

Meeting Social, Emotional and Mental Health Needs for Primary Age Children in Tower Hamlets

26.06.20

An implementation plan to support the implementation of the “Every Chance for Every Child” and the Tower Hamlets SEND Strategy.

Which children is this paper considering?

Towards a Tower Hamlets definition

SEMH is a wide term applied to a group of children who demonstrate difficulties with emotional regulation, social interaction or who are experiencing mental health problems.

Tower Hamlets’ CAMHS service¹ has a clear definition of mental health



What is Mental Health?

Mental health is the way we think and feel. We all go through times when we feel worried, confused or down. Mental health problems are when difficulties get in the way of how we think and feel. This can mean that we find it hard to cope with family life, relationships, school or the wider world.

Many children may experience some of these difficulties for short periods of time.

For others, these difficulties are not easily overcome, and their impact is such that they interfere with the child’s capacity to benefit from quality mainstream schooling, and, if not addressed, their capacity to move on to successful adulthood. These children are experiencing disability because of their SEMH needs.

¹ CAMHS <https://camhs.elft.nhs.uk>

For some children experiencing SEMH disability there may be linked experiences – for example, trauma for refugee children, anxiety for abused children, attachment difficulties for children who experienced early neglect. For other children there may be other disabilities that compound their needs – for example hearing impairment, speech and language difficulties, autistic spectrum needs. Planning for each child therefore must be based on a full assessment of needs, linking across agencies.

As SEMH needs cover such a broad range they are not always recognised. Difficulties can range from oppositional behaviour through to becoming withdrawn or isolated, self-harming, eating disorders, truancy and difficulties in maintaining attention. The wide range of needs mean all our schools need to understand how they can help all children manage their emotional health and well-being and when they may need to support them, and their families, to access additional support, through available support services, including CAMHS.

Except in exceptional circumstances, only when schools have worked, with partners, through a range of strategies and support for children’s social and emotional health and wellbeing, should the possibility that the child’s difficulties have become a disability, requiring the support of an EHC plan, be considered. The aim of an EHC plan is to reduce the impact of the difficulties so that young people can operate successfully in school, and to progress to independent adulthood.

Principles

This document builds on the Tower Hamlets Children and Families Strategy (2020-24), the Tower Hamlets SEND Strategy², the Tower Hamlets SEND Analysis Document³, the Local Transformation Plan for Children and Young People Mental Health and Emotional Wellbeing⁴ and the SEMH Schooling Review⁵.

The SEND Strategy (2019-2023)⁶ established 6 key principles for ensuring excellent, inclusive practice. Each of these has implications for supporting SEMH needs across the Borough.

² Every Chance for Every Child Refreshed Tower Hamlets SEND Strategy 2020-2024

³ TH Send Analysis Document 2019

⁴ Tower Hamlets Local Transformation Plan for Children and Young People Mental Health and Emotional Wellbeing DRAFT Refresh 2018-2019

⁵ SEMH Schooling Review 2019

⁶ Tower Hamlets SEND Strategy 2019-2023

The SEND principles are:

1. All services providing high-quality education and care.
2. Education, health and social care services working well together, supported by voluntary and independent organisations, and sharing accurate information in the best interest of the child and their family.
3. Children, young people and their parents and carers are helped to plan and make choices about their support as much as possible.
4. Funding and support is allocated fairly and openly.
5. Children and young people are helped to be as independent as possible.
6. Additional needs are identified as early as possible and provision made available locally within supportive communities.

The implications for each of these principles on support for SEMH needs is considered below.

1. All services providing high-quality education and care

To do this we must start with quality universal provision that strongly supports children and young people's social and emotional health and wellbeing. Only if all our provision for children and young people is staffed by trained, staff with good understanding of promoting wellbeing, motivation and achievement will we maximise young people's capacity to succeed academically and emotionally.

Evidence is clear (UNICEF REF) that satisfaction with school and outcomes for NEETs have fallen across the UK over recent years, and that SEMH needs have risen ⁷. Tower Hamlets now has the 3rd highest SEMH rate in London. Demand for specialist CAMHS is also growing. Between 16/17 and 17/18 CAMHS received 16% additional referrals and this rate of growth set to continue in the next five years.⁸ This was the situation before the additional stresses that we know the coronavirus epidemic is likely to exacerbate.

Managing this requires quality first universal provision as well as top quality specialist provision, and strong, flexible support pathways.

2. Education, health and social care services working well together, supported by voluntary and independent organisations, and sharing accurate information in the best interest of the child and their family

Significant work has been done to bring different provisions together and to inform flexible pathways. Referral and assessment systems have improved, and there is now strong multiagency representation on the following boards.

⁷ TH Send Analysis Dashboard

⁸ Tower Hamlets Local Transformation Plan for Children and Young People Mental Health and Emotional Wellbeing DRAFT Refresh 2018-2019



Information from the panels considering SEMH needs and placements (SIP, FAP and SEN) feeds into SEND Working Group.

The LTP refers to the following Multi-agency pathways exist for:

Conduct (p4) neurodevelopment (p5) under 5s (p10), crisis pathway (p14) ASD (p22), sexual assault (p26) eating disorders (p35), harmful sexual behaviour (p40), ADHD (p40).

This list should be more comprehensive and should include more reference to education provision. These pathways should be easily accessible for school and setting staff.

This would really support practitioners (and families) to move to needs based pathways. In education provision this would help existing FAP and SIP panels to enhance strategic support for early intervention and reduce the level of reactive work they currently must manage.

A map of SEMH related provisions would be helpful. This should range from universal emotional health and wellbeing provision in mainstream schools, childcare and youth services, through today special school and resourced provision to residential special school provision (Bowden House) and the Coborn Acute Residential Centre.

As well as being clear how children and young people access systems, each element of provision should have a clear plan for re-integration / ending of treatment / transition to next life phase. Planning for transition is crucial to support emotional health and wellbeing. This should always include consideration of the training needs for staff supporting children and young people.

3. Children, young people and their parents and carers are helped to plan and make choices about their support as much as possible.

The Tower Hamlets Website includes a clear guide to the Local Offer, parents are supported to navigate this through the Tower Hamlets SEND Information, Advice and Support Service. This offers drop in sessions, linking support across agencies for children with SEMH needs.

We know that parents of children with SEMH needs can find accessing support, and attending interventions, very difficult, for a wide variety of reasons.⁹

The Charter from the Children and Families Strategy 2019-2024 sets out principles to help ensure children and young people are empowered to plan their own support. The SEND Strategy explains that the SEND Charter replicates this because inclusion is a fundamental principle in how we support and engage young people with SEND (p6).

Inclusive principles help us to ensure a systems improvement focus, rather than focus on a needs-led approach. Where we can develop mental health friendly strategies and approaches it is easier for children and their families to feel included. Several children and parents may be frightened and stressed by their mental health needs, and how they are perceived; and teachers also suffer from anxiety about their success in meeting those needs, and their own well-being. Support agencies, schools and setting should be skilled in responding to child and parental anxiety, so that the possible impacts and reactions such as stress, denial, aggression and non-attendance, are reduced and understood by all partners.

The Children's Charter principles have been included throughout the recommendations in this paper.

4. Funding and support is allocated fairly and openly

The needs of children and young people with SEMH disability can appear costly. It is important to remember that if these needs are successfully met the financial costs to adult mental health services, and the criminal justice system would be significantly reduced.

CAMHS services have been historically underfunded, which has led to delayed waiting times for vulnerable young people. The SEN Strategy, and additional funding aim to reduce assessment waiting times; and to enhance early intervention support, ensuring quicker access to help.

In SEMH provision adequately funding emotional health and well-being programmes, as well as early intervention is essential.

The Born Well, Growing Well Board should have strategic oversight of the effectiveness of funding to support SEMH.

⁹ This is touched on in many resources – three useful sources are:

<https://www.theplightofthesendparent.co.uk>, <https://www.familyvoice.org.uk/wp-content/uploads/2018/11/FVN-Report-SEMH-Support-Nov-18.pdf>,

<https://democracy.towerhamlets.gov.uk/documents/s86178/Final%20Report%20of%20the%20SEMH%20challenge%20session-version%203.pdf>

The Schools Forum should regularly review the spending in the High Needs education block to ensure best value for money and effectiveness. School governing bodies should be supported to evaluate their spending to ensure best use of public money – but also to ensure future provision sustainability and quality.

5. Children and young people are helped to be as independent as possible

Independence and resilience are key components of supporting young people with the capacity for adult life.

Many young people need help with motivation, decision making, self-esteem. We know that fewer young people in the UK are happy than in many other countries. School PSHE and emotional health programmes should help with developing independence.

Increasingly, we know that self-regulation skills are an important aspect of independence, and that being reliant on adult control to decide on actions can limit children's capacity to risk assess and making appropriate personal decisions.

We also know that having had high levels of support in specialist settings can make it even harder for children to transition to independent adult hood.

It is essential that, whatever level of support children are having, they are supported to move towards independence, this should include transition planning for young people to return to mainstream education is they are in specialist provision.

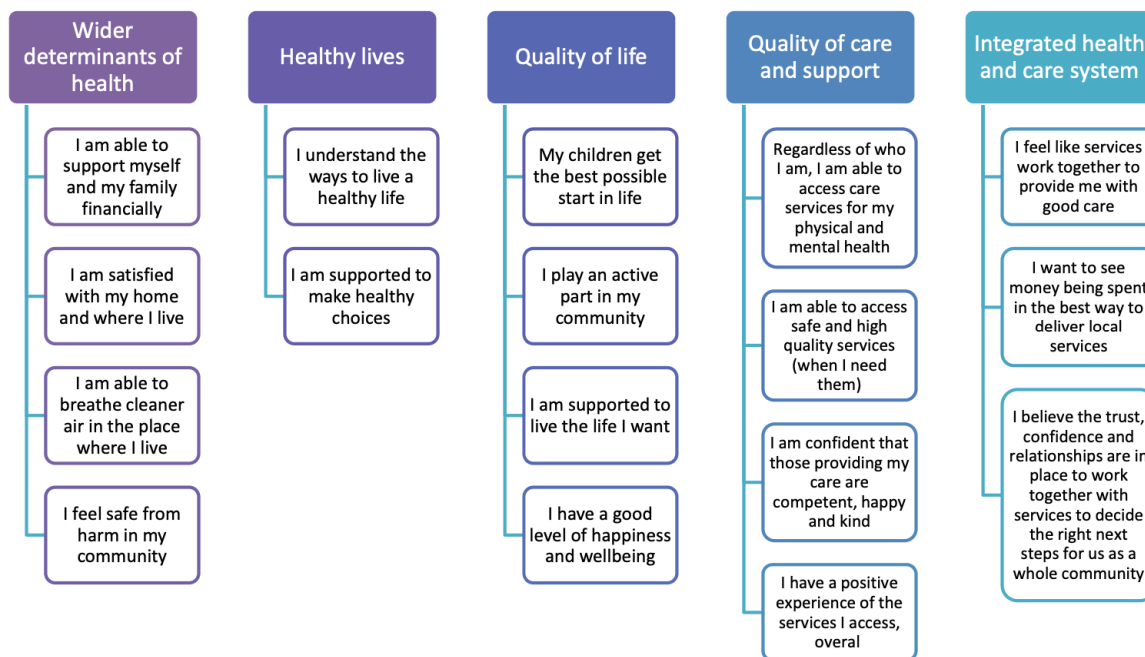
6. Additional needs are identified as early as possible and provision made available locally within supportive communities

Clear pathways for SEMH, and improved joint training working for support and assessment will support early intervention.

Greater access to local provision is best achieved through specialists supporting practitioners to access support and intervention. There are simply not enough SEMH specialists but within every school or setting a member of staff should be supported to develop greater in-depth understanding of SEMH needs.

Many families experiencing SEMH needs are concerned about public judgement and may need re-assurance and support from professionals and their communities to ensure children with needs are properly included in family and youth activities.

Measuring Effectiveness – Outcomes Framework



The Children and Families Outcomes Framework has been used to help identify KPIs that link to SEN provision. These have fed into arriving at 5 priorities for the SEN Strategy.

In 2020 The Health and Wellbeing Board Refreshed and updated the Strategy and reviewed the priorities.

The priorities from the refreshed “Every Chance for Every Child” SEND Strategy are as follows:

- 1. Leading SEND**
- 2. Early Identification and Assessment**
- 3. Commissioning effective services which respond to local needs**
- 4. Good quality education provision for all children**
- 5. Supporting successful transitions and promoting independence**

For each of these priorities how changes will particularly impact on SEMH needs and provisions are considered below.

1. Leading SEND

To fully support our SEMH practice leadership must be at universal as well as targeted and specialist levels. Leading SEND must not be seen to be at “just” specialist level.

Leadership for quality first education, care and well-being is as essential to the delivery of the strategy as specialist leadership.

The refreshed strategy highlights the following aspects for strong leadership

1. Clear governance
2. Improving use of data
3. Workforce capacity and development
4. Involvement of parents, carers, children and young people
5. Advice, support and information.

Each of these can be considered in the light of provision for SEMH needs

SEND Strategy Actions	KPIs for SEN	SEMH Implementation
The SEND strategic accountability group receives reports about the core SEND-related budgets and facilitates equitable funding decisions, improved outcomes and balances the High Needs budget. The KPIs will have been achieved or are on-track for completion.	Quarterly, reporting of SEND management data will take place to the SEND strategic accountability group; charting ongoing improvement and transparent targeting of SEND budgets and resources.	SEMH/CAMHS data bases established, including information on numbers accessing different pathways.
The workforce to educate and care for children and young people with SEND will be well understood and effective responses have resulted in fewer occupations with recruitment pressures. Professional development will be available in early years, schools and colleges and across Tower Hamlets to ensure excellent education and care for children and young people with SEND.	School outcomes data, including attainment, attendance and exclusions.	Clarification and sharing of information on SEMH pathways. Ongoing training on SEMH aspects

SEND Strategy Actions	KPIs for SEN	SEMH Implementation
There will be good access for key practitioners to a data profile about outcomes and services for children and young people with SEND, underpinned by an information-sharing agreement signed by the NHS and LBTH.	Children’s practitioners across health, education, social care, including schools and colleges, will be able to access an outcomes dashboard for children and young	SEND analysis dashboard in place. FAP, SIP, SEN Panels and CAMHS data shared with SEND Working Group and Born Well Growing Well Strategy Group.
The data dashboard will inform leaders and the SEND strategic group where performance is good and where improvements are needed, across education, social care and health.		Increased use of inclusion audit tool to support school improvement. Data to include SEMH needs as well as attendance and exclusion KPIs.
Young people and their carers will have a clear voice in shaping and influencing strategic decisions.		Parents and young people will be invited to comment on the SEMH implementation policy, with the support of the Parent Advice Centre. We will make sure that Young People and SEND ambassadors include those with experience of provision for SEMHD needs.

2. Early Identification and Assessment

The refreshed strategy identifies the following aspects for development in this area.

1. A shared understanding in the early years
2. Clear pathways
3. Diagnosis and assessment

Schools and early years settings need to develop their skills in early identification and intervention to reduce the number of children whose social, emotional and mental health needs change from short term incidents, or manageable support needs into disabilities.

The take up of 2-year-old provision and 2-year-old development tests should help families and providers to address stresses which may be impacting on young children’s emotional health and well-being.

Schools and early years settings should provide social and emotional training and support including emotional resilience and well-being training.

Schools should be able to easily access early intervention support, including training and employing their own staff skilled in counselling and SEMH support programmes.

All agencies are improving the development of shared pathways, with a focus on improving outcomes. These should always include flexibility to meet individual needs. More information about pathways, and videos about others' experiences would help more parents and children to understand support and how they can best access it.

Too many decisions about SEMH provision are taken as a result of responding to failure to access mainstream education successfully, particularly where the needs are manifested as oppositional behaviour, with limited understanding of SEMH needs that may have affected this.

Decisions about educational provision for individual children and young people with SEMH are made by three different panels in Tower Hamlets.

The SEND Panel is responsible for LBTH decisions regarding whether to carry out an EHC needs assessment, whether to issue an EHC plan, the content of an EHC plan, and the placement of children and young people with EHC plans. It also considers requests for changes in provision and placement for children and young people who already have EHC plans. It is responsible for any requests for school transfer or managed moves of children and young people with an EHC plan. The SEND Panel meets weekly.

The Fair Access Protocol (FAP) Panel is responsible for overseeing in-year transfers between secondary schools, and managed moves. Many transfers are intended to avoid exclusions from a student's current school. Decisions can include agreement to place a student in alternative provision (AP), for a reintegration programme or as a permanent placement. The FAP Panel oversees how new placements are working and reviews them against its core outcomes of reducing exclusion and persistent absenteeism. It also aims to oversee the improvement of behaviour and attendance across the secondary schools (LBTH 2017b). The FAP meets fortnightly. If a student with an EHC plan and at risk of exclusion is brought to FAP Panel, decision-making in that case is referred to the SEND Panel.

The Social Inclusion Panel (SIP) oversees multi-agency responses across LBTH, health and the not-for-profit sector for children and families who are vulnerable and at risk. The SIP assesses need and coordinates a multi-agency 'team around the family' to achieve improvement and reduce risk. 30 of 108 referrals to SIP for 2018 were for children at SEN support. Two were for children with an EHC plan. Any referrals the SIP receives for children with an EHC plan are referred to SEND Panel. There are no further data about the nature of the SEND of children referred to SIP and the Panel appears to have a partial focus on the educational progress of children referred. The SIP plays a significant role for young people referred to individual tuition (IT). The SIP then adopts the role of monitoring the effectiveness of the placement in individual tuition.

In addition, CAMHS reach separate decisions, through their assessment service, about which referrals to progress through their own pathway plans.

<p>All early year's settings will report having a good understanding of how to identify additional needs and the support that is available. Over 90 per cent of two-year-olds will have attended developmental screening.</p>		<p>Training and support around early identification of SEMH needs. Including risk factors for ADHD.</p>
<p>We will have an established, robust, electronic system for administering all EHC needs assessments and for monitoring and updating all EHC plans, through annual reviews.</p>	<p>90% of all EHC needs assessments completed with 20 weeks.</p>	<p>CAMHS, social care and education teams able to access electronic system for speedier processes.</p>
<p>We will have quality assured and updated all EHC plans, including parent and carer views. This will prioritise all EHC plans issued before 2018.</p>	<p>All EHC plans contain relevant, SMART outcomes 100% of the 2,250 EHC plans that pre- date April 2018 have been quality assured and meet quality standards.</p>	<p>SEMH pathways clear to support this work.</p>
<p>We will have removed duplication of assessment processes for parents and carers of children and young people with an EHC plan, wherever possible.</p>		<p>Streamlining of CAMHS and SEN referral and assessment systems.</p>
<p>Parents and carers will be routinely invited to feedback on the EHC needs assessment process and their child's annual review and a summary will be reported to the SEND strategic accountability group.</p>	<p>By 2023 all parents will give feedback about their experience of EHC needs assessment processes – 75% or more will report their experience was good or better.</p>	<p>Improved staff training to support parents with understanding pathways and options, including support for parents with SEMH needs.</p>

Targets for reductions in waiting times for completion of autism diagnosis will have been achieved.	The large majority of children and young people who have been put forward for autism diagnosis, following triage, will have undergone assessment within 20 weeks.	Assessment processes ensure clarity around different SEMH needs, and pathways. Where ASD is an aspect of SEMH needs this is clear in EHCP and appropriately addressed.
Findings of a trial of local SEND assessment and resource clusters, involving the majority of schools in Tower Hamlets, will be reported to the SEND strategic accountability group and wider roll-out planned.		Each cluster to include a CAMHS worker, an emotional well-being specialist and an early intervention parenting support specialist.
There will be 'life course' pathway maps for all main SEND groups, from age 0 to 25, that have been co-designed with parents and young people. The SEND strategic accountability group will use the pathways to identify and address service gaps or over-provision.		CAMHS pathways to be expanded to include all SEMH needs groups and to link with education offer.

3. Commissioning effective services to respond to local needs

Commissioning of support for Social and Emotional Health and Wellbeing needs to be co-ordinated across agencies and designed to meet recognised needs.

Provision must be at all levels, from universal through to complex EHCP planning, and must ensure links with social care, and youth offending, recognising the inter-relations between early attachment, the impact of abuse and links with criminality risks.

An integrated commissioning approach should help intervene early and reduce the lifelong impact of early problems.

This implementation plan focuses specifically on the primary education-based elements of provision and should be seen as only part of the full SEMH provision.

<p>All independent placements for children and young people with SEND will be commissioned using a procurement framework, which will be linked to reciprocal arrangements with local boroughs.</p>	<p>THT is a member of the NE London consortium developing a commissioning framework and outcomes for children and young peoples' mental health services and for mental and emotional wellbeing.</p>	<p>CAMHS and LEAP input into commissioning framework for SEMH needs Active involvement of all agencies (including social care and youth offending) to ensure effectiveness.</p>
<p>All commissioning for children and young people with SEND will be underpinned by the outcome's framework and the performance of services reported to the SEND strategic accountability group against these outcomes.</p>	<p>A set of baseline measures and KPIs will be produced as a result and will be consulted upon and set by the end of 2018.</p>	<p>Specific targets needed for different needs groups – including SEMH.</p>

<p>There will be a sustainable number of school places for children and young people with an EHC plan and joint planning for the health and social care support to meet their needs. There will be greater diversity of options for students needing alternative provision and better outcomes.</p>	<p>Additional specialist pupil places: a total of at least 668 in special schools and 340 students with an EHC plan in FE college.</p>	<p>Unsustainable provision at Cherry Trees ends by Sept 21</p> <p>Expressions of interest from Tower Hamlets Schools on possible integrated primary provision Invited from schools July 2020.</p> <p>Integrated co-educational 12 place SEMH provision developed in at least one mainstream school.</p> <p>Integrated co-educational 12 place ASD provision to be developed in one mainstream school.</p> <p>Expression of interest for invited for transitional provision to be invited from LEAP, and other possible Tower Hamlets providers, July 2020. So that any young people currently attending Cherry Trees who have not transitioned, through EHCP to alternative provisions are able to be supported there until end of Primary School.</p>
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<p>Personal budgets and direct payments will be widely taken up and all EHC plans will include a resource breakdown against the provision and outcomes for the child or young person.</p>	<p>100% of parents / carers surveyed report they know the Tower Hamlets offer for personal budgets and direct payments.</p> <p>At least 100 personal budgets have been taken up by parents of children and young people with SEND.</p>	<p>Market developed for specific SEMH supporting provisions that parents could purchase.</p>
<p>The outcomes framework for SEND will be central to planning and reporting on care and education, including to the SEND strategic accountability group. There will be reduced rates of exclusion among pupils with SEND and improved rates of progress and achievement.</p>	<p>The rate for pupils with an EHC plan subject to fixed term exclusion will have reduced to 3%; and to 2%, for those at SEN.</p> <p>KS2: to at least match Inner London levels for attainment of those with an EHC plan or at SEN support.</p>	<p>Need to look specifically at what percentages are for children with SEMH focussed EHC.</p> <p>Look at attainment for group with SEMH Needs</p>
<p>Joint planning for all children and young people with diagnosed mental ill-health will be in place and good support and interventions will be available at key transitions.</p>		<p>Integrated plan developed, linking SEN Strategy and CAMHS planning.</p>

4. Good quality education provision for all children

With the impact of coronavirus now, more than ever before there is a need for greater public and school understanding of emotional health and well-being. School leaders and school staff are well placed to implement this, linked to the new PSHE requirements, and building on the shared experiences of a very different way of life, brought on through the epidemic.

Mental health first aid training should be made available for all school staff, so that they have the confidence to intervene appropriately and greater understanding of children’s behaviour. We know that our current Primary SEMH provision at Cherry Trees is not offering the quality of experience we would like and, that re-integration into mainstream school is limited. Work to enhance the Primary SEMHD offer, so that children who are struggling are supported to manage and understand their emotions and behaviours, so that they can integrate safely and to move towards healthy independent lives.

<p>The SEND Charter will be widely known and all schools and colleges, and health and care settings, will have committed themselves to the Charter.</p>	<p>100% TH schools, 100% NHS providers and 80% of children’s services and voluntary organisations have made a public commitment to implementing the Children and Families Charter.</p>	<p>Refine for parents what the Charter means for children with SEN and publish in Local Offer SEND section.</p>
<p>The Local Offer website will be well-known and a central feature of effective communication with parents and carers across Tower Hamlets. A good range of media, including SMS, social media and video-sharing will be used to engage users of the Local Offer site.</p>	<p>An annual survey is established and 75% or more of parents and carers report they are confident where to get the information they need about SEND via the Local Offer</p>	<p>SEMH pathways to be accessible via Local Offer website.</p>
<p>There will be access to training and online information for parents and carers linked to all the ‘life course’ pathways. Parent and carer volunteers will regularly carry out ‘mystery shopper’ activities to help to maintain improvements in services.</p>		<p>Enhanced Local Offer. Link to examples from other Boroughs.</p>

<p>Residents of Tower Hamlets will report better informed views about children and young people with SEND. Fewer negative experiences will be reported by parents and carers during their dealings with LBTH and NHS staff</p>		<p>Consider Case Studies for Local Offer website</p>
<p>There will be fewer complaints from parents and carers about SEND and a low level of cases that are heard at Tribunal.</p>		<p>CAMHS attendance will improve</p>
<p>Parents and carers will be represented throughout the SEND system, including on SEND strategic accountability group and at decision-making Panels.</p>	<p>There is established representation by parents and carers on all SEND boards and decision-making groups.</p> <p>A large majority of parents and carers surveyed report knowing who their representatives are.</p>	<p>Decisions to be taken regarding how this applies to SEN, FAP and SIP panels.</p>
<p>Resource statements will set out the different support budgets in all EHC plans.</p>		<p>EHC plans to include funding to support social interactions, and transition planning, alongside other needs individually identified.</p>

5. Supporting successful transitions and promoting independence

Children and young people experience many different transitions in their lives, any of these inadequately supported can have negative emotional and mental health impacts, whether it be the earliest transition of birth, which needs to be into a supporting and loving environment, or the journey through adolescence to adulthood.

Supporting children and young people to understand their emotions, and to build resilience is crucial in helping them manage change – recognising the sadness of leaving things behind, but celebrating the opportunity for new experiences; learning how to “bounce back” when things do not go according to plan; building their expertise in finding ways forward rather than dwelling on the past. These are all aspects of developing emotional healthy lives. The PSHE curriculum developed in Tower Hamlets schools must recognise and support emotionally healthy development. Many curriculum materials such as “Bounce Back” (McGarth and Noble) and the Healthy Schools London Guidance for Schools are available to support this work.

Research shows that early experiences support children through transitions and can reduce the impact of negative experiences. Whether the transition is between schools, or back to school after a break, or even between the classroom and playground, it is important to recognise that support will be needed before the transition AND after the transition, to build independence and resilience to face whatever is the next challenge.

<p>Young children’s level of development will continue to improve and there will be almost total coverage of developmental screening for two-year olds.</p>	<p>80% of children under 5 are reaching ‘expected levels of development</p>	<p>Transition to secondary school for children with SEMH needs reduces the number of young people “diagnosed” due to behaviour at secondary school, rather than based on relationship needs identified early.</p>
<p>There will be clear and well-understood pathways into training and work experience and towards independent adulthood, for young people with SEND from age 14. This will include timely assessment for adult services for all identified young people.</p>		

<p>The successful “Mayor’s Challenge” will have more than trebled the number of supported internships and supported apprenticeships taken up by Tower Hamlets young people with SEND.</p>	<p>More than 100 supported internships and 20 supported apprenticeships per year are taken up by Tower Hamlets young people.</p>	
<p>A clear offer of information and training for parents and carers of young people with SEND will be available via the Local Offer website, to help them prepare for their child becoming an adult.</p>		<p>This offer to recognise that parents and carers may have personal needs, but this does not prevent them from supporting their child’s journey to independence.</p>
<p>As part of increasing the number of young adults with SEND supported to live locally, there will be at least 30 additional, supported housing units on stream and available for young adults in Tower Hamlets.</p>	<p>At least 30 more supported housing places for young adults with learning difficulties have opened.</p>	<p>Life skills learning flat available for training.</p>
<p>At least 75 per cent of young adults with SEND attend for annual health check with their GP and all those with complex needs have an up-to-date healthcare plan.</p>	<p>Reduce by half, the number of 19 to 25-year olds with an EHC plan, under the care of Adult Services living outside of Tower Hamlets.</p>	

Opportunities to deliver SEMH Strategy through the Tower Hamlets Primary Review

In 2018 the Local Authority recognised the need to take proactive action to better match the provision of school places to demographic need.

At that time there were 600 more places available in the Borough than were required, with high levels of vacancies in the West of the Borough, and pressure on places in the East of the Borough.

As part of the review, links were made to the SEN Strategy and opportunities to address demographic change and improve SEN provision have been explored.

Four specific proposals are linked to the Primary Review.

1. Cherry Trees School is no longer offering the quality of provision currently required, nor is it financially viable.
As such, under the principles for reviewing primary provision, governors should consider moving towards consulting on closure of the school.
2. Further ASD provision is needed in the Borough, with a particular emphasis for High Functioning Autistic children in an integrated mainstream setting. Tower Hamlets Schools interested in supporting this need should send an Expression of Interest to the Local Authority. This would support the SEMH Strategy because it would mean that children with ASD needs that cannot be met in mainstream school could be more appropriately placed. There are children currently attending Cherry Tress School who's primary, or secondary, diagnosis is ASD.
3. Further SEMH provision which better supports independence and re-integration is needed in the Borough. This should be part of a mainstream primary school provision. Tower Hamlets School interested in meeting this need should send an Expression of Interest to the Local Authority. See Appendix 1 for draft specification.
4. Develop Fair Access Primary provision and support roles, so that any children whose needs cannot be immediately met in existing provision could be supported until they are able to transition to a permanent placement. See Appendix 2 for draft specification.
5. Are there opportunities as a result of the Primary Review to identify and develop a "fit for purpose" SEMH site? The site could also include a "helping at home" mock flat – so that young people with SEMH and other disabilities can be supported with home living skills such as bed making, washing up, personal hygiene, cleaning rooms, washing clothes and ironing.

Linked Documents

Tower Hamlets SEND Strategy 2018-2023

Tower Hamlets Outcomes Framework

[https://democracy.towerhamlets.gov.uk/documents/s155000/6.4%20Appendix%20III THT %20Outcomes%20Framework.pdf](https://democracy.towerhamlets.gov.uk/documents/s155000/6.4%20Appendix%20III%20THT%20Outcomes%20Framework.pdf)

SEMH Schooling Review for Tower Hamlets 2019

SEND Analysis Dashboard 2019

Tower Hamlets Local Transformation Plan for Children and Young People Mental Health and Emotional Wellbeing DRAFT Refresh 2018-2019

[https://democracy.towerhamlets.gov.uk/documents/s140617/ITEM%204%20-%202%20CYP%20MH%20LTP%20refresh%202018-19 Draft.pdf](https://democracy.towerhamlets.gov.uk/documents/s140617/ITEM%204%20-%202%20CYP%20MH%20LTP%20refresh%202018-19%20Draft.pdf)

Tower Hamlets Primary Review 2018

Future Ambitions Report 2019

Progressing Ambitions Report 2020