

# Appendix 1:

## Services being provided for children and young people with a disability and additional needs and their families at the Salt Way Centre

### Introduction:

The following is an outline of all the services based within the Salt Way Centre that provide services for children and young people with a disability or additional needs. The reader will gain an understanding of the type of services being provided, to whom they are being provided and how we are responding to the increasing demands on these services.

### Paediatric Speech and Language Therapy

The Paediatric Speech and Language Therapy Service has an open access referral system and accepts referrals for children and young people who require specialist support relating to speech, language, feeding and swallowing. The service is delivered in multiple settings in homes, early year's settings, schools and clinics as well as via training to other professionals and parents. Also, to access the core service the child or young person must be registered with a Swindon General Practitioner (GP) or access the service via one of the specialist commissioned services as below.

The service is currently commissioned from six main sources

- Swindon NHS Clinical Commissioning Group (Swindon CCG)
- Schools in Swindon through 28 separate traded service contracts
- Swindon Borough Council's Direct Schools Grant
- Great Western NHS Hospitals Foundation Trust (GWH)
- Swindon Downs Syndrome Group
- Swindon Borough Council Youth Offending Team.

The service was providing assessment, care and therapy to 2392 children and young people in April 2016.

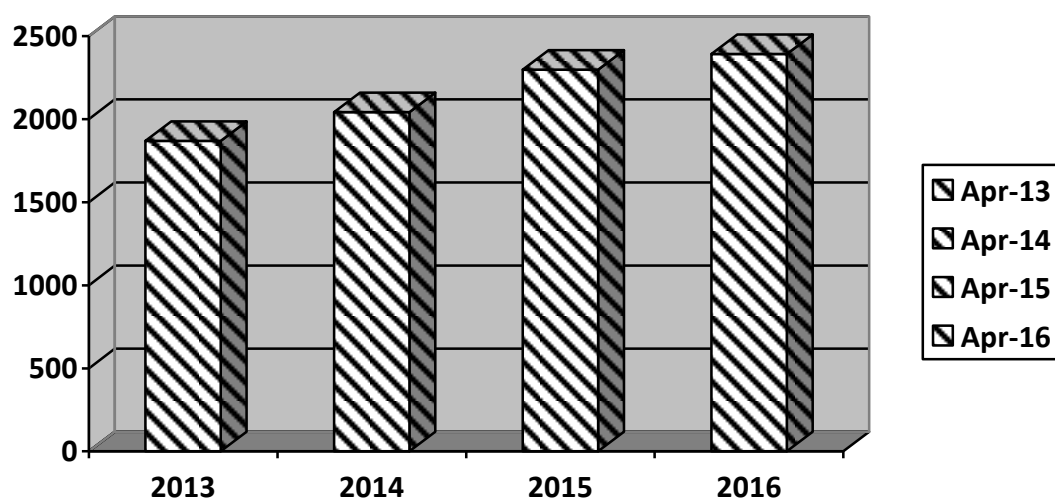
In 2015/16 referrals mainly came from early year's settings (28.5%), schools (15.9%), Health Visitors (14.9%) and Paediatricians (11.5%). Small numbers of referrals came from a range of other therapists and professionals including the early years support pathway (2.9%) and the Restorative Youth Services (0.9%).

In the team for 2016/17 there will be 14.9 whole time equivalent staff including increased posts for traded service contracts – the staffing group includes speech and language therapy assistants and speech and language therapists whose specialities include feeding and swallowing and dysphagia work, phonology and fluency skills and specialist work with children and young people with ASD.

We have had a consistent year on year increase in accepted referrals for children requiring speech and language therapy intervention. In April 2013 the service had 1896 children who required the

speech and language therapy service compared with 2392 in April 2016, this is an overall increase of 26.00% in the last three years. This is an upward trend that is continuing and continues to exacerbate pressure on service capacity.

**The table outlines the increase in children and young people requiring speech and language therapy year on year.**



The increasing referrals and workload have been absorbed by the service until now and the target of offering an initial assessment to 80% of cases within 13 weeks was achieved in 2014/2015 with an overall rate of 81% of cases seen within 13 weeks. However, as this referral rate continues to steadily increase the number of referrals seen within 13 weeks has dropped to 74.7% in 2015/2016 overall. In March 2016 68.5% of referrals were seen within 13 weeks.

We are currently reviewing the clinic and school service and considering moving to a centralised referral management system to ensure an equitable waiting time across Swindon. This is made more challenging to achieve by the limited capacity of the existing administrative and clinical staff time to support this new approach and the need to remain within the current financial envelope.

Other key areas of increased pressure in the service are the increase in children with Autistic Spectrum Disorders (ASD) who are awaiting assessment or therapy. There has been a 191% increase in the number of children and young people on the three ASD speech and language therapy caseloads from March 2013 to March 2015 (from 72 to 210 children and young people). This level of need is consistent in 2016.

We have requested additional funding from Swindon CCG to manage the increased need for the service and specifically for funding to increase the specialised therapy resources for children and young people with ASD. This funding request has been declined subject to a formal review of all community health services so the pressure on ASD services and waiting times will remain.

In addition the changes to the statutory requirements for support for children and young people laid out in the special educational needs and disability code of practice: 0-25 years (DFE, DH 2014) also present a number of challenges for the service.

These challenges include

- Meeting the requirements to provide an Education Health Care Plans [EHCP] assessment within six weeks
- Ensuring the early identification of additional needs because of the waiting time for assessment
- Ensuring access to enough treatment and care – some therapy is limited due to the level of demand.

There has been no additional funding to respond to this new requirement. We will struggle to meet these targets within the currently commissioned service. This matter will be discussed at the next SEND Board Meeting in September 2016.

As a service we are continuing to manage service redesign to maximise use of therapy resources whilst remaining in financial balance and meeting financial savings if required.

## **Paediatric Therapy [Physiotherapy and Occupational Therapy]**

The Paediatric Therapy Service is made up of the Physiotherapy and Health and Social Care Occupational Therapy Teams. The service provides a range of physical therapy and specialist equipment, aids and adaptations to enable children and young people to achieve maximum functional independence. The service also provides the specialist paediatric orthopaedic and orthotics support to clinics as well as specialist dynamic movement orthoses clinics on behalf of the Great Western NHS Hospitals Foundation Trust (GWH).

The service is currently commissioned from three main sources

- Swindon NHS Clinical Commissioning Group
- Schools in Swindon through 10 separate traded service contracts
- Great Western NHS Hospitals Foundation Trust (GWH)

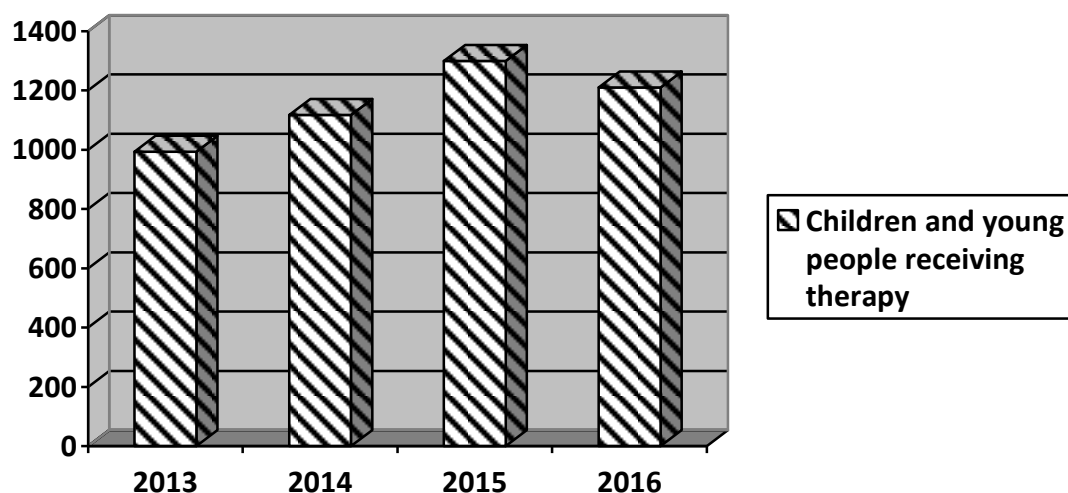
The service was providing assessment, care and therapy to 1210 children and young people in April 2016.

In 2015/16 referrals mainly came from Community Paediatricians (22.7%), GPs (15.6%) and Acute Consultants (13.8%). Other referrals came from the Early Years Support Pathway (6.6%), schools (5.8%) other therapists (5.8%) and from self-referral of those seen by the service in the last year (5.8%) and a number of other health professionals. Children and young people must be registered with a Swindon GP unless they are accessing certain specialist commissioned services.

In the team for 2016/17 there will be 13.7 whole time equivalent staff including increased posts for traded service contracts – the staffing group includes therapy assistants, assistant practitioners and physiotherapist and occupational therapists. Therapists have specialist skills in orthopaedics, orthotics, dynamic movement orthoses, respiratory physiotherapy, provision of specialist equipment, aids and adaptations and specialist work with children and young people with ASD.

There has been an overall increase in accepted referrals for children paediatric therapy intervention since April 2013. In April 2013 the service had 993 children who required the paediatric therapy service compared with 1210 in April 2016, this is an overall increase of 21.85% in the last three years. This rise in demand does seem to have stabilised and has fallen by 6.85% in the last year.

**The table outlines the trend in children and young people requiring paediatric therapy year on year.**



The service has successfully managed the demand and achieved the target to see 80% of children and young people within 13 weeks of an accepted referral through 2013/14 to 2015/16.

Whilst managing the demand overall there are clear pockets of pressure that reflect those seen in the speech and language therapy service. These are increased demand and waiting times for assessments and therapy for children with ASD and the ability to meet the statutory requirements for support for children and young people laid out in the special educational needs and disability code of practice: 0-25 years (DFE, DH 2014).

We have also requested additional funding from Swindon CCG to increase the specialised paediatric therapy resources for children and young people with ASD. This funding request was declined so the pressure on ASD services and waiting times will remain.

## Children's Complex and Continuing Health Care Service

This service provides care to a small cohort of children and young people who have the highest level of complex health and nursing needs. The service aims to support and facilitate children and young people to remain at home and to attend school as far as possible.

Referrals are accepted from health professionals for children and young people who have at least two areas of high dependency need. These might be in difficulties with breathing or feeding or life limiting conditions. All children and young people must be registered with a Swindon GP.

In 2015/16 75% of referrals came from the secondary care consultants with the remaining 25% of

the referrals coming from tertiary specialists and other health professionals.

The service is fully commissioned by Swindon CCG. The 2016/17 team is made up of 4.9 whole time equivalent registered nurses and carers with a team of staff who are available to work additional hours to meet changes in children and young peoples' needs.

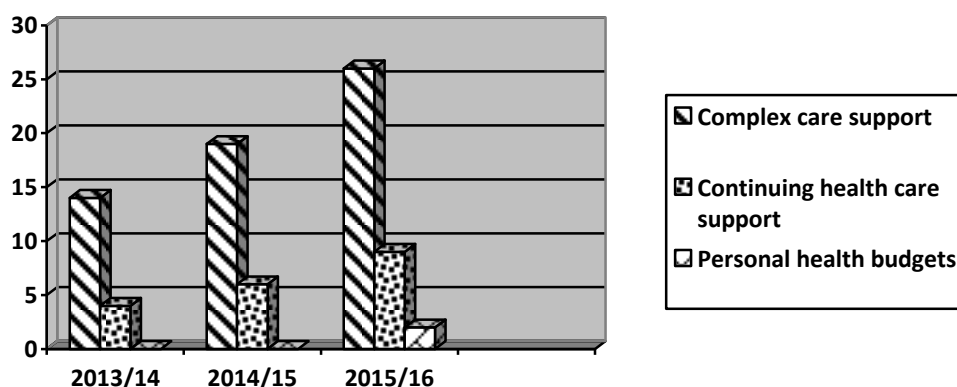
The team of staff has specialised skills in the care of tracheostomies, gastrostomy feeding and NG feeding, use of specialist equipment including ventilators and cough assist machines to allow children to remain at home and to participate as fully as possible in family, school and social activities.

Each child or young person on the caseload receives personalised specialised care that may support their attendance at school or college and on transport each day; it may support their parents or carers to have a break sometimes to allow them to sleep with night respite support. Other services the team provides include training for parents and carers and for schools to allow them to meet children and young people's health needs in school minimising disruption to their learning.

The demand and need for the service has steadily increased over the last three years with a national move to encourage the use of personal health budgets and with the introduction of the new framework for continuing healthcare for children and young people in 2015.

The service has moved from an overall caseload of 20 children and young people in 2013/14 to 37 children and young people in 2015/16 ( 2 of whom access personal health budgets for their care in 2015/16). This is an overall increase of 85% since 2013/14.

**The table outlines the trend in children and young people requiring complex and/or continuing health care year on year.**



The service is funded on the basis of need and so we have been able to access funding to allow us to increase staffing and to further develop specialist support skills to allow us to meet more children and young peoples' complex needs at home and in school.

Moving forward as more children live for longer and need more complex support at home and in order to be able to attend school there is likely to be a growing need for full time support in school. As part of the service's response to this a joint teaching assistant and health care support worker posts have been developed that can be jointly funded by health and education to better support

children and young people with complex and health and SEN needs in school.

We currently have one post that is a joint appointment between the service and a Swindon school to meet specific child's needs.

### **Challenges ahead for all three services**

Moving forward we will be participating in the forthcoming joint Swindon CCG and SBC Children's Community Health Services review. This review will be looking at all children's health services in the community and is prioritising a review of services to children and young people with ASD.

We will also be working with our commissioners to agree how we will redesign our services to meet the requirements of the special educational needs and disability code of practice: 0-25 years (DFE, DH 2014).

We will be working to maintain successful levels of traded service contracting work with the special schools, SRP's and schools in Swindon.

## **Disabled Childrens Team (DCT)**

The Disabled Children's Team [DCT] is a specialist Social Care Team providing Social Work support and intervention to disabled children and young people and their families.

The team is staffed by 5 whole time equivalent qualified Social Workers and 3 whole time equivalent Social Care Workers. All the workers have a professional interest in working with disabled children.

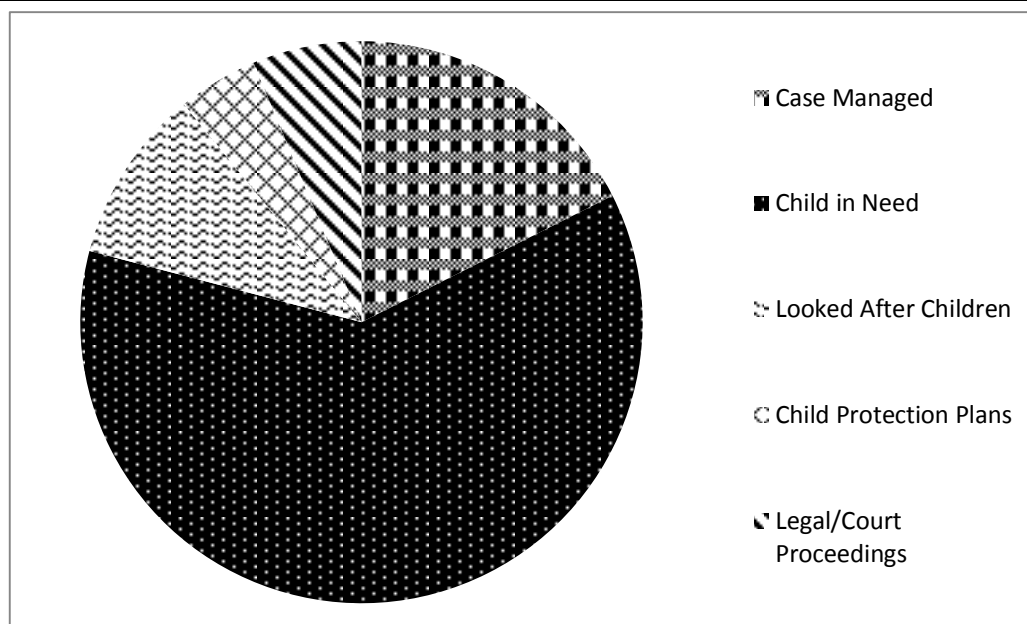
Historically, a high proportion of the teams work was assessing need in relation to the provision of short breaks. This is still undertaken but there is a greater emphasis on assessment and intervention in relation to child protection and safeguarding. The Aiming High Short Break Service now commission and deliver a higher proportion of short break services.

A referral is required to receive a service from the DCT. This can be received from a parent, carer, professional or member of the public. This is triaged by the Family Contact Point to ensure it meets social care criteria for an assessment before being referred to the DCT.

A new criteria for accessing a service from either the DCT or Aiming High was approved by Cabinet as part of the Aiming High Short Break consultation process in December 2015. The purpose of the criteria is to ensure that services are being provided at the right level in response to the presenting need.

The criteria can be read in the Short Break Statement in Appendix 2

Currently, there are 224 children open to the DCT.



Of these, 42 fall into a case managed system (explained later), 147 are Children in Need (Section 17 of the Children Act 1989 defines a child as being in need if:

- He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA;
- His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA;
- He or she has a disability.)

24 are Children Looked After, 11 are the subject of Child Protection Plans and 15 are the subject of legal or Court Proceedings.

Cases open to DCT have remained fairly constant over the period July 2013 [188] to July 2016 [225]. The average caseload per worker has fluctuated over this period but is now within agreed parameters. Due to management diligence and oversight a high percentage of statutory assessments, statutory reviews and visits to children on child protection plans have been completed within the statutory timeframe and is closely monitored to maintain and improve performance.

The breakdown of the cases in the DCT has changed in the past two years with the number of safeguarding cases having increased. A higher proportion of all referrals have a child protection or safeguarding concern (concerns fit fairly evenly into the four categories of abuse (neglect, emotional abuse, sexual abuse and physical abuse)] with neglect having a slightly more elevated figure. Referrals predominantly come from parents/carers and education. Also, a small percentage are received from the police and health professionals and a very small number are either anonymous or from the NSPCC.

### **Changes in service provision, and future challenges for the Disabled Childrens Team**

As stated above the majority of the work undertaken by the DCT is increasingly related to child protection and safeguarding or where the family require ongoing Social Work intervention to avoid a family breakdown and where a child is at risk of having to be looked after by the Local Authority. This focus is reflected in the service criteria. However, we still do provide short breaks

in response to an assessed need. These are provided in a variety of forms:

Residential Short Breaks

Enhanced Foster Care scheme

Home and Away Short Break Foster Care scheme

Direct Payments

Domiciliary Care/Agency support/Play schemes/ Hop, Skip, Jump, After School and Saturday group.

There is a challenge is to remain within budget in these areas.

Historically, some families have relied on large short break packages. In reshaping the service, we have tried to assist families in other ways, rather than always defaulting to a short break option. Short breaks do not always resolve the difficulties in the family so we are looking to provide other forms of direct intervention and support. This is through the use of our own Social Care Workers and in partnership with other services and providers. When completing statutory assessments, Social Workers are expected to create SMART outcome focused plans that include “future proofing” to ensure packages of care will not need to be increased as children get older. All requests for short break services that have been subject to a statutory assessment are now considered by a Multi-Agency Resource Panel for a decision. This is to ensure parity and to make sure all agencies are working together to support the children and their families.

The role of the Social Care Workers has been changed and their caseloads reduced. This has been achieved by creating a new case managed system (children who receive a very small package of care who do not require a named worker but the services they are receiving require a review every six months]. Social Care Workers now have the time to undertake more direct work and intervention with families to help them to develop effective and long lasting change.

The DCT tries to avoid the use of expensive residential short break provision. A new Enhanced Foster Carer Scheme has been created to meet the needs of children with high care needs.

The DCT management team is working with the Fostering and Adoption Service to try and increase capacity in the Home and Away Short Break Scheme by starting a recruitment campaign to make sure we have more carers. This is a cost effective service where children and young people spend time in a foster carer's home. These carers are trained and supported to meet the needs of children with disabilities and additional needs. At the moment demand for placements far outstrips supply, which means we have to rely on more expensive alternatives until a carer can be found.

## **Aiming High Short Break Service**

The purpose of the Aiming High Short Breaks Service is to enable children and young people with a disability to access social and leisure activities and to enable their parents and carers to have a break from their caring responsibilities.

Short breaks can include day, evening, weekend or holiday activities. We work with families to identify and agree the activities that would be most suitable for them, and provide:

- General information and advice about the range of activities available
- Advice and guidance about specific activities for disabled children, helping to match them to



the needs of the individual child or young person

- Information about specialist support services that facilitate access to a wider range of activities.
- We provide up to 80 hours of short break activity per year for children who meet the Aiming High criteria (the 80hrs can be made up of either a: direct payment, group, inclusion funding or 1:1 activities in the community).

The Aiming High Short Break Service was reviewed in 2015. Changes were necessary to make the service financially sustainable. Following an extensive consultation with the users of the service the proposed changes to the service were agreed by the Swindon Borough Council Cabinet in December 2015.

The changes included introducing a charge for services, reducing the number of hours of service offered from 104 to 80 hours per year, introducing a new criteria for accessing services and slightly reducing the number and length of the activity schemes we provide. The services we provide and the criteria for accessing them are contained within the Short Break Statement in Appendix 2.

## Referral data

The Aiming High team keeps accurate referral and information records. This enables them to predict future need and plan ahead to ensure services will be available if demand increases.

Source of Referral	2015/16	2014/15	2013/14	Total	%
Parent / Carer	228	249	180	657	45.5%
Cons Paediatrician	20	71	73	164	11.4%
LDS	16	25	20	61	4.2%
PSA	20	28	18	66	4.6%
Soc Care - DCT	24	30	18	72	5.0%
Soc Care - Other	23	18	14	55	3.8%
School	25	19	10	54	3.7%
Review	38	2	1	41	2.8%
Other	27	12	3	42	2.9%
Paed Therapy	4	13	9	26	1.8%
Koalas / Portage / ST	15	10	4	29	2.0%
IF Venue / Worker	26	8	4	38	2.6%
CAMHS / TAMHS / PMH	19	10	5	34	2.4%
Parent Partnership	11	12	7	30	2.1%
Children's Centre	2	12	7	21	1.5%
Swindon Carers Centre	0	8	1	9	0.6%
S & L	6	3	3	12	0.8%
YEW	0	1	9	10	0.7%
Pre-school	2	3	2	7	0.5%
Family Friend	2	6	1	9	0.6%
ESS	1	0	0	1	0.1%
YOT	0	0	5	5	0.3%
Not recorded	0	0	0	0	0.0%
<b>Total</b>	<b>509</b>	<b>540</b>	<b>394</b>	<b>1443</b>	

As illustrated above over half the referrals to the team come from parents and carers requesting a service. Other referral sources are spread evenly amongst a number of professional groups. The service is well known amongst professionals in Swindon and is well utilised by them to provide support for children with whom they are working.

The following data illustrates that not all referrals or contacts result in the provision of a service. The majority result in the provision of advice and information.

<b>Service Identified</b>	<b>2015/16</b>	<b>%</b>
ASC Groups	50	<b>9.0%</b>
Carers Project Groups	12	<b>2.2%</b>
Positive Activities Groups	9	<b>1.6%</b>
1:1 Support	3	<b>0.5%</b>
Inclusion Funding	78	<b>14.1%</b>
Direct Payments	81	<b>14.6%</b>
Transport	6	<b>1.1%</b>
Advice & Information	297	<b>53.7%</b>
STEP	3	<b>0.5%</b>
Community Resource	6	<b>1.1%</b>
Awaiting SBQ/Decision	8	<b>1.4%</b>

### **Changes in service provision and future challenges for the Aiming High team**

As stated above the most recent changes to service have been made as a result of a consultation and report to Cabinet.

The users of the service have been broadly supportive of the changes.

The following table shows the number of children and young people receiving services for the period 2013/14 to 2015/16.

<b>No. of Ref.</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total</b>
<b>2015/16</b>	<b>56</b>	<b>36</b>	<b>38</b>	<b>47</b>	<b>31</b>	<b>42</b>	<b>43</b>	<b>45</b>	<b>29</b>	<b>34</b>	<b>55</b>	<b>53</b>	<b>509</b>
<b>New</b>	11	12	25	16	16	15	15	18	6	10	23	24	<b>191</b>
<b>Repeat</b>	45	24	13	31	15	27	28	27	23	24	32	29	<b>318</b>
<b>2014/15</b>	<b>43</b>	<b>50</b>	<b>51</b>	<b>50</b>	<b>37</b>	<b>34</b>	<b>71</b>	<b>46</b>	<b>17</b>	<b>44</b>	<b>30</b>	<b>67</b>	<b>540</b>
<b>New</b>	27	30	26	29	20	14	41	29	13	24	11	25	<b>289</b>
<b>Repeat</b>	16	20	25	21	17	20	30	17	4	20	19	42	<b>251</b>
<b>2013/14</b>	<b>37</b>	<b>35</b>	<b>31</b>	<b>46</b>	<b>28</b>	<b>34</b>	<b>30</b>	<b>20</b>	<b>18</b>	<b>37</b>	<b>36</b>	<b>42</b>	<b>394</b>
<b>New</b>	24	22	20	24	11	19	19	12	14	26	18	29	<b>238</b>
<b>Repeat</b>	13	13	11	22	17	15	11	8	4	11	18	13	<b>156</b>

The challenge is for the Aiming High Service to remain within its agreed fixed budget until March 2020.

## Swindon Learning Disability CAMHS

Swindon Learning Disability Child & Adolescent Mental Health Service (LD CAMHS) is part of Oxford Health NHS Foundation Trust. They provide a specialist mental health service to children and young people up to the age of 18 years who have a learning disability. Children with an LD often present with mental health difficulties differently from other children. Their needs may be complex and enduring and mainstream services may struggle to effect meaningful change to improve outcomes for this group. They also have a Clinical Nurse Specialist who provides a nursing service to two local special needs schools.

They offer specialist assessment and interventions around a range of difficulties that may be experienced by the child or young person with learning disability, for example Behaviour difficulties, Anxiety, Anger difficulties, Sleep management. They may work with parents, or directly with the young person. They work within the principles of Positive Behaviour Support adopting interventions that are the least intrusive and least restrictive.

Referrals can be made by any professional who supports the child. They will need to complete a Comprehensive CAMHS referral form which should then be sent via the Targeted Mental Health Service or directly to the Clinical Team Manager in the LD team. If the child has received a service from LD CAMHS before and the episode of care was closed less than 12 months ago, the family can contact the team directly to discuss any further support required. They aim to respond to emergency referrals within 24 hours, urgent referrals within 7 days and routine referrals within 4 weeks.

LD CAMHS will work with young people up until their 18th birthday, who have a learning disability and

- A mental health or emotional difficulties
- Complex behavioural difficulties that are disrupting everyday life
- Longstanding difficulties that are not getting any better despite mainstream services having offered the appropriate advice and support

### **What is the main source of referrals by percentage?**

The majority of referrals received into the team come in equal proportion from social care (the DCT) education (mainly the special need schools) and Health (Paediatricians and GP's). We have a few referrals directly from mainstream schools, Special Tots, OT or Speech and Language Therapy.

### **The number and types of roles within the staff group with particular reference to the specialisms or skills within these roles.**

They are a small specialist learning disability mental health service. They have a Consultant Psychiatrist (0.5), Clinical Psychologists ((0.8), Learning Disability Nurses (3.66 including Clinical Team Manager) and Clinical Nurse Specialist (0.86). A young person may be seen by a single member of the team, however should their needs present as more complex, then they may need to be seen by more than one professional. The team is based within the Salt Way Centre multi-agency team and they work closely with the other professionals to fully understand and support the child or young person.

**A comparison of performance and management information for the three years leading up to April 2016. The changes and demands that have occurred over this period and what they have done or are doing to mitigate them.**

The past three years has seen no significant changes in contracting requirements. The main challenge continues to be around meeting capacity, increasing complexity of need and increasing expectations and governance requirements. The team performance is closely monitored by the Oxford Health Performance Team and reviewed with the senior management team bi-monthly. Performance data is fed back directly to the commissioners and action plans put in place and reviewed regularly to ensure targets are met in a timely manner.

**The impact or influence of any internal or external policy changes on the service**

The LD CAMHS contract is currently being reviewed. As they work very closely with services at the Salt Way Centre they are affected by changes that generally apply to working with children with a disability.

The whole team have recently undergone advanced Positive Behaviour Support Training which has enabled us to develop a framework for our work as outlined in the NICE Guidance 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges' 2015

**An outline of the broader challenges the service is experiencing and the plans to meet them.**

As with all services they are very aware of the need to work within shrinking budgets with ever increasing demand for a service alongside rising expectations. Although referral rates have remained fairly constant the level of complexity of the work has increased. The team need to keep very focused on setting goals and outcomes to allow for timely discharge from the service to ensure capacity to pick up new work can be maintained within required waiting times.

## Swindon Portage

The Portage services based within the Salt Way Centre include

- Swindon Portage Home Teaching
- Special Tots Pre-School Group for children with identified needs
- Early Bird and Early Bird Plus programmes

These services provide support to children and young people who have specific additional needs and or disabilities which range from moderate to profound. The services work closely with a wide range of services and agencies to deliver an integrated service focused on maximising each child's independence, educational attainment and engagement with their families and communities.

**Swindon Portage Home teaching**

A child may be referred to Swindon Portage for the home visiting programme if; the child has identified complex needs and is either receiving multi professional input or is likely to require it

before they start school. This may also include children who have significant medical conditions.

A child is defined as having complex needs if he or she has been identified as needing intervention from universal services [services available to all children] and at least 2 specialist services.

Children can be visited weekly or fortnightly depending on their circumstances. The child must be living in the Swindon Borough Council area.

When a child is in receipt of Nursery Education Grant they will be required to use 2.5 hrs of their 15 hour allocation for Portage home visits.

The service is currently funded through

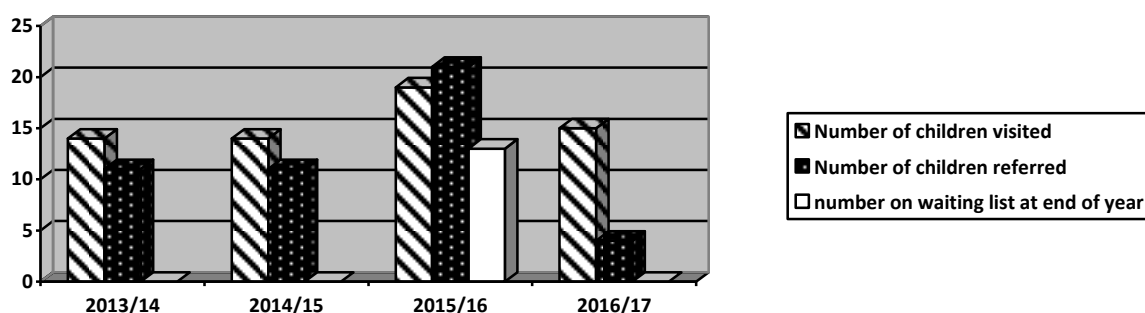
- Swindon Designated Schools Grant
- 3 and 4 year old Nursery Education Grant
- Schools traded service for Inclusion/transition into school

In the team for 2015/16 and 2016/17 there is a Manager [16 hours], Administrator [24 hours] 3 staff [1.75 whole time equivalent ]– the staffing group includes:-

- Qualified Teacher (15hrs) with 30+ years of teaching experience in schools and early years.
- Early Years Professional Status (18hrs) with a degree in Social work, experience working with disabled children in a range of settings and Specialist knowledge of ASD.
- Early Years Professional Status,(24hrs) degree in Early Years and Childcare with many years' experience working in early years settings .

All Portage staff possess a Portage Basic Workshop qualification.

Between April 2015 and March 2016 the service was providing home teaching for an hour a week to 19 different children. In the previous 2 years 14 children received a service. Until a reduction in funding in 2011/12 the service used to home teach 29 children. This is an average reduction of 21%. Those who remain on the waiting list receive advice and some home working activity programmes.



In 2015/16 referrals mainly came from the Swindon Early Support Pathway with a few coming directly from the Health Visitors or Paediatricians. On average 23% of the children have global developmental delay, 41.17% downs syndrome, 17.6% a complex medical condition, 5.8% ASD, 5.8% physical impairment and 5.8% with visual impairment.

## Outputs

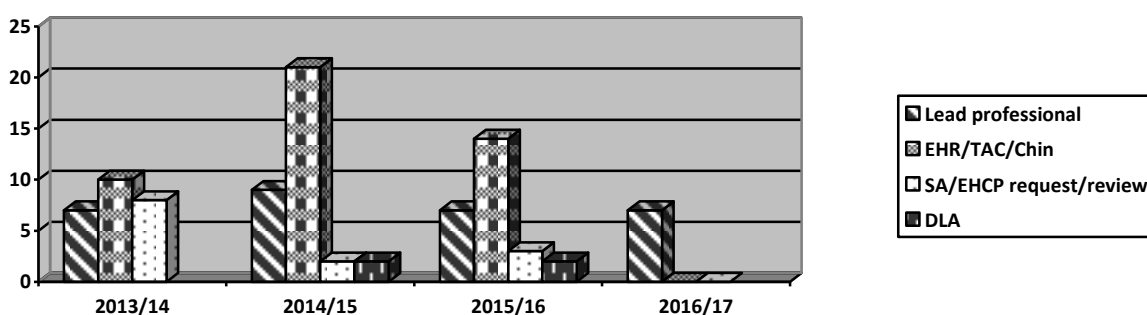
As part of the service we deliver we act as Lead Professional for the children open to us.

We will complete Early Help Records and arrange Team Around the Child Meetings to support the family to support their child.

Parents will be supported to access benefits when appropriate e.g. Disability Living Allowance and Carers Allowance.

As an educational service we have always assessed children's needs and requested, where appropriate, for consideration to be given to the completion of a statutory assessment of their educational needs. The introduction of the new SEND Code of Practice has increased the work load as not only do we have to apply for the assessment and write a report within a 6 week timescale we are also required to attend what is called a co-production meeting. This is where we discuss the content of the Education and Health Care Plan and in particular the outcomes we are trying to achieve for the child. In all this can take a full day to complete.

The graph below shows the approximate time spent working in the various areas of responsibility excluding direct work with the child.



## Evaluations

Each year the parents are asked to comment on the service they have received. Feedback is always good or very good.

## Special Tots

Children with specific identified needs can be referred to Special Tots without meeting the Portage criteria. This includes children with social interaction and communication difficulties and those who have a diagnosis of Autistic Spectrum Disorder.

Special Tots is for any child with an identified special need to support their successful inclusion into a mainstream early years or school setting.

When a child is in receipt of Nursery Education Grant they will be required to use 2.5 hrs of their 15 hour allocation at Special Tots.

Children can be referred by any professional and must be living in the Swindon Borough Council area.

The service is currently commissioned from three main sources

- Swindon Designated Schools Grant

- 2 and 3/ 4 year old Nursery Education Grant
- Fees from parents

### The Team

There are 1.25 whole time equivalents in the staffing group.

- Qualified Teacher (22.75hrs) with many years' experience of work in early years in primary schools. She possesses a specific knowledge of autism and is an Early Bird trainer.
- Play leader (17hrs), Early Years foundation degree, with many years' experience working in CAMHS, Special Schools and Koalas.
- The service is supported by volunteers who are present at half of the sessions provided.

### Referrals

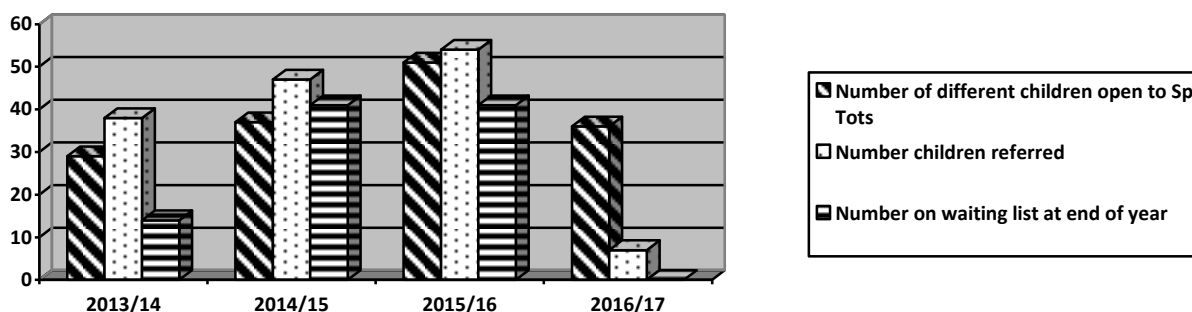
In the past 2-3 years referrals have mainly come from the Swindon Early Support Pathway with some direct referrals from Health Visitors or Paediatricians.

There has been an overall increase in referrals to Special Tots since April 2013. In 2013/14 the service had 38 children referred to the service; compared with 54 in 2015/16. This has is an overall increase of 42% in the last three years.

In 2011/12 the service was required to make a reduction in funding and to address this we increased the maximum number of children we could have in any one session from 8-10 including siblings. However, this is dependent on the individual needs of the children.

We work closely with Koalas Opportunity Group [managed by the same manager) to address the waiting lists for both groups. Often, children will be added to both waiting lists and children will be offered the first space that becomes available. This is working well and we will be able to provide places for all the children on the waiting list for September 2016. There are currently 53 children on the waiting list. However, this does mean that if a child is referred and offered a place in September 2016 they could wait until September 2017 until a place becomes available unless a vacancy becomes available in year.

### The table outlines the trend in referrals



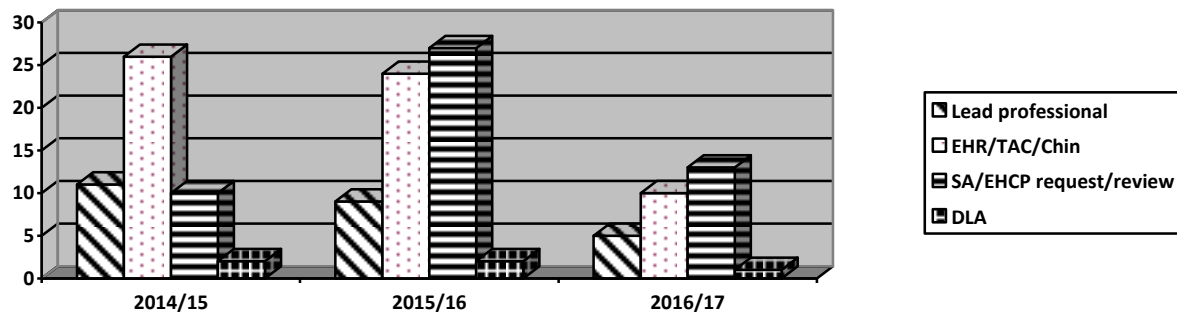
In 15/16 33% of the referrals were for children with global developmental delay, 18.5% for children with downs syndrome, 7.4% for those with complex medical needs and 4% autism.

### Outputs

The outputs for Special Tots are the same as for Portage in page 13 above.

The graph below shows the approximate time spent working in the various areas of responsibility but

not including their direct work with children.



## Challenges for Portage and Special Tots

### Waiting lists

The biggest challenge is the increased demand for places and a 12 month waiting time for some children referred to the service. In order to free up places we do make sure that those children who no longer require a specialist service are supported to access a mainstream setting.

### SEND Reforms

The changes to the statutory requirements for support for children and young people laid out in the Special Educational Needs and Disability Code of Practice: 0-25 years (DfE, DH 2014) also present a number of challenges.

- Completing requests for assessment and meeting the requirements to provide an assessment report within six weeks and attendance at co production meetings.

### Special Tots staffing

The importance of attending co-production meetings as part of the SEND/EHCP process and of acting as lead professional for children and/or attending /arranging TAC meetings has resulted in one of the two Special tots staff regularly being absent from the playroom. The manager has to cover to ensure a continuity of service.

As a service we are continuing to maximise use of teaching resources whilst remaining in financial balance.

## Early Bird Programme

The Early Bird programme is for parents of pre-school children with a diagnosis of autism spectrum disorder. It is a three month programme involving group sessions, home visits and the use of video. Two places are allocated to each family.

The eight group sessions are held currently at the Salt Way Centre. Each session lasts 2.5 hours.

### Aims:-

- to empower parents /carers
- to support families in the period between diagnosis and school placement



Parents will learn to :-

- understand their child's autism.
- structure interactions to develop better communication
- develop strategies to pre-empt problem behaviours and or manage those that do occur

**The Early Bird plus** is a three month training programme involving eight group sessions and 2 home visits. This programme provides support to families who have had a later diagnosis.

Families of children between ages of 4 and 8 years with a diagnosis of ASD can attend the programme. Three places are allocated to each family 2 for parent/carers and one for a professional who is currently working with their child e.g. school teacher or teaching assistant.

The eight group sessions are held either at the Salt Way Centre or at Butterflies Family Centre.  
Aims

- to empower parents/carers
- to encourage a consistent approach between home and school by training parents and professionals together.

Parents and staff learn

- to understand the child's autism
- improve communication with the child
- develop strategies to pre-empt problem behaviours and or manage those which do occur.

Referrals are accepted from parents following a diagnosis of autism. They are informed about the program by the diagnosing Paediatrician. It is important that a self-referral is made as the course is 3 months long and requires considerable commitment.

Staff

The programme is run by local professionals who have all been trained at the National Autistic Centre in South Yorkshire and are licenced to deliver the course.

The Early Bird programme is staffed by

Portage staff:	1 EB and BE+ licenced trainer(7hrs) 1EB+ licenced trainer (7hrs)	(Portage teacher) (Special Tots teacher)
West Swindon Family Centre:	2 EB licenced trainers	( family support workers)
Butterflies family Centre:	3 EB licenced trainers	( family support worker)

The service is managed by the Portage Manager within her existing hours and by the Portage Administrator who is funded an additional 10 hours per month.

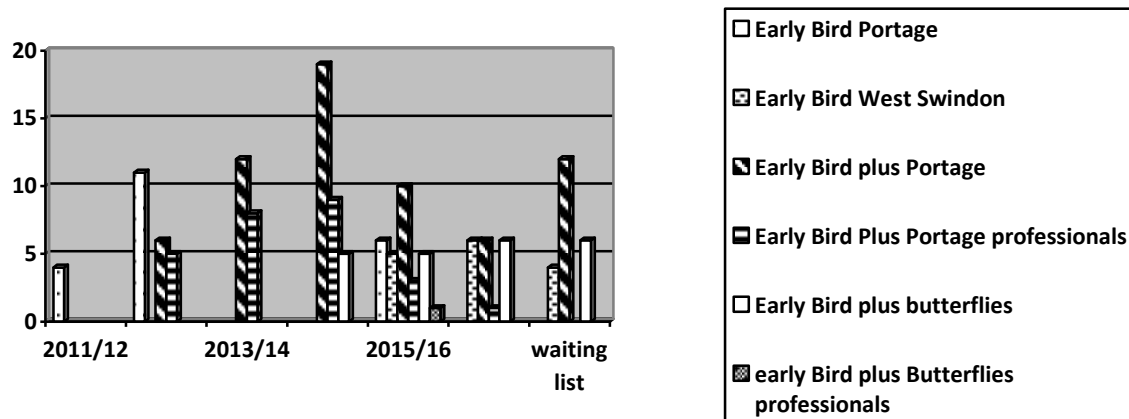
Current provision.

The Portage Service is commissioned by Swindon CCG to deliver 3 Early Bird programmes a year. West Swindon Family Centre are commissioned by SBC to deliver 2 Early Bird courses per year until March 2017.

Butterflies Family Centre are commissioned by SBC to deliver 2/3 Early Bird plus courses per year until March 2017.

#### Delivery

The graph below shows the number of families and professionals who have attended Early Bird programmes.



To date we have provided the following courses

Early Bird :- 6 programmes, 32 families with 4 on the waiting list for a course in autumn 2016.

Early Bird plus:- 11 programmes, 64 families and 27 professionals with 18 families on waiting list for planned courses in Sept 2016 and 2 courses in January 2017.

It is well received by all families and professionals who attend the programme. From a parent perspective it helps them understand the individual nature of their child's condition and for school staff it increases their skills in working with children with ASD that they are they able to share their knowledge with their colleagues in school.

#### Challenges

Butterflies and West Swindon Family Centre's were commissioned to deliver EB and EB+ as part of their current 2 year contract. The contract finishes in March 2017 when they will be required to be self- funding. If this is not successful there is the potential to lose 5 qualified licenced trainers who still have 2 years remaining on their licences. This will have an impact on waiting times. We are currently actively seeking solutions to this potential scenario.

## Koalas Swindon Opportunity Group

Koalas Swindon Opportunity Group is a charity based within the Salt Way Centre providing an early years school group for children under 5 with special educational needs or disabilities.

The service provides support to children who have specific additional needs and or disabilities which range from moderate to profound and have differing impacts on them and their lives. The service works closely with a wide range of services and agencies to deliver an integrated service focused on maximising each child independence, educational attainment and engagement in their families and communities.

The service is currently commissioned through a service level agreement with

- Swindon Borough Council

- Swindon CCG

Additional funding is received through

- Early Years nursery Education Grant for 2, 3 and 4 year olds.
- Fees from parents when not in receipt of nursery education grants
- Fundraising [amounting to approximately 40% of the cost of providing the service].

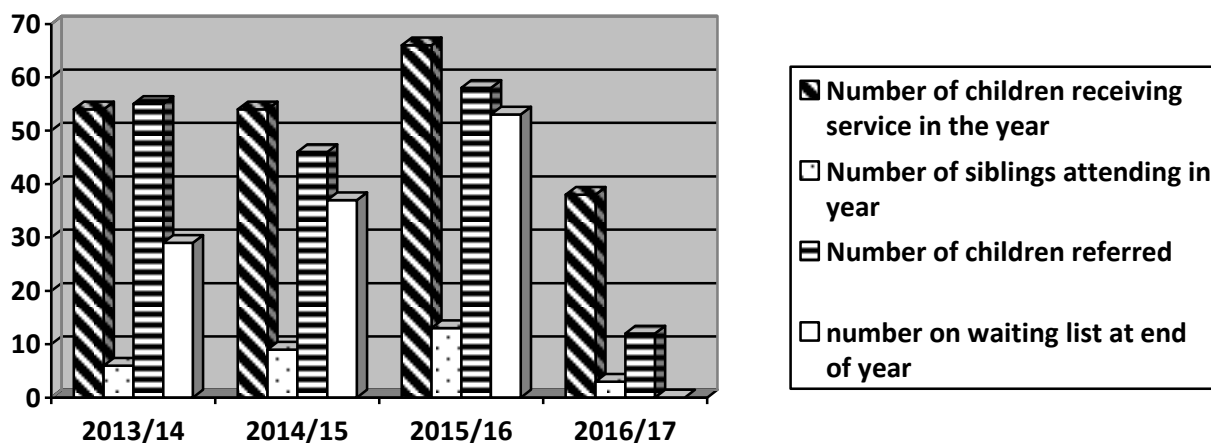
The team includes 5 members of staff [2.25 whole time equivalents]. the staffing group includes

- Senior play leader (22hrs) Early Years Foundation degree.
- Play leader (16.5hrs) BA Early Years and Education.
- Play Leader (16.5hrs) BA Psychology/Health and Social Care.
- Play Leader, (16.5hrs) Early Years foundation degree, 4 years' experience of SEND.
- Play leader (15 hrs term time) Level 3 Early Years
- Manager [20hrs] EYPS/BSc, Managing Health and Social Care.
- Administrator [8 hrs].

#### Referrals

Koalas provides a service for children with social interaction and communication difficulties and those who have a diagnosis of Autistic Spectrum Disorder as well as other recognised conditions and those with global developmental delay.

Children can be referred by any professional and children must be living in Swindon Borough Council to receive a service. Those who receive a service who live outside of the Swindon area are required to pay a fee of £50 per session.



In the past 2-3 years referrals have mainly come from Swindon Early Support pathway with some direct referrals from HV or Paediatricians.

There has been a small increase in referrals since April 2013. In 2013/14 the service had 55 children referred to the service compared with 58 in 2015/16. This is an overall increase of 5% in the last three

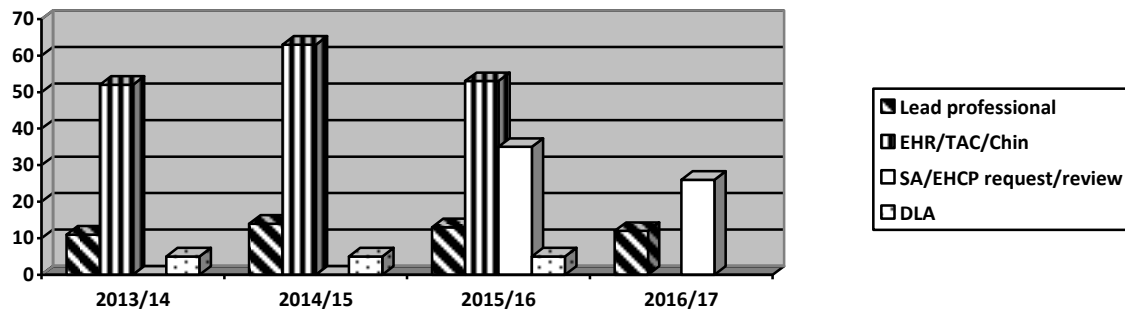
years.

As noted above Koalas work closely with Special Tots to address the waiting lists for both groups. The presenting conditions of the children referred to the service are broadly similar to those for Portage and Special Tots as stated above.

### Outputs

The outputs for Koalas are the same as stated above for Portage and Special Tots.

The graph below shows the approximate time spent working in the various areas of responsibility but not including the direct work with the children.



### Challenges for Koalas

These are the same as for Portage and Special Tots; waiting lists and the impact on work load of the introduction of the new SEND reforms.

#### Koalas staffing

The Management Committee have agreed that we will increase the staffing levels by one member of staff to free up the manager from having to be in the playroom. Unfortunately, we have not been able to recruit a suitable candidate.

As from 1<sup>st</sup> April 2016 Koalas will not provide a service in the school holidays. This is in response to the increase in the availability of activities from other providers during these time periods. However, there will not be a reduction in staff hours. They will work longer hours in term time which will go some way to compensate for the extra time spent completing documentation associated with the SEND reforms.