

# SEND Strategic Plan

2025-2028

Meeting  
needs  
together



# Index

- 3 Foreword
- 5 Inclusive ambition statement
- 7 Local context
- 9 Governance
- 10 Our approach
- 15 Priorities
- 26 SEND funding
- 27 Summary
- 28 Documents and sources of reference
- 29 Glossary



# Foreword

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Our SEND strategic plan embodies our shared vision for a cohesive and effective system of support for children and young people with Special Educational Needs and Disabilities (SEND) and underscores the importance of a systems approach.

A focus on meeting the needs of children and young people within their communities wherever possible is pivotal in supporting earlier identification and intervention. This strategy is intended to support and inform our planning so that we understand the developing health and education needs of the current and future generations, use data to plan and assess for those needs and we actively address barriers such as funding constraints.

For many of our children, early life is a critical period where early identification and intervention can make a significant difference. Multi-agency services that support children and families from the outset are vital in ensuring that needs are met promptly and effectively. Working closely with professionals in health, portage (a service for pre-school children) and early years settings will ensure strong foundations are put in place upon which our health and education partnerships can build.

Navigating the complex landscape of SEND provision in education and in health can be challenging. However, we are committed to ensuring that both education and health services serves as a protective factor for our most vulnerable children. Schools are not just places of learning; they provide holistic support that fosters personal development, wellbeing, and long-term success into adulthood, and access to timely and effective health services supports this journey

The strategy reflects the contribution of stakeholders through consultation undertaken in

2023 and further developed throughout 2024 by the work of our multi-agency post inspection working groups, as well as being informed by contributions from parents, carers, children and young people.

We remain committed to working together with our Parent Carer Forum as well as children, young people, parent carers and partner organisations. We know that this approach will mean improved support for children and young people with SEND, so that they have full, healthy and enriched lives. Through the life of this strategy, we will develop a Co-Production Protocol with our Parent Carer Forum to ensure that our work is shaped and owned across all partners. We believe that co-production **“is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered<sup>1</sup>.”**

This strategy incorporates recommendations from the Local Area SEND inspection which took place in February 2023, as well as recommendations from the Joint Strategic Needs Assessment for Cornwall<sup>2</sup> (2024) and it highlights the progress we have secured as well as the vision for the continual journey we are on to develop our provision.

We are developing our Joint Commissioning Strategy for children and young people with special educational needs and /or disabilities. We are working closely together to reshape provision, meet needs more effectively and make better use of our resources. The joint commissioning strategy will provide clarity on:

- ➔ Our definition of joint commissioning
- ➔ Our joint commissioning approach, including commitment to co-production
- ➔ Our Commitment to continuous improvement of the outcomes for children and young people with SEND
- ➔ Our Commitment to efficient and effective use of our shared resources
- ➔ Our Commitment to services that are empowering and enabling rather than dependency
- ➔ Our strategic objectives for a robust approach to jointly commissioning services
- ➔ Our joint commissioning intentions for 2025 – 2030

We will regularly publish the outcomes of our actions on the **SEND local offer** website, and through an annual report, so that our children and young people with SEND, their families and the wider public are fully informed on our progress across the partnership.

“We are delighted to share our revised Special Educational Needs and Disability (SEND) Strategic plan for 2025-28. This work is overseen by the Cornwall SEND Partnership Board for children and young people from birth to 25. This document represents a commitment to fostering an inclusive, supportive and equitable environment for all our children and young people in our community. We believe that every child, regardless of their abilities or needs, deserves access to high quality services including high quality educational opportunities.

This strategy has been developed in partnership with NHS Cornwall Integrated Care Board and the Cornwall Parent Carer Council (CPCC) alongside our parents and carers and children and young people. The voices of our partners, including children and young people have been listened to, as we have revised this plan – we wanted to understand ‘what matters’ to them. We have also taken into account feedback from our parents and carers following our OFSTED inspection in February 2023. We really appreciate the passion and time they have invested to support the development of this strategy.

The strategy sets out key things we want to achieve to ensure that our children and young people have the support and opportunities they deserve, to live their best lives now and in their futures. We will create an inclusive community where barriers to success are removed, and all children feel valued and supported.”



**Kate Evan-Hughes**  
Director of Children's Services

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<sup>1</sup> The Care Act 2014

<sup>2</sup> Joint Strategic Needs Assessment (JSNA) Cornwall Council

# Inclusive ambition statement

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Our partnership position, as set out below, was developed in 2023 with stakeholders who included parents, carers and young people as part of our SEND Transformation. Our position and commitment will be further reinforced through work with multiple Multi Academy Trusts (MATs) and maintained schools to agree what Ordinarily Available Provision (OAP) looks like in the context of our Cornish Schools.

“ In Cornwall we will work together as partners to ensure that **children and young people with SEND are supported to realise their full potential**. There is a focus on **early identification and intervention** to ensure the right support is available at the right time. From the earliest point, there is **a holistic and long-term view of a child’s journey through to adulthood**, enabling children and young people with additional needs to achieve their aspirations and maximise their independence.

There is a **positive, open and trusting relationship** between professionals and families and parents and carers feel listened to and have confidence that their child’s needs will be met.

The aspirations of children and families are at the heart of plans, and their needs and perspectives are sought and incorporated in the development and delivery of services ”





## OUR VISION

is for every child and young person in Cornwall with special educational needs and disabilities (SEND) to lead a fulfilling life, to be as independent as possible, and supported, by their families, services and local communities, to learn, thrive and achieve.

“We want all children and young people to be able to take part in education with their peers. To feel a sense of belonging. All children and young people should be able to learn, enjoy themselves and feel part of their local community. We want all children and young people to fulfil their ambitions and make progress appropriate to them.

All young people and their families should feel prepared and able to make informed choices about their future, with as much independence as possible and the support they need.”



## OUR MISSION

is to work together to deliver services that we and those we serve can be proud of, which promotes positive outcomes for all children and young people and enables them to be healthy, safe and thrive in their learning.



## OUR VALUES

have been developed through engagement with staff, partners, residents and clients. These values are at the centre of our priorities, approach and professional practice.

Cornwall has well established governance processes in place, as well as some which have developed with the introduction of the Integrated Care System. We have an integrated approach for delivering services for children and young people within the Together for Families (TFF) Directorate. We work in partnership with key stakeholders within and external to the organisation, such as the establishment of the Cornwall Education Partnership (CEP). Our SEND Board is jointly chaired by health and education senior officers and we ensure that the terms of reference for the group hold us to account in ensuring we know our children and young people and strive to ensure our services can make a difference, that we can identify where our gaps are and make a difference, that we prepare our young people for adulthood and that we are ambitious in our aspirations for our service delivery and our impact.

# Local context

The Joint Strategic Needs Assessment (JSNA) for Cornwall and the Isles of Scilly was completed in August 2024. It looks at all of the evidence available for children and young people, aged 0-25 years in Cornwall and the Isles of Scilly, combined with nationally published statistics and research material. It explores the characteristics of children and young people with SEND, discusses the factors which can increase the risk of a child having SEND, and describes current SEND service provision across Cornwall and the Isles of Scilly.

A series of recommendations were identified from the data and intelligence presented in the Joint Strategic Needs Assessment (JSNA). These recommendations cover five broad themes:

- 👉 intelligence and information sharing;
- 👉 partnership working across the SEND system;
- 👉 service planning;
- 👉 service delivery;
- 👉 early identification and prevention of need.

## Findings of note include:

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A greater percentage of young people with EHCPs in Mainstream Education (including ARBs) (47%) than regionally (43,8%) or nationally (43.3%).
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A greater percentage of young people on Supported Internships (0.9%) than regionally (0.5%) or nationally (0.7%).
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A slightly greater percentage of young people with EHCPs in independent specialist provision / NMMS (6,75%) (the regional average is 6.17% and the national average (5.2%).
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Cornwall's NEET + Not known rate (6.5%) is higher than both the South West regional average (5.8%) and the national average (6.2%) Significantly higher levels of deprivation than most local authorities.
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In comparison to nearest neighbours and national average Cornwall is low funded for education and social care services.
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Cornwall has around **105,680 children and young people under 18** and **39,695 young adults** are aged 18-24 years.
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On average we have **70,000 children accessing primary and secondary schools.**
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Currently around **2,200 children are being Electively Home Educated.**
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Currently **629 children are in care to Cornwall Council .142 CiC have EHCP – 22.2% of the CiC population.**
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Around **30% of children live in poverty** (after housing costs), in some communities this is **over 40%**. A large proportion (**70%**) **live in families where one or both parents are in work.**
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As of August 2024, around **50 children with an EHCP were living in temporary or interim (emergency) housing** due to homelessness.



Across Cornwall's schools **14,401 (18.9%) pupils are identified as having a special educational need.** For the 0-25 population the percentage of children and young people with **identified SEND is 17.2%**. This is slightly greater than the **national average of 17%**.



As of August 2024, the Council is responsible for over **4,500 children and young people with complex Special Educational Needs** who have education, health and care (EHC) plans.



Cornwall is highly academised. Over **80% of state-funded schools are part of a multi-academy trust or are standalone academies.**



As expected, **the distribution of SEND needs follows those areas of high population.** This means that it is more challenging to provide services within the community for those children in sparsely populated rural areas such as North Cornwall.



This means that children may be **required to undertake long journeys to education, often in taxis.** The rurality is further exacerbated by a shortage of vehicles and taxi drivers.



In Cornwall there are **more boys with identified SEND needs** than girls and that this correlates with national data.



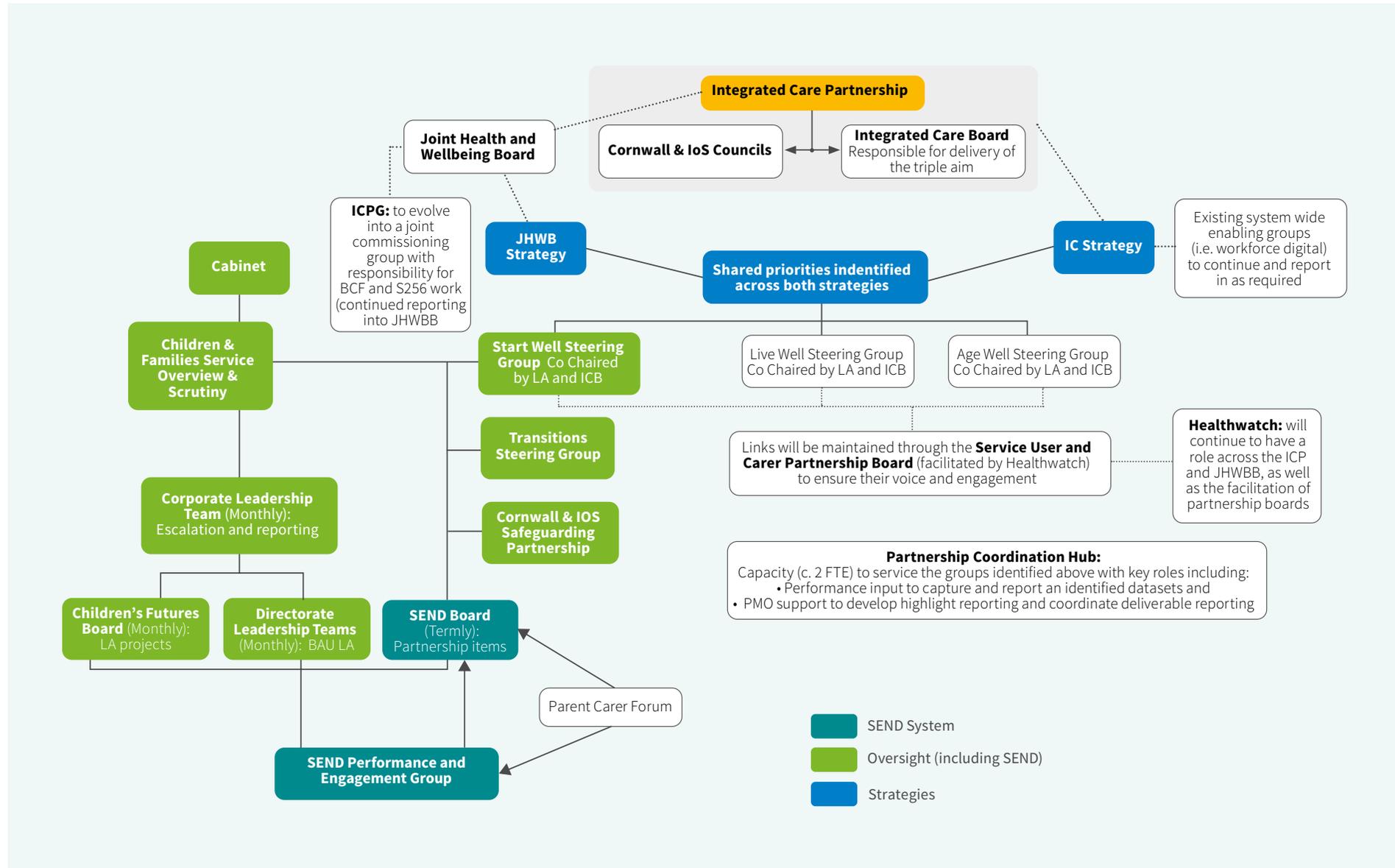
There is a **higher incidence of identified need in the 19-25 age group (representing over 1/4 of children and young people with EHC plans)** and also those coming through the Early Years cohorts.



The most prevalent SEND needs are SCLN, ASC, SEMH



# Governance



# Our approach

## Context

Demand for education, health and care needs assessments has dramatically increased. The number of requests for an EHCP assessment in Cornwall has increased by 83% since 2019, above the national increase of 69%.

More families and schools are seeking help, and the profile of need is changing. There is a rise in the number of children with speech, communication and language needs particularly. Findings of the recent JSNA also indicate a strong correlation between poverty and SEND support needs.

This puts pressure on the SEND system as a whole. Schools are impacted by the loss of experienced staff and funding which is not at the same level as other parts of the country, with Cornwall receiving £83.22 per pupil less than the national median value (2024). This equates to £5.766m across all schools in the county. The result is that increasingly, for CYP with SEND support, or SEND, their educational support needs are not being met in mainstream settings, and parents are understandably interpreting this as their child's needs can only be met in a specialist setting, and through an EHCP, thus driving demand further.

## Approach

Our inclusive ambition aims to create the basis for integrated working and collaboration between colleagues from health, education and social care so as to increase inclusion and a sense of belonging. A collaborative, systems approach allows us to secure the best long-term support for our SEND cohorts, reduce escalation of SEND and aims to ensure Children and Young People are educated in settings that meet their needs within, or as close as possible to their local community, and that their health needs are identified and met promptly and, wherever possible, locally.

Strategically, our direction is **inclusion in mainstream education first**. This manifests in a **shift from 'specialist placements' to 'specialist provision'** where children

educated in mainstream wherever possible, with additional support if needed, and as close to home as possible. We are building opportunities for 'step down' into the transition infrastructure, for example our new SEMH primary school in Bodmin will feed into an SEMH Secondary ARB rather than a secondary special school so that children will 'step down' as appropriate and as a cohort. This will assist in mitigating the rise in uptake of independent specialist placements, particularly for children with primary needs of SEMH. The annual review process will provide protection for those children where this is not appropriate and we will continue to recognise that our children and young people are individuals, each one requiring an individual approach.

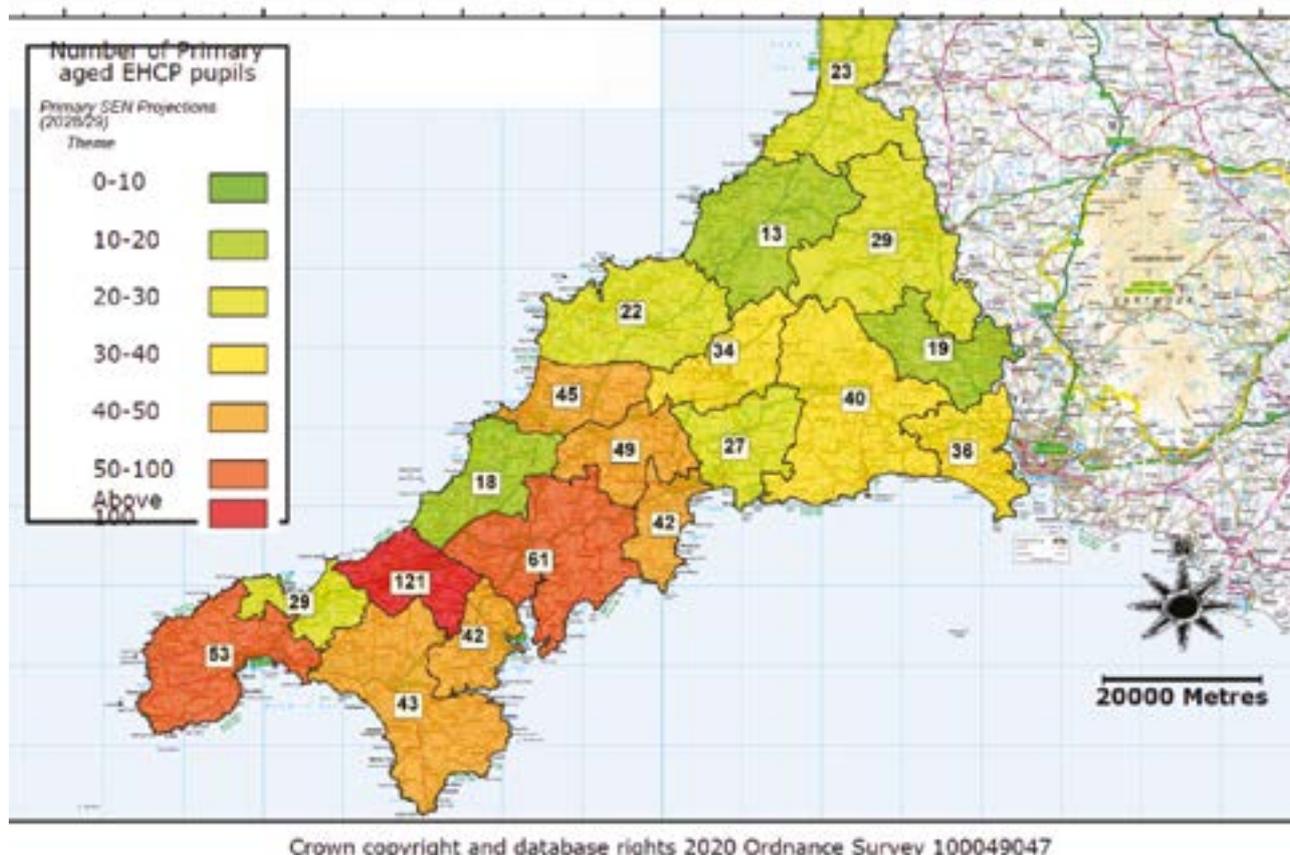
To support mainstream schools with these additional demands we have piloted an outreach service. The DBV funded tender was awarded to our strategic partner, Special Schools Partnership Trust (SPT) at the start of 2024. Early indications show this intervention is leading to improved understanding of SEND finance and ordinary available provision at a school level as well as better implementation of the graduated response. Now that DBV start-up funding period has come to an end schools will be able to buy this service in through a traded model.

As well as facilitating an 'in-reach' model, our inclusive ambition has resulted in changes to the way we undertake Phased Transfer so that responsibility for supporting the education of children is shared by their communities.



We have developed 5-year trajectories for the anticipated numbers of children with EHC plans at a county and local area network level. This will allow us to ensure the right type and amount of provision is available in each area and as local to our children as possible. We use existing and projected data to help us plan, as this provides a strong indication of patterns of needs in our Duchy. Specifically, our most recent projections indicate how demand on Area Resource Base (ARB) places and Special School places are likely to evolve over the next 5 years. Areas like Newquay, Truro (including Roseland) and China Clay, as well as Helston & The Lizard and Liskeard and Looe, all stand out as areas that have no (or very little) ARB or Special School provision for primary aged children compared to the needs of the current local population (and projected local population needs in 5 years time). Children currently living in these areas will either be receiving (or will be expected to receive) high levels of top-up funded

support in a local mainstream school, or will likely be travelling (or expected to travel) outside of their community network area in order to access ARB or Special School provision. These 5 areas should be priorities for investing in new SEND provision for Primary aged children over the next 5 years, in order to address the areas with the biggest need for Primary SEND provision. Camborne and Redruth sits just below these 5 areas; whilst the area currently benefits from the largest number of ARB/Special School places available for Primary aged children in the county, existing and projected demand is also extremely high (compared to all other Community Network Areas in the county) predominantly as a result of the large population of children living in the area. We therefore project that demand on ARB/Special school places will grow in this area and within 5 years then have the 6th largest deficit of ARB/Special school places in the county.

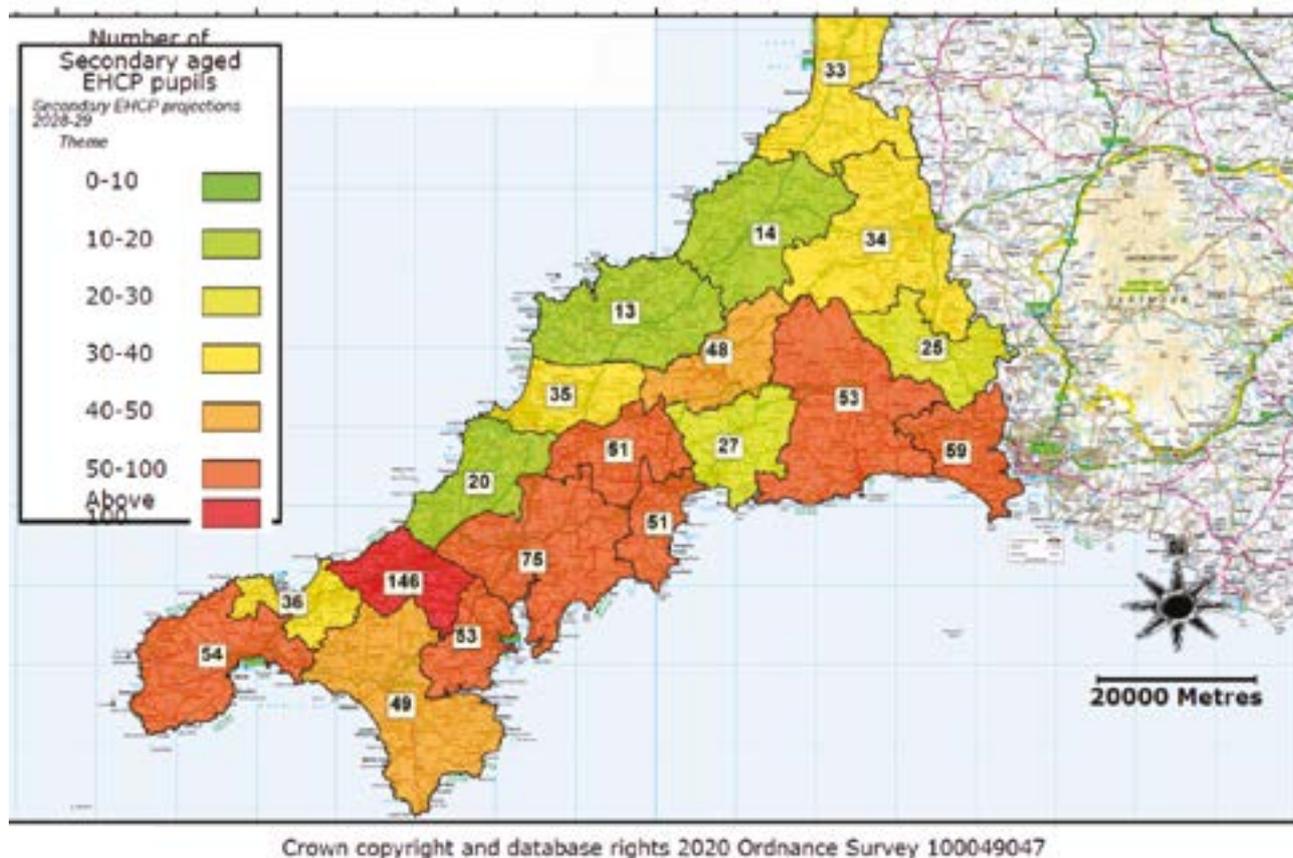


**Projected primary aged (4-10) EHCP pupils, 2028/29, by Community Network Area**

Despite having considerable existing ARB/Special School capacity for secondary school aged pupils, Camborne and Redruth is projected to see a significant increase in demand within the next 5 years and is projected to have the biggest deficit in ARB/Special School secondary SEND provision by 2028/29. This area should be viewed as the highest priority for new secondary ARB/Special School provision over the next 5 years, as demand is projected to increase significantly.

St Austell & Mevagissey and Helston and The Lizard both stand out both stand out as areas currently with no ARB or Special School provision for secondary aged children compared to the needs of the local population (and projected needs over the next 5 years). Children currently living in these areas will either be receiving top-up funded

support in a local mainstream school, or will likely be travelling outside of their Community Network Area in order to access ARB or Special School provision. Both of these areas should also be high priorities for additional SEND provision to better meet the needs of children living in the local area. Newquay is in a similar position, with demand for SEND provision expected to increase (but currently no existing ARB or Special School provision for children who live in the local area), and should therefore be considered as a high priority for new SEND provision. China Clay and Saltash/Torpoint are also projected to see substantial increases in demand for ARB/Special School provision over the next 5 years for secondary aged children and should also be considered medium/high priority targets for further SEND provision.



**Projected secondary aged (11-15) EHCP pupils, 2028/29, by Community Network Area**

As with all forecasting work, these are a 'best guess' on what we think will happen based on the data we currently hold. We are committed to updating these forecasts annually and continually reviewing data on where children with EHC plans live in Cornwall to ensure that our strategy continues to evolve and be refined as new data and updated forecasts become available. One of the most challenging things to forecast is not necessarily the number of children with an EHC plan but rather the types of needs that will be prevalent (and where) over the next 5 years, though it is clear from recent growth in the number of children with an EHC plan that this has been driven by significant increases in Speech, Language and Communication need (for Primary aged pupils) and Social, Emotional and Mental Health need, as well as Autistic Spectrum Disorder need for Secondary aged pupils. Therefore, our strategy to create new SEND provision in Cornwall over the next 5 years should predominantly focus on increasing provision across these 3 areas of need.

## A collaborative, systems approach allows us to secure the best long-term support for our SEND cohorts



## Strengths

The 2023 Local Area SEND inspection identified the area partnership is effective in the following:

- ➔ Partnership leaders are ambitious for children and young people with SEND. They have developed a joint commissioning strategy and have identified key priorities. Governance structures have been established across the partnership. There is positive evidence of how this focused work impacts on the lives of children and young people, predominantly in the areas of early years and in preparation for adulthood and post-16 education.
- ➔ Leaders from health, social care and education services and providers collaborate effectively to meet the needs of some children and young people with SEND. This has resulted in strong multi-agency working and established systems for continued improvement.
- ➔ Practitioners demonstrate their understanding of children and young people's needs and aspirations as they move into adulthood.
- ➔ Many young people get the right help in readiness for adulthood and during crisis. Young people with SEND receive appropriate assessment of their needs, aspirations and capacity before and into adulthood to ensure that they receive the right support to promote their welfare. The work of 'Care First' is notable in this respect and partnership leaders have taken the components of the successful transition for vulnerable young people and are rolling this out for other groups.
- ➔ Leaders have strengthened their work to engage children and young people with SEND and their families to improve services and support. The inclusion of the Parent Carer Forum at a strategic level is central to this. Throughout the work of the local area partnership, there is evidence of true co-production (a way of working where children, families and those who provide the services work together to create a decision or a service). Leaders have developed roles for children and young people to be advocates and mentors for other children and young people with SEND, to ensure their voices are heard.
- ➔ The approach to locality working is a strength of the local area partnership. These multi-disciplinary teams, which include health, social care, police and education, work effectively to address the diverse needs of children and young people with SEND within the smaller areas of Cornwall that they cover. This results in a more targeted approach through the collaborative work they carry out.
- ➔ Service redesign in some therapy services, such as CAMHS, early mental health support and the occupational health service, have resulted in a reduction of waiting times. There has been an increase in access to a range of timely support for children and young people with SEND and their families to support social, emotional and mental health needs. This includes services such as the commissioned network of local hubs. Health practitioners are able to request multidisciplinary meetings to secure early mental health support in addition to other support that may be beneficial. Social prescribing is used successfully to improve the well-being of young people. This results in the provision of tailored resources to meet the needs of children and young people with SEND and their families. As a result, some children and young people are confident to return to a school setting, supporting the local area partnership's ambition to keep children and young people in Cornwall in their local community.
- ➔ Partnership leaders have a comprehensive strategy for commissioning and oversight of alternative provision following an external review in 2018. Nevertheless, leaders are not complacent and know there is still work to be done to ensure that the experiences and outcomes for children and young people in these alternative placements are more positive.
- ➔ Partnership leaders are driving a shift in culture which is led by the needs of the individual child or young person. This is at an early stage. There is positive progress in areas where leaders have specifically focused their attention, and they demonstrate the local area partnership's focus on early intervention.

# Priorities

Five key areas of challenge and improvement were recommended in the inspection report and identified by our self-evaluation.



Immediately following the inspection, the SEND Transformation Plan was produced and sets out a series of system wide interventions to be delivered by cross disciplinary, multi-agency, working groups, including professionals from schools, young people and parent/carer representatives. This approach fostered a rich landscape which improved professional understanding and creative approaches leading to better understanding between stakeholders.

The SEND Transformation programme is one of the Council's priorities strategic priorities under the Brilliant Place to be a Child and Grow up Strategic Outcome, with associated support, governance and reporting.

The structure of this programme is as follows:

## **1. Leaders across the partnership must improve the quality of education, health and care planning and review. (QA of EHCP plans and processes)**

### **What is happening?**

A working group has been established, quality assurance (QA) of education, health and care planning has been reviewed and is being improved and monitored.

A QA framework has been developed and is currently implemented via monthly multi-agency QA sessions, where EHC plans are carefully considered against the identified criteria. Any required amendments are communicated to the responsible officer for action enabling both individual to develop their skillset and to promote consistency across the service. This has resulted in better oversight of the quality of the output and EHC plans of increased quality being issued.

We have taken part in regional EHCP review and moderation through the South West Regional Improvement and Innovation Alliance (SW RIIA) network, which has improved the quality of our EHCPs and the impact they are able to have on our children and young people's educational experience and their outcomes.

The Council for Disabled Children has trained over 70 professionals from the SEND system in Cornwall to improve the quality of advice, the content and understanding of EHCPs.

Our Designated Clinical Officer has been a core part of the strategy to improve quality of health advisories, working with our SEND clinical leadership group to ensure a clear plan for improvement in quality, including training to the health workforce and support to the plan writing team.

We have made changes to the EHCP paperwork including that for Annual Review to make it easier to use and to strengthen the contribution of young people. Focusing on how travel can be a developmental factor in the journey to

independence it is also possible for schools to request attendance at Annual Review by a representative from transport. This allows children and young people to ask questions and express their preference in relation to how they would like to travel.

We are working to both improve the quality and consistency of EHCPs and utilise digital tools to make the drafting of EHC plans more efficient in response to the need to improve compliance with statutory timescales. A working group has utilised AI to intervene at the drafting stage; the tool that has been developed is able to collate information gathered as part of the EHC needs assessment, interrogate this information and produce certain sections of the draft EHC plan (sections A & B thus far). The output is designed to a defined specification, meaning that the format, key areas of SEND & their subheadings, language and quality of information are all of consistently high quality. The use of the tool significantly reduces the time taken to produce an initial draft of the EHC plan, expediting the EHC needs assessment, as well as improving overall productivity. The use of AI is not autopilot however, and the human element remains essential. The expectation is that officers will use the time they have gained to read the professional reports and information thoroughly, at which point they QA what the AI has produced prior to issuing the draft EHC plan.



We are strengthening structured decision making and monitoring of processes to accelerate the improvement of SEND services

We are introducing the use of vocational profiles to make the journey to a post 16 positive destination explicit and document what has happened and what needs to happen so that young people have the tools and support to better improve and self-manage their future including their health and wellbeing. We are also using money that previously funded boarding places for day pupils to develop a skills academy offer for post 16s in the Duchy.

Exception reporting is now in place to monitor the timeliness of social care advices, meaning that there are no unnecessary delays to statutory processed caused by this.

Additionally, training for the completion of social care advices is now regularly available on the core training program for all social care staff, which ensures a consistent understanding of the requirements. This has resulted in good quality social care advices that reflect the learner's needs and any social care related provision/ support currently in place, which itself aids in communication between stakeholders.

MOSAIC workflows have been improved between the SEND casework Team and social care, further improving communication in relation to children and young people.

### How will we know it is working?

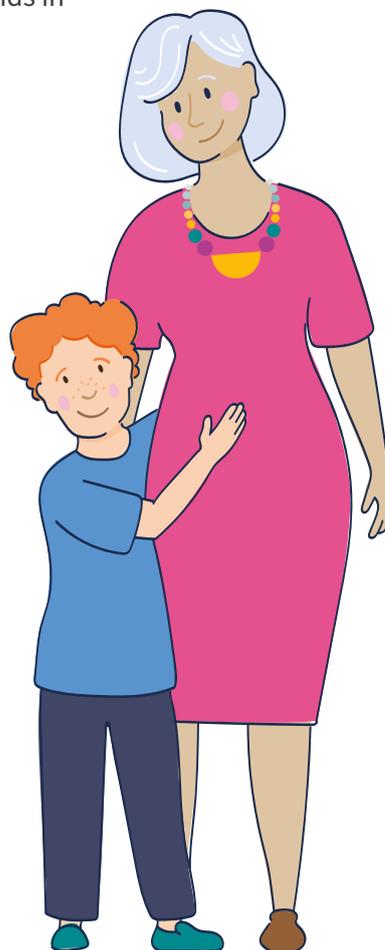
Parents, carers and young people will recognise the young person whose needs are described in the documentation. Children with EHCPs will progress towards their goals and continue to achieve better than their peers nationally, and their families will be able to evidence this progress

Professionals will tell us that the process is working well.

There will be a reduction in the number of appeals.

Planning for children with more complex needs will be more consistent and systematic.

The effectiveness of our actions will be more thorough and robust and ensure greater positive impact.



## **2. Leaders across the partnership should establish effective communication across the partnership to improve the experiences for children and young people with SEND and their families (Communication)**

### **What is happening?**

We continue to establish more effective ways of communication across the partnership to improve the experiences for children and young people with SEND and their families.

We are increasing awareness and knowledge of professionals so that they better understand how and when to secure what is available for children and young people with SEND.

We are increasing practitioners' knowledge and expertise so that more people are better able to support and guide children and young people with SEND.

We are continuing to work in partnership to develop further and improve the education and health offer and outcomes for children and young people with SEND.

We have established a team of Children's Rights officers to ensure that across the Local Authority, the rights of children and young people are heard in a timely way, respected, and that a sense of community belonging is facilitated and promoted.

This Children's Rights team promote and facilitate the use of the Lundy Model of participation through training of staff and child/young person led activities such as Cornwall Youth Council and the 'Annual Conversation'. This latter event and associated programme of activities creates opportunities for young people to be involved in the democratic process of developing council priorities and co-creating solutions. In doing this, we are reflecting the articles of the UNCRC<sup>3</sup> which sets out that, among other things, children have a right to speak out and be heard, a right to education and a right to health and health services.

We have undertaken a review of communication materials and systems across the partnership with families and professionals. This has resulted in changes to our partnership web-based information to improve accessibility and ensure the information is engaging, useful, accurate and relevant. Updates on the SEND Transformation Plan are available on the website in the form of a newsletter which is updated regularly and has a free subscription service so that any updates aren't missed. The update service also includes articles of interest such as 'making the special, universal' which considers practical strategies for inclusion.

We identified challenges in the communication routes for sharing information between professionals in relation to EHCP advices and final plans. Interim improvements have been put in place, but a longer-term solution is being developed that will allow professionals and eventually parents/carers, children and young people to access an EHCP portal to upload contributions, view documents and self-serve. This work has started with the implementation of the digital caseload management system which will form the basis for the portal in the future.

We have created new roles to support families. These are the SEND System Navigators and Resolutions Officer. The role of the Resolutions officer is to support families if things are starting to go wrong. Working together to find a solution that works as well as possible for all involved, thus reducing the need for complaints and ensuring that the needs of the child are met effectively.

The SEND system navigators are the first port of call for families requesting a needs assessment. They work with the family to help them understand the complex landscape of the SEND system. They help to manage expectations and ensure that parents/carers and young people have the information they need to make informed choices.

Bringing professionals together from across the system is essential so that the impact of conflicting priorities on shared goals can be understood and mitigated as much as possible. We have established a group of SEND Leads from schools

across the county. This group has been key to the development of the Inclusive Ambition and is now working on an Inclusion Charter for Cornwall.

Our successful Partnerships in Inclusion in Neurodiversity scheme, rolled out by our ICB has successfully assessed and responded to the needs of Primary Schools across our area, supporting better understanding of inclusive practices.

This is in addition to the already extensive training to a wide range of professional in the neurodiversity profiling tool, aimed at supporting families and schools meet the needs of children regardless of diagnosis through better understanding their strengths and challenges. A clear website for advice is hosted by parent carer forum and regular parent sessions are also delivered to those on waiting lists to support access to advice.

Additionally mental health support teams are now available to all Primary Schools, supporting whole school mental health training to support schools meeting need. Alongside this, Headstart Kernow continue to provide regularly updated information to support secondary schools manage mental health need.

To further encourage and facilitate peer to peer exchange, we created an online forum for education staff including SENDCos. This is a secure space for school staff from across Cornwall to share best practice and ask questions. The forum is hosted on Schools Platform, a secure space where a range of information for schools is available such as training courses, support offers and contact details for staff.

The SEND Support Services Team organise regular SENDNET training events.

Representatives from Social Care, Education and Health also attend regional and national events such as NASEN<sup>4</sup> Conference, SW RIIA (regional improvement group), and peer review sessions to ensure that they are exchanging practice with a wide network and keeping up to date with SEND developments.

### How will we know it is working?

The impact of actions on children and young people will be part of the decision-making process. For strategic decisions this will be documented in an impact and equality analysis for NHS decisions, and in a decision wheel for the council.

Professionals, young people and parents/carers will be better informed and have a greater understanding of each other including the pressures and priorities.

There will be a reduction in complaints and an increase in positive feedback.



<sup>4</sup>National Association of Special Educational Needs

### 3. Leaders across the partnership should improve their evaluation and analysis of information about the effectiveness of services for children and young people with SEND. Leaders should strengthen their monitoring processes in these areas to accelerate the improvement of SEND services (Data - Quality Assurance, Data Integrity, Data Analysis and Application)

#### What is happening?

Leaders across the partnership are collaborating and sharing data intelligence effectively to improve evaluation and analysis of information about the effectiveness of services for children and young people with SEND.

We started by ensuring the data that we held was accurate and consistent. These healthy data sets are maintained by the use of exception reporting which flags up and anomalies particularly cross system differences.

We created a number of PowerBI data dashboards to provide greater management oversight but also to empower officers to better understand and visualise their workflows. This is a significant culture change and required training and behaviour change.

The PowerBI dashboards allow us to display data in graphical form which can be easier to interpret and analyse.

We already had a process in place for quality assurance of performance measures (QPAM), but the PowerBI dashboards have allowed us to develop this process further. Education and Community Health focused QPAM conferences are held at least once per term. At these conferences professionals come together to consider key data, what it means and what needs to happen as a result. We will continue to develop our QPAM to bring together Local Authority Data and Health (NHS) Data into the same dashboard. These

datasets are critical in ensuring we can evidence how well the system is working for our children and young people, identify where our gaps in provision and services are and work strategically to address those gaps.

#### How will we know it is working?

Leaders will be able to demonstrate that decisions are data informed and evidenced based.

Impact of initiatives will be visible to all parts of the SEND system mitigating any unintended consequences and identifying what works.

Staff will feel more empowered and be better informed allowing them to exercise their personal agency effectively and confidently.

As a local area system we will be able to build on the strong and successful elements of working with children and young people in early years and through post-16 years provision across services and support for all children and young people aged 5 to 16 years.



#### **4. Leaders across the partnership need to develop further the work they have started to improve the education offer and outcomes for children and young people with SEND (Education Standards and Lived Experience of children with SEND).**

##### **What is happening?**

A group was set up to work with young people and professionals from across the SEND system to understand experiences of children with SEND.

The group identified the range of reasons contributing to school absence and created recommendations to improve attendance. Absence hot spots were identified and over 100 children from KS2 and KS4 in those areas consulted. Action for Children were also involved to engage our youth council in this work. This intelligence along with reports from Ofsted and a range of other sources identified key factors for non-attendance.

The group also identified a number of students accessing learning at home fully or on part time timetables and consulted to identify the positives and negatives. Further work was done with parents/carers to understand the challenges they faced in relation to attendance. We are also cognisant that attendance at a school-based setting does not meet the need of each and every one of our young people and we have adapted our offer to reflect this, for example through our EOTAS packages that are tailored to individual needs at any given time.

We have facilitated a pilot programme of three on school site, inclusion hubs so that learners can be educated in a different way for a short period (up to three months), for example with a therapeutic curriculum, avoiding referral to alternative provision whilst providing time and space for the young person to re-regulate and prepare for reintegration as appropriate.

We will work with school and all partnership staff to ensure that the graduated response is fully understood and implemented. Based on feedback from schools about what support they needed

we commissioned a SEND Support and Advice Outreach Service. Schools can self-refer to this service (SIAG) for help to develop their inclusive approach, reinforcing Quality First Teaching and supporting schools to keep children they may have otherwise referred for an EHC needs assessment or a specialist placement.

This is in addition to the extensive, free, training offer that the Council already provides through its' SEND support services team.

We are working to diversify the range of post 16 opportunities for young people. Our first cohort of Supported Interns have successfully completed their course and a graduation ceremony took place to celebrate their achievements. This employer led opportunity was supported by NHS England and hosted by Bodmin Hospital with a framework from DFN Project Search<sup>5</sup>. This successful project has drawn interest from a range of employers in Cornwall who value a diverse workforce and are committed to helping young people with SEND achieve greater independence through employment. This is an exciting development as we are now developing tech based supported internships which could be undertaken from home. With each development we are conscious that further opportunities lie ahead, and we are working as a partnership to ensure that our young people have the right health and education foundation to be able to access opportunity at this critical time in their journey into adulthood.

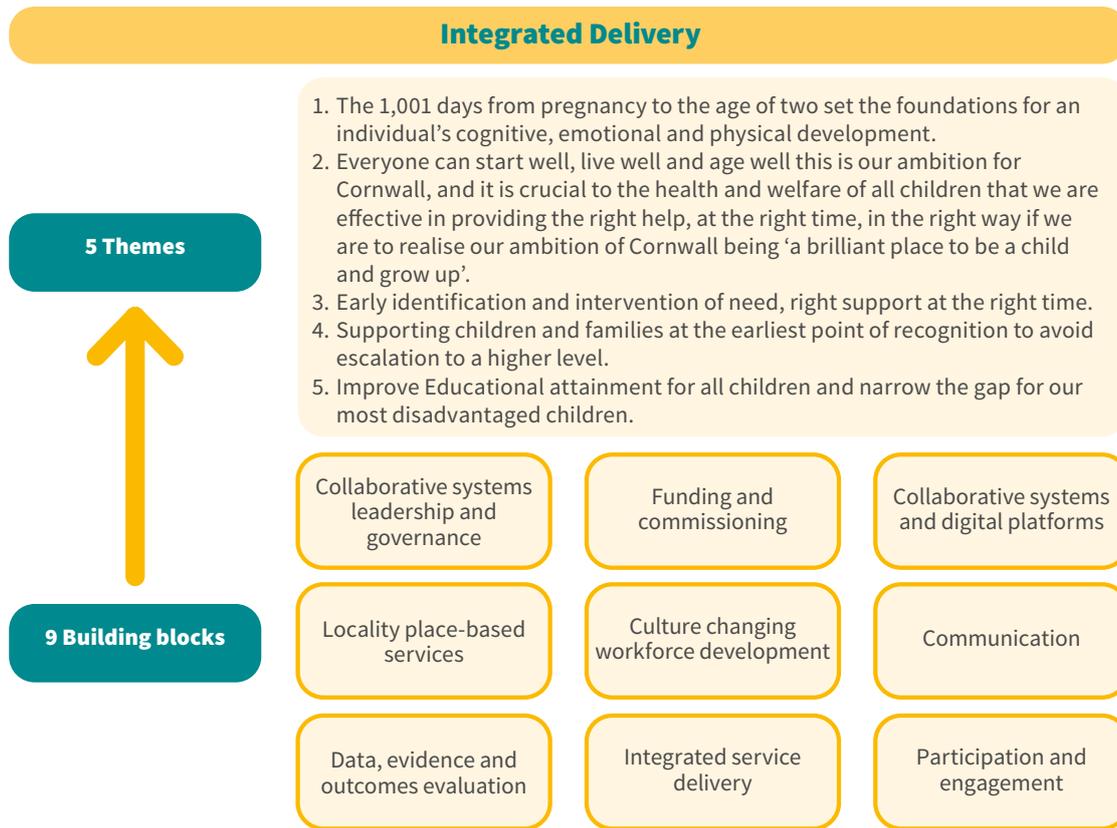
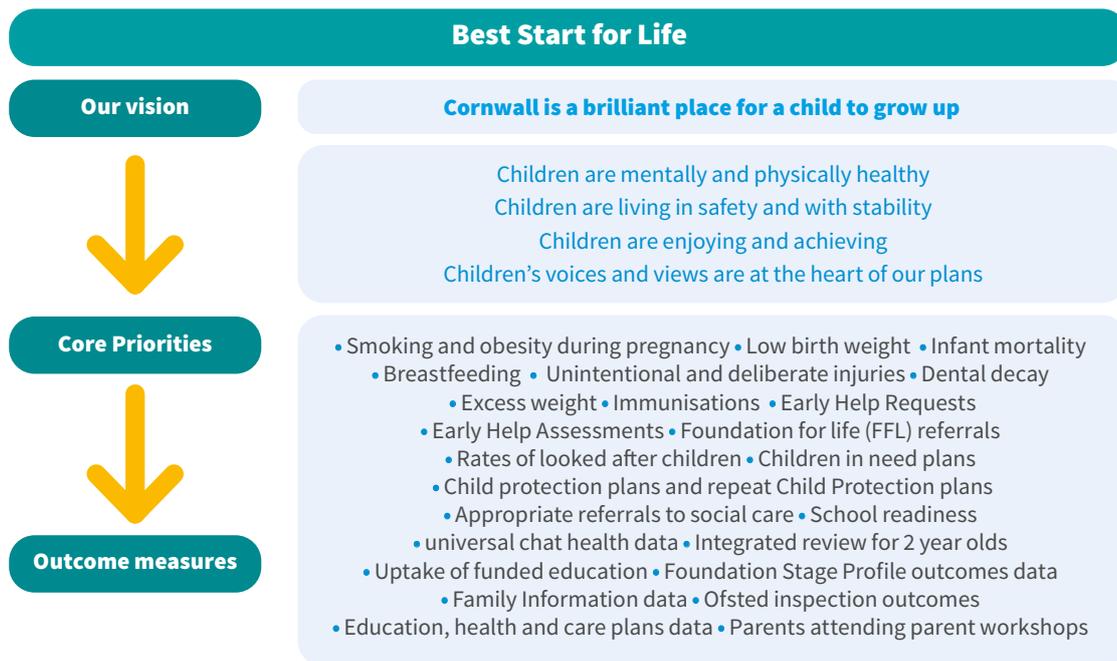
We will further facilitate opportunities to increase independence with a focus on transport. We have engaged with students who use transport to establish the positive and negative aspects of their journeys and impact on their days. We are collaborating closely with transport colleagues so they can attend annual reviews on request. Working with a specialist education provider in a pilot programme to find ways for them to offer transport solutions. This would mean children are transported by staff from the school decreasing the chances of dysregulation on the way to school.

We have also piloted a travel training programme with a special school and an FE college. This builds confidence and skills in terms of learning to navigate public transport independently.

<sup>5</sup>Home - DFN Project Search

We have implemented a number of early speech and language interventions including Dingley’s Promise. We have rolled out early talk boost across the county as part of start for life. We have also recruited speech and language therapists and nursery nurses to focus on this area. Our work aligns with the ‘Getting in Early’ report produced by [speechandlanguage.org.uk](http://speechandlanguage.org.uk).

In the early year’s health, education and social care are working together to ensure the best start in life and have created a strategy document that focusses on clear priorities and outcome measures. The emphasis is on integrated working to identify need at the earliest point and support with relevant and supportive interventions to improve outcomes.



### How will we know it is working?

We will have an improved understanding of the drivers behind non-attendance and the increase in children being de-registered in favour of home education. This will inform a new attendance strategy and Belonging Framework as well as ensuring we have the right provision and options for those for whom school-based learning does not represent the best opportunity to meet need.

There will be a reduction in fixed term and permanent exclusions from our schools and colleges, and a tailored approach for those for whom school does not provide the best opportunity to learn.

There will be a reduction in persistent absence.

Through the work of the SEND Support Services team and SIAG we will be able evidence instances where premature escalation to for an EHC needs assessment has been avoided and inclusion of children with SEND in mainstream schools improved.

We will see an increase in the number of young people graduating from their EHCP before the age of 25.

We will see an increase in the number of young people with EHCPs taking up employer led training opportunities and more long term an increase in the number of young people with SEND in Cornwall moving to positive employment destinations.

Early Years practitioners will tell us that they are much more confident in supporting children's learning and development now and that the impact of the Early Talk Boost programme is visible in the interactions they have with the children in their setting

There will be an improvement in the number of children achieving early language goals.

## 5. Leaders across the partnership should continue to address long waiting times for children and young people requesting support from health services (Neurodiversity Strategy and Pathway)

### What is happening?

Long waiting times are being reduced for children and young people requesting support from health services.

Community Paediatric waiting times are reducing with the use of Locums.

The Developmental Pre-Assessment Clinic (DPAC) initiative has re-started as a substantive pathway which will reduce times to complete assessment, including paediatric assessment.

Close working and integration of a RCHT Community Paediatric Consultant with the Neuro Developmental Pathway (NDP) is enabling more joined up working, preventing duplication across services and stopping children and young people from bouncing between waiting lists. Closer working will also reduce waiting times for autism (ASD) assessment in the future.

Following a period of review of evidence base, guidance, outcome data and engagement with children, young people and families and a range of professionals working with them, we have now developed a comprehensive, positive and inclusive strategy for “celebrating neurodiversity” to ensure those who have additional needs in their developmental journey receive an appropriate supportive response. This is a ‘whole system approach’ across education, health, care, families, and communities to enable every child, young person and their family, with neurodevelopmental needs, to live well, thrive and prosper.

We have developed a needs-led approach to meeting neurodevelopmental challenges for children, regardless of diagnosis, rolling out our Neurodiversity Profiling Tool. In the first instance this tool facilitates consideration of needs and work with families on a plan to help them by providing practical guidance, skills

and strategies to support their child or young person. It is a tool to guide a collaborative conversation between a parent, professional and young person (where appropriate), focusing on nine neurodevelopmental areas to understand challenges, what is and isn't working and what else could be tried. The conversation will also allow the narrative to identify how children and young people may present differently in different situations where for example, they may be masking.

**The nine areas explored are:**

- **Speech and Language Ability**
- **Energy Levels**
- **Attention skills and impulse control**
- **Emotion Regulation Skills**
- **Motor Skills**
- **Sensory Needs**
- **Flexibility and Adaptability**
- **Empathising and Systemising**
- **Cognitive Abilities**

However, these do not exist in isolation within a wider child development context. It is, therefore, also important to consider other areas e.g. sleep, nutrition, bladder and bowel, mental health, trauma which will form part of the conversation if required.

A comprehensive and resourceful website accompanies the tool and is live and can be accessed at: <https://parentcarerscornwall.org.uk/neurodiversity> This resource is has been shown to be most beneficial when used in conjunction with the profiling tool where identified needs can be looked at in detail within the website areas. We always recommend looking at this in partnership between the parent and someone who knows the child well. If the child can look at the website themselves, the website can be an empowering resource for them to learn about their needs and develop strategies to help them.

Extensive work has been done to review the capacity and demand within the Speech and Language Therapy Service, including working more closely with health visiting and early years colleagues to reduce unnecessary referrals (30% of those triaged do not meet criteria), improve pathways of care through clear episodic treatment, improving data reporting and develop workforce approaches to ensuring recruitment and retention. Changes to a more robust data reporting system has exposed a clearer picture of long waiting times in this area which were previously not reported, which is not subject to increased planning and scrutiny within the Integrated Care Board.

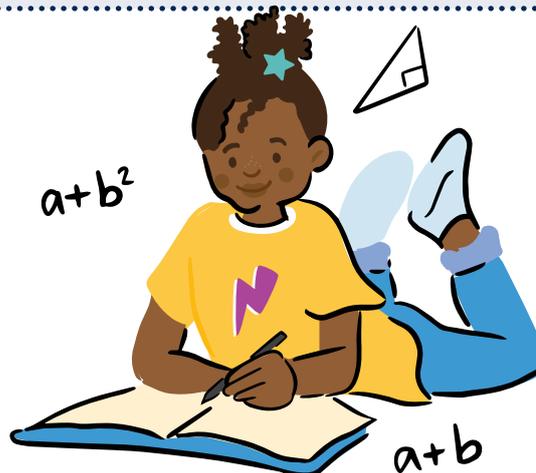
There is a drive in the NHS to eliminate waits above 65 weeks. 52 weeks, through waiting list validation, development of patient choice options and waiting list initiatives

### How will we know it is working?

There will be a shift from a diagnostic approach to needs led support. Reliance on referral for diagnostic assessment in order to gain support to moving to a needs led approach which will ensure that the right children are referred for a full diagnostic assessment. This will ensure that all children's needs are met, and children are not waiting for their referrals to be triaged.

Children who could be supported without the need for assessment will be able to self-serve and will be aware of the full range of support services available to them.

Wait times will be shorter for those children needing assessments. They will be supported to 'wait well'.



## What difference have we made to children and young people with SEND?

- ➔ Delivering Better Value (DBV) interventions are having a proven positive impact on communication and trajectories of both need and spend.
- ➔ Partnership leaders are ambitious for children and young people with SEND and leaders collaborate to secure goals.
- ➔ Children and young people with SEND in early years provision, and those moving into adulthood, generally have consistently, positive experiences and successful outcomes.
- ➔ Younger children and their families have a positive experience of the early years support and guidance available to them and are able to tell and articulate this to us, including feedback which allows us to further shape and adapt our services to meet all needs.
- ➔ Our young adults benefit from effective support which prepares them well to gain from adult education and health services as appropriate. This is reflected in the increased number of young people graduating from their EHC plans into positive destinations, including work related activities before the age of 25.
- ➔ Children and young people with SEND are supported well by health services in Cornwall.
- ➔ Health Services in Cornwall have a robust knowledge and understanding of the SEND agenda and legislation and work together within a clinical and service manager SEND reference group, lead by our Designated Clinical Officer (DCO) and Community Service Manager, to keep a clear visibility and focus on health quality and improvements required to support children who require secondary health services. The Integrated Care Board (ICB) work closely with service providers to identify improvement and opportunities for transformation, with clear commissioning intentions for early intervention and integrated community services as part of the ICB strategy.

Most children and young people with SEND who live in Cornwall and need residential care are supported well to stay in the local area, close to their families.

## How do we know?

- ➔ Post Inspection Action Plan working groups report monthly against project plans. Case studies and highlight reports are discussed at SEND performance and engagement and any issues escalated to SEND board and to SEND Executive.
- ➔ Children and young people, particularly (but not limited to) those involved in the youth council, SEND sub-group and annual conversation collaborate with professionals using the 'Lundy Model' for effective participation.
- ➔ Evidence from SEND System Navigators - call logs, breakdown of themes, all tell us that our systems are improving, and we use feedback to constantly further improve and refine
- ➔ Evidence from feedback to Resolutions Officer is positive and our families tell us that the system is meeting their needs
- ➔ Positive feedback from families recognising that although change takes time, they are able to see and evidence the positive effects of the SEND Transformation Plan
- ➔ Evidence from engagement with children and young people through SEND It Forward group is positive and we have listened to feedback to help shape the system
- ➔ Represented at and engaged with children and young people with SEND and their families at events – Parent Carer Cornwall Post – 16 Careers Event (May 2024), Parent Carer Cornwall EHCP meeting for Parents and Carers (January and September 2024)
- ➔ Engagement with Parent Carer Termly Newsletter is live and is well received and refined so as to reflect feedback about what our families want
- ➔ ChatHealth breakdown of calls, texts and topics feeds back into the system to hone service development and delivery
- ➔ Increased number of young people graduating from plans to move into positive destinations before the age of 25
- ➔ Children with EHC plans make better academic progress than their peers nationally

# SEND funding

The High Needs Block of the Dedicated Schools Grant (DSG) provides financial support for children and young people with special educational needs and disabilities (SEND), aged 0 to 25. Funding is allocated to local authorities by the Education and Skills Funding Agency (ESFA) using a national funding formula. This formula uses a historic spend factor alongside pupil specific characteristics such as free school meals eligibility and low prior attainment which are used as a proxy for incidences of SEND. Along with the area cost adjustment, these formula factors create significant variances in funding across local authorities.



## Our relative position in funding

Based on funding data for 2025/26, Cornwall will receive annual high needs funding per child (aged 2 – 18) of £788. This ranks it as the 142nd lowest funded out of 151 authorities. The median value nationally is £945 (19.9% greater than Cornwall). If funded at this rate, we could expect an increase of approx. £17.25m in our high needs funding.

The authority has set a deficit high needs budget of £34m for 2025/26 which will increase the cumulative deficit to £79m by March 2026. The statutory override, which keeps the high needs deficit off the local authority balance sheet, has been extended until March 2028. We await further details from the government on the treatment of the deficit after this date.

We will continue to participate with other local authorities as part of the f40 to seek fairer funding for our children and young people.

We have also read and understood the conclusions and recommendations of the Isos report, Towards an Effective and Financially Sustainable Approach to SEND in England, and it remains a watching brief for us to understand how it will influence and shape emerging government policy and legislation around SEND, including finance.

# Summary

This strategy seeks to provide reassurance that improvements across the local partnership are continual and ongoing, and that they continue to be shaped by what our children, young people and our families tell us with respect to support for children and young people served by the various partners of the SEND system.

The strategic benefits for our partnership are:

- ➔ Better education and health services to children with SEND
- ➔ Improved inspection outcomes across the SEND system
- ➔ Compliance with all of our collective statutory duties

The social justice benefits are:

- ➔ Children and young people have their needs identified and met in the right way, at the right time and in the right place for them
- ➔ Children and young people feel they belong to our communities
- ➔ Children, young people and families are included and co-produce solutions as an integral part of the SEND system
- ➔ This increases opportunities for success and independence, including access to decent jobs and salaries and to services that can meet all needs
- ➔ This in turn increases the health, happiness and productivity of the population of the Duchy as a whole

Despite our high aspirations and positive actions for increased inclusion of children with SEND in our mainstream schools, including a array of training and support from health teams to help schools meet medical needs, mental health needs and neurodevelopmental needs the 'notional' budget that schools are given as part of their funding for SEND is exactly that, existing only as an idea.

The reality is that schools and the services working with them are under increasing pressure financially with, among other things, rising energy bills and pay awards for which there is not additional budget. Despite the most judicious of financial planning, the Local Authority, Health Services and schools have increasingly had to prioritise spend on those children with the greatest need and there is insufficient remaining to provide the level of SEND support required for all those children that need it.

Measures we have taken to support our schools, but which adds to the high needs block deficit (the pot of money used to fund SEND services) includes an increase in the unit cost we provide to our settings, and agreeing with schools how to reasonably fund provision arising from an Educational Psychology advice in the period between assessment and issue of any EHCP.

Investments have also been made to services such as community nursing, mental health teams, neurodevelopmental pathway, however the growing demand and expectations on services and complexity of children's needs that require support from all services can create significant capacity pressures. For example the 60% increase in demand for ECHP advisories since 2018 to our speech and language therapy services results in less capacity for front line delivery, the national rhetoric and culture of the importance of diagnosis has created an overwhelming demand on clinical services.

All children, including those with SEND, need and deserve the right support to be happy, achieve their best, go on to lead good lives and contribute to our local and national economy and skills pool. Continued underfunding of the SEND education system is counter intuitive as it denies opportunity and encourages dependency on the system, with that dependency staying long into adulthood.

To ensure that we have a world class education system, one that champions success for all and develops successful citizens, mainstream education budgets and LA funding for SEND must

be increased and ring-fenced funds for SEND children provided and early intervention to prevent avoidable health and developmental conditions must be a priority for our partnership.

In the meantime, we are working with all partners to ensure that the provision in Cornwall for our SEND cohort is as robust as it can be, that our initiatives and service transformation adopts an innovative and SMART approach, and that we support all within the system to achieve the very best for our children and young people, including the children and young people themselves.

# Documents and sources of reference

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Children and Families Act 2014

SEND Code of Practice

SEND and AP Action Plan (DfE)

Ofsted CQC Local Area SEND Inspection Report 2023

SEND Transformation Plan

DfE:(SEN2 Dataset) Statistics on pupils with SEND, including information on educational attainment, destinations, absence, exclusions, and characteristics

Joint Strategic Needs Assessment – Cornwall 2024

Celebrating Neurodiversity Strategy 2023-26

United Nations Convention on the Rights of the Child (UNCRC)

Council for Disabled Children

Best Start for Life and Early Years Strategy 2024-2029

# Glossary

<b>ASC</b>	Autism Spectrum Condition	<b>SENCoS</b>	Special Educational Needs Coordinators: qualified practitioners with specialist experience working with SEND
<b>CAMHS</b>	Child and Adolescent Mental Health Services	<b>SENDIASS</b>	Independent SEND information, advice and support service
<b>CiC</b>	Children in care	<b>SIAG</b>	Commissioned SEND Support and Advice Service for Cornwall School Staff
<b>DCO</b>	Designated Clinical Officer	<b>OT</b>	Occupational therapy
<b>EHCP</b>	Education, Health and Care Plan	<b>PT</b>	Physiotherapy
<b>EHH</b>	Early Help Hub	<b>Portage</b>	Home visiting service - portage workers visit children at home with their families and help them to develop their skills
<b>f40</b>	A cross-party local authority campaign group set up by the lowest funded councils for education in England with the aim of securing fairer funding for schools and special educational needs and disabilities (SEND).	<b>SalT</b>	Speech and Language Therapy
<b>ICB</b>	Integrated Care Board		
<b>LA</b>	Local Authority		
<b>SEMH</b>	Social, Emotional and Mental Health		
<b>SEND</b>	Special Educational Needs and Disabilities		

An Easy Read Version of this strategy is available on request



**If you would like this information in another format or language please contact:**

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