

Recommendation	Response Do we agree with this recommendation? What are we currently doing to address this? What more can we/should we be doing?	Actions
Partnership culture		
<p>Recommendation 6: Local authorities should review and further develop their approaches to partnership with key stakeholders, taking into account some of the positive practices described in this report (in addition to any broader policy emphasis on this area).</p>	<p>Good collaborative working with schools in Wiltshire Multi-agency HELM, TAC multi disc meetings work well</p> <p>Some historical systems/practice issues to overcome (legacy)</p> <p>Pandemic – inevitable delay</p> <p>Alternative to EHCP route – early help improvement EHC process is the only clear defined process currently</p> <p>Link to dingley’s promise intervention work (EY) Non EHC assessment place for EY</p> <p>Family HUB? April 2024</p> <p>Changing family focus for an EHC – OAPL families want an explanation of YP behaviour how do we develop validation / reason for parents without an EHC</p> <p>Overrepresentation of CiC with an EHC – why</p>	<p>Reduce EHC focus: health & SC colleagues Work at parent level Must have an alternative EH</p> <p>Focus on EY – long term benefit</p> <p>Comms: best use of resource available (need a strapline)</p> <p>SENCO network – 4 key issues raised</p> <p>Invite groups to a forum: visioning links to SEN strategy & EH roadshow approach – geographically</p> <p>Consider response and investment requirement Ensure links to 0-25 SEN</p> <p>What does a good alternative look like to parents?</p> <p>Social care audit of SEMH cases – see if family support learning or, further family work could lead to removal of EHCP</p>

	Culture change Collectively bring all schools with us – senior leadership build relationships & trust	HT briefings work well – not necessarily title SEN to get buy in from all HT
Developing local provision		
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Recommendation 8: With regard to developments in local mainstream provision, investment should be targeted at strengthening inclusion, with impact monitored and evaluated at that level.	<p>Overlaps with 6</p> <p>Cluster groups of primaries – work with schools on determining this</p> <p>SS outreach development – explore what we need to commission & provide – tendering process for LA?</p> <p>Should we develop RBs to share and support other schools (or support them in some cases)</p> <p>Costed Provision Map – good practice (green paper expectation)</p> <p>OAPL</p> <p>Early Intervention ? Primary clusters – collective commissioning perhaps linked to 0.5% - SB transfer</p> <p>Internal work – LA services on offer</p>	<p>Work with schools</p> <p>Would be additional cost to LA if control / direction was required (most useful?)</p> <p>Would need to consider SLA and funding to facilitate this though</p> <p>Audit of spend Annual review comparison to outcomes for YP</p> <p>Key – promote / sign up?</p> <p>Key – notional SEN Flowchart of support available</p> <p>LA Directory of support available</p>

	<p>Medical Needs – no EHC where not required but support</p>	<p>Eventually on Local Offer?</p> <p>POG – low incidence from outset – referral route in to access to services without EHC – comms to families, schools, professionals</p>
<p>Recommendation 9: Local authorities should set out more clearly their expected pathways for young people with different levels of need, ensure that these are presented earlier and more clearly to young people and their parents, and evaluate quality and outcomes on a more regular basis. Pathways should be realistic but ambitious.</p>	<p>Need to ensure pathway does not inappropriately end up with an EHC as the outcome</p> <p>Routes to services for YP</p> <p>Links / pathways to family support</p>	<p>Clarity for parents carers schools health professionals on alternatives</p> <p>Local Offer</p> <p>Raise with SC colleagues</p>