children fall through the cracks. We will not “pass the buck”.~~
- This will link to a ‘family journey’ through SEND and Inclusion *[sentence not clear]*
- We will develop an engagement approach with underrepresented communities to ensure that their voice is heard in how their young person is supported eg. Roma, BAME, those with their own learning needs. *[What does that mean? We need to ensure that processes are so robust that they don’t depend on parents advocating for their children.]*
- We will develop and consistently follow best practice guidance and minimum standards on how and when to communicate with families. This will include from teachers, SENCO, services as well as content of formal letters so that families are clear about how they should be informed ~~and be reviewed through evaluation questionnaires.~~ ~~We will request, publish and act on feedback from service users.~~
- Services and schools will agree this with them when they are first involved. This will include how services will advise that ~~they’ve they will work worked~~ with a young person, ~~and the outcomes of this work.~~
- We will redesign our local offer website to make it ~~fit for purpose so that everyone can be signposted to and find the help they need easily~~ easy to find relevant information.
- ~~We need to improve staff retention.~~
- ~~Our workforce is overstretched.~~
- We have created a system of school-sector leadership across SEND through localities and the inclusion gateway *[sentence not clear]*
- ~~We will recognise parent carers and other family members as equal partners in the workforce.~~
- We will explore how to develop a ‘charter mark’ for inclusion and inclusive practice so that we can evidence that leaders are developing good inclusive practice. *[Can’t you use one that already exists elsewhere e.g. Rotherham. We have tried doing this in Sheffield before ]*
- We will have a sufficient and ~~equipped well trained~~ workforce to meet the demands of the city, leading to better decisions, better support and increased morale

#### General comments

- I don’t think we can say that families will “implement” these processes.
- Somewhere in this document we need an explanation of the school funding situation. What it looks like now, how it’s expected to change over the next few years.
- Health services are missing from this section (Commitment 2 – Provision, Priority 2 – support for children and young people at all levels of need). This is not just therapy services, but support to access universal health services, like GPs, hospitals, dentists.
- YP aged 17 (and their families) need a step up in support to prepare them for the actual move into adult life.
- Changes to provision should be based on data analysis and anticipated demand. There is no evidence in the strategy that such an analysis has been carried out.
- The governance section will be crucial.
- The strategy includes a number of actions, e.g. “revise processes”, which should be moved to the action plan.

- The action plan needs to be coproduced. It needs to include SMART outcome measures.
- Throughout the document – why does it refer to “Care” instead of “Social Care”?
- Also define: “person centred”, “plans” (EHCPs and MyPlans?)
- Also define “advisory services” (commitment 2: last paragraph of what it looks like now, point 3 what we will change)
- By “plans” we mean EHC plans, MyPlans, Care plans Healthcare plans
- Most families will not have heard of the activities listed below (in the summary section). Either explain in more detail, or remove.
- It is confusing that there are references to YP with additional needs, most vulnerable YP, YP with SEND. Pretty much all of the strategy is about SEND, so why not refer to YP with SEND throughout?
- Children young people & families have aspirations (definition: hope or ambition of achieving something)
- Local authority and health need to have commitments to improve services (definition: a promise or a firm decision to do something)
- Not sure that “smoother” and “smoomthly” [sic.] are the correct terms to describe what needs to happen. Transitions need to be well planned, person and family centred and lead to positive outcomes. They need to be positive step forward, not just here’s what’s on offer whether it meets a young person’s need or not.



**B vi – 2      Feedback from focus groups with young people**

**Thursday 5<sup>th</sup> December – Visit to Hi 5s LDD Youth Group**

**Comments about the vision statement**

The young people asked us to explain further about what the words '**Inclusion**' and '**Fulfilled**' meant.

Suggestion was to swap the word 'enjoyable' for the word 'fulfilled'.

Suggestion was to swap the word 'everybody' for the word 'Inclusion'

**Overall summary of conversation with young people**

Although all the young people thought all areas were important, it depended where they were in their life as to what was the most important

**Young Lady's View**

She expressed she has great support in her life including her area of work life, so for her having her voice heard was the most important thing for her.

**Young Man's View**

He was at a stage where he wanted to be independent as an adult, so area of transition into adulthood was the important to him

**Young Peoples Comments**

*'When I reached 18 years old I stayed at home for 1 year'*

*'I went on a 3 year course which seemed a waste of time because I was sat in a room and was told to draw. I felt this was 3 years of my life just being babysat.'*

*'I would like a social worker who does not judge me before they have got to know me and my personality. I want to talk with a social worker about decisions which will affect my life and what is open to me in my life and for the future.'*

*'People make decisions about us without talking to us about what we want'*

*'I would like services which will help me to improve my independence'*

*'I worried before I came into the room taking part in this consultation as I thought I would struggle with the questions'*

*'I am doing a Princes Trust Course in Barnsley with South Yorkshire Fire and Rescue and I have been taken around stations seen machines and been to museums'*

*'I worry about leaving home and having to deal with money and counting it so I have the right change'*

### Comments about the 5 aims of the Inclusion Strategy

*'I think the most important thing is views of young people and talking to them'*

*'For me moving to adulthood is the most important'*

### Comments about Bridgepole Company

*'We love Bridgepole and the support workers there are interested in things we are interested in. Danny and Lyndsey make sure your worker who does things with you is someone who likes the things that you like' Bridgepole is client based and they provide daycare, take you on activities and have respite care'*

*'They are like friends who work with you not like workers'; they are great to talk to'*

*'We have been to Leeds Market and it was a great day'*

### Youth Workers comments

Engagement is missing from your main priorities.

The most important thing today is changing people's mind set, that changes are needed to adapt to the needs of young people.

There is nothing to support young people after post 16; there are a lack of services available to help young people, and to work with them to gain their independence.

### Needs of Young People

- I. Cerebral Palsy
- II. Social and Emotional Mental Health
- III. Autism
- IV. Asperger's

### Young People demographics

Age    Gender

19	Male
28	Female
26	Male
26	Male
23	Male
24	Female

## **Feedback from YP engagement session/Hi Fives-The Lodge Youth Centre Nov2019**

### **What this session is about**

The council have spoken with many people about the area of children and YP with SEND, and have written a report of how we can make this better.

This evening we want to find out if you think this is the right stuff that should go into the report and if anything is missing.

### **Vision**

We looked at the vision and discussed what people thought. Did they understand it and did it say what they wanted it to say. We broke it down into smaller sections in order to understand it.

*Sheffield will be an inclusive city where we work together to ensure that children and young people get the right support at the right time so that they can live a happy and fulfilled life.*

### **Feedback on Vision**

- Inclusive city- could it say *everyone*
- Fulfilled- could it say *Joyful*

General comments were that it was a good vision and that it explained what should happen. They agreed that they liked the vision once we had broken down its meaning, and talked about the different elements of it. They liked that it talked about getting more help when they needed it. They felt that it was really important that it included friends and family and going shopping which was the part they interpreted about being fulfilled.

### **Where**

Youth group for YP with SEND

### **Who- Male/Female and ages**

M-15  
M-16  
M-18  
M-25  
F-16  
F-13  
M-24  
F-14  
F-16

The five areas that we say we will get better at

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## Assessment

### **We will be better at knowing what your needs are**

- All felt that this was important and needs to be in the report
- A couple of the YP said that we needed to know what their needs were before we could provide the right support.

## Provision

### **We will be better at giving you the help that you need**

- Everyone felt this was really important and should be part of the report
- It would be good if we just knew that the help is there even if we didn't need it. A bit like a safety net.
- Having the right help is really important

## Transition

### **We will be better at helping you to be ready for being an adult**

- It was felt by all that this was really important
- Being an adult doesn't just happen overnight it is a gradual process that we need help with
- I want to learn how to do things on my own

## Communication

### **We will be better at talking with YP and asking for your views and ideas**

- This means that we can say what is wrong so we can sort it out
- I really want to talk about my experiences and think it's really important that people talk to us
- I like having these conversations
- All agreed that this needed to be in the report

## Workforce

### **We will be better at providing the right people being there for you**

- Yes this is a good idea, this is about people being there to help us
- The people that help need to be the right people because that makes a difference
- We want people that understand us and who we can get on with

### **Is there anything that you feel we have missed off?**

The support workers who were there made comments around the strategy. They said it was great in theory but how were we going to deliver it. There were concerns about the finances of it. They did like the strategy and felt it included the right areas but didn't want it just to stay in a paper document.

**B vi – 3      Feedback from other meetings / committees**

Sheffield City Council Portfolio Leadership Team – 23<sup>rd</sup> October 2019

- Our tone needs to be more ambitious and forceful – stepping into how we want to be. As such I'm suggesting the vision statement becomes 'Sheffield is an inclusive city where we work together to ensure that children and young people get the right support at the right time so that they can live a happy and fulfilled life.' They were also happy with the vision statement in that it clearly detailed our aspirations.
- We need to consider how we include infrastructure and commissioning – particularly in regards to budget share, IT systems, system wide workforce and shared processes. Essentially where are we covering system change
- There needs to be a paragraph about what success looks like. They like that we have for each theme but want an overarching one at the start somewhere
- They asked about how ownership works across the system
- They asked that language links to other strategies. The reality is that this is the first clearly detailed one so we're setting the tone there!
- Specific question about where learning and skills fits into the transition (Dawn Shaw's area)
- Specific point for workforce around 'we will work together in a different way' – probably needs to permeate across the board (one of our values??)
- Specific point in the transition one about ensuring systems are clear and defined and input of employers
- It needs to stress that it is an inclusion strategy

Sheffield CCG Governing Body – 9<sup>th</sup> January 2020

Sheffield CCG Governing Body member commented on commitment 3, page 17, which refers to transitions and education stages and although work has been carried out it has not been clearly communicated and embedded. There remains silos, the joint aspiration needs to be stronger and more than an aspiration and the priorities and what will change don't match. Silo working is not good for families and it feels vague so extra thought needs to be given to that area.

Sheffield City Council cabinet – 28<sup>th</sup> January 2020

Sheffield City Council cabinet member – commented they wanted to ensure we add in the statement about children in care, care leavers and children who previously have been in care and are now either adopted, in Kinship Care or on Special Guardianship Orders will have an automatic right to an initial EHC Plan assessment.

## Discussions with Sheffield City Council Senior Leadership Team and teams within the council throughout January 2020

Need to leave possible link to future strategies such as education – how we develop ambition

Cross reference SCR around inclusion

Need to reference that whilst it's an inclusion strategy it doesn't cover broader areas such as contextual safeguarding

If request is made for EHCNA for CLA/post-adoption, etc assessment will be agreed. Work with social care colleagues to ensure that every child coming into the care system access the appropriate assessments of their needs under the PEP.

Priority around integration across education, health and care – key focus on integrating response from services rather than stuff in silo's

More on how we will analyse to understand how we use our resources differently

Insert bit of emotional well being and mental health info via Sapphire

Change we will commission services to we will make sure that there are

Timeline on action plan and developing the WSOA into this – need to link to other strategies

Put into the success measures around exclusions reducing and more accessing learning, including EHE, CME etc

Include table from WSOA on progress measures and success – links to WSOA until November

Governance: To add in Health and Wellbeing Board having Cllrs, Healthwatch etc. as lay people I think we need a bit of information about how/when it will be reviewed here as well as the Governance structure i.e. an update for each commitment will be presented to IIB every term, The overall strategy will be reviewed at least..., it will be taken to Health and Wellbeing Board every....

Suggested additions:

- We will support parents through group based interventions that are universally accessible and not just at the point of crisis
- we will provide evidence based parenting programmes that supports parents in their parenting role, particularly around challenging transition times